NPRC

MPR SEARCH REQUEST

National Archives and Records Administration

C-0008128877

S-0028944438

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

Registry Number: B0001 058 569
Facility & Floor/Level to: STL1 **Module/Bay:** 15 **Row:** 26E
Case Number: C-0008128877

Reg Veteran's Name: SCOTT LEONARD D
Case Veteran's Name: SCOTT, LEONARD D
SSN:
DOB: 05/10/1900
POB: PA
SVN/SSN: 000109314
Service Code: CG
Service Number:

Core: Archival
Team: Public Research Room

Searcher Name: Victoria Dickerson
Initials: _____
Date: _____

Record Charged to:
Name: Lillian Hunt
Room#: 148
Phone#:

prepped SLM 10/20/2026

Notes:

All Records Ordered for this Case:
S-0028944438

Case Received in Center Date: 09/10/2026, 02:07:27 PM
Search Request Created By: Lillian Hunt 09/10/2026, 02:30:29 PM
Search Request Printed By: Cassidy Coleman 09/11/2026, 08:10:35 AM

S-0028944438

CMRS Report Generated by Cassidy Coleman on 09/11/2026

SLM 9/11

822 NPRC B 1 058 569
SCOTT LEONARD D CG 000 10 9314

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

REPORT OF CASUALTY

REPORT NUMBER AND TYPE: FINAL

DATE PREPARED: 28 JUNE 1978

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

SCOTT, Leonard Dodd 109 314 BM1, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 11 December 1977
Place: Beebe Hospital, Rehoboth Beach, Delaware
Cause: Uremia

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

10 May 1900 - Chester, Pennsylvania - 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

221 24 0283 E-6 over 22 yrs. service $850.20 per mo. (PL92-210)

CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

6. DUTY STATUS

RETIRED 1 July 1954 20 Years Service

7. INTERESTED PERSONS (Name, Address, Relationship)

Mrs. Lula O. Scott, widow, 500 Gibbon Road, Hockessin, Delaware 19707 (1)(3)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

RETIRED PAY BRANCH - 17 April 1978

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

NOT REGISTERED 1 September 1929 - Monmouth Beach, NJ - USCG

11. PRIOR SERVICE DATA ☐ YES ☒ NO

12. REMARKS

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 60 1300

SURVIVOR BENEFIT PLAN - APPLICATION FOR ANNUITY

Form Approved
OMB No. 22R-0317

SECTION I - DECEASED MEMBER INFORMATION

1. Last name, first, M.I.	2. Member's Social Security No.	3. Date of Death
Scott, Leonard D.	221-24-0283-A	12-11-77

SECTION II - WIDOW OR WIDOWER OF DECEASED MEMBER INFORMATION

4. Last name, first, M.I.	5. Social Security No.	6. Date of Birth
Scott, Lula O.	221-24-0283-B	3-7-99
7. Home Address	**8. Place of Birth**	**9. Citizenship**
500 Gibbon Rd. Hockessin, De 19707	Ocean City, Md.	U.S.A.

10. Were you legally married to the deceased at the time of death? ☐ Yes ☐ No Date of marriage 12-24-22.

11. Have you applied or do you intend to apply to the Veterans Administration for benefits? ☒ Yes ☐ No
VA Claim No. 221-24-0283 B Amt Awarded $ 5.00

12. Address of VA Office that handles your account. Kirkwood Highway, Wilmington, De 19707

SECTION III - CHILDREN OF THE DECEASED

13. Full name of child	13a. Social Security No.	13b. Date of birth (mo., date, year)	13c. Name, address, relationship of custodian.
William L. Scott	222-46-3816	7-16-31	N.A.

Attach additional sheets if more space is needed

SECTION IV - INSURABLE INTEREST PERSON

14. Complete this section if you are the person designated by the deceased retired member to receive the annuity payable and have an insurable interest in the deceased.

14a. Last name, first, M.I.	14b. Social Security No.	14c. Date of birth (mo., day, year)	14d. Relationship
Scott, Lula O.	221-24-0283B	3-7-99	Wife

SECTION V - GUARDIAN INFORMATION

15. If a guardian has been appointed by the court for any of the above survivors, give name and address and attach a copy of the court order. N.A.

15a. If a guardian has not been appointed, will one be appointed? ☐ Yes ☒ No

15b. Name of Guardian	15c. Address
N.A.	N.A.

SECTION VI - CLAIM CERTIFICATE AND SIGNATURE (See Item 5 on reverse side)

16. Signature of applicant	16a. Date	16b. Relationship to deceased
Lula O Scott	4/24/78	Wife

16c. Check mailing address of applicant 500 Gibbon Rd, Hockessin, DE 19707

17. Signature of Witness	17a. Address	17b. Date
William L Scott	500 Gibbon Rd. Hockessin, De 19707	4/24/78
17c. Signature of Witness	**17d. Address**	**17e. Date**
Jane L Scott	500 Gibbon Rd. Hockessin De 19707	4/24/78

DD FORM 1 JUN 73 1884 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. 4-24-78 SM

DEPARTMENT OF TRANSPORTATION
UNITED STATES COAST GUARD

MAILING ADDRESS:
U.S. COAST GUARD (G-PS-1/62)
400 SEVENTH STREET SW.
WASHINGTON, D.C. 20590
PHONE: (202) 426-1845

1770
11 May 1978

Veterans Administration
Regional Office
1601 Kirkwood Highway
Wilmington, DE 19805

RE: BM1 Leonard D. SCOTT
109 314, USCG, Retired
SS# 221 24 0283

Dear Sir:

Subject's widow has made application for an annuity under the Survivor Benefit Plan (PL92-425). In order to determine the amount of annuity payable by the service department, it is requested that you advise if the widow is entitled to Dependency and Indemnity Compensation payment. If so, please furnish the amount and the effective date.

Sincerely,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl:
(1)

Information has been requested from the Veterans Administration as to the claimant's eligibility for Dependency Indemnity Compensation. If such payment is applicable the rate will be $327 for grade E-7.

Wm. J. IRRIG, CDR, USCG
Asst. Chief, Personnel Services Division

Information for the Applicant

1. IF HELP IS NEEDED - In completing this application, contact the nearest military installation, your local Red Cross Chapter, any Veterans Organization, or write to the agency who sent this form to you.

2. EVIDENCE REQUIRED - If it becomes necessary to submit additional evidence you will be advised.

3. SIGNATURE OF APPLICANT - If this application is completed and signed by a person other than an annuitant, show the capacity in which you sign. Example "Legal Guardian." When a signature is accomplished by the mark "X" or another person signs for the annuitant due to physical inability to write on the part of the annuitant, such signatures must be witnessed by two disinterested parties.

4. SOCIAL SECURITY NUMBER - If a Social Security Number has not been assigned, contact the local Social Security or Internal Revenue Service Office to apply for an identifying number.

5. All statements made in this application must be true to the best of your knowledge, and belief. No evidence necessary to a settlement of this claim should be suppressed or withheld. Any change in your status (financial or otherwise) should be immediately reported. Any false statement in this application or misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 10 years or both. (52 Stat. 197; U.S.C. 18:80.)

To provide for the immediate payment of SURVIVOR BENEFIT PLAN (SBP) annuity to me, the widow of a deceased Coast Guardsman covered under the Survivor Benefit Plan, I hereby authorize the Veterans Administration to reduce any initial Dependency and Indemnity Compensation (DIC) by excess Survivor Benefit Plan annuity, if any, paid to me by the Retired Pay Branch of the U. S. Coast Guard. I understand that if DIC is awarded in an amount greater than SBP, then SBP will be terminated and the cost of SBP paid by my late husband will be refunded. If SBP is greater than DIC, I will receive SBP in an amount when added to DIC will equal 55% of the base amount designated by my late husband. In no case will I receive less than 55% of the base amount designated as SBP by my late husband. In all cases, SBP will be reduced by the amount of DIC awarded on behalf of yourself.

Lula A. Scott — 4/24/78

SIGNATURE OF WIDOW — DATE

43383

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CGHQ-3867 (Rev. 8-71)

CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE: 11 May 1978

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	SOCIAL SECURITY NUMBER
SCOTT, Leonard D.	109 314	BM1, Retired	221 24 0283

EACH PERSON LISTED BELOW IS:
[X] DESIGNATED BENEFICIARY [ ] UNDESIGNATED BENEFICIARY [ ] CLAIMANT

ESTAB'D DATE OF DEATH: 11 December 1977

NAME OF BENEFICIARY OR CLAIMANT		RELATIONSHIP	ADDRESS
Lula O. Scott	100%	Widow	500 Gibbon Road Hockessin DEla 19707

XX

[XX] I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.

[ ] I CERTIFY that the records of the U. S. Coast Guard show that the decedent did not designate a beneficiary or beneficiaries to receive any unpaid pay and allowances that might be due.

[ ] I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.

[ ] Payment of unpaid pay and allowances that might be due is to be made to the person(s) determined to be entitled thereto under the laws of the domicile of the deceased.

ENCLOSURE(S):

SF-1174

TYPED NAME AND TITLE OF APPROVING AUTHORITY
Wm. J. IRRIG, CDR, USCG
Asst. Chief, Personnel Svcd. Division

SIGNATURE

PREVIOUS EDITIONS MAY BE USED

G-PS-1/62

(202) 426-1845

1770
19 April 1978

Mrs. Lula O. Scott
500 Gibben Road
Hockessin, Delaware 19707

RE: BM1 Leonard D. SCOTT
109 314, USCG, Retired
SS# 221 24 0283

Dear Mrs. Scott:

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.

You can be assured that we at Coast Guard Headquarters will help you in every way possible to facilitate applying for Federal Benefits that may be available to you.

The enclosed benefit guide briefly explains the assistance and survivor benefits furnished by the Coast Guard as well as other government 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 of Designated Beneficiary of Unpaid Pay and Allowances of Deceased Member of the Uniformed Services, are to be completed in the presence of two witnesses and signed by you. Return the original and two copies of the claim to this office.

An annuity was provided for you by your husband under the Survivor Benefit Plan. In order that the Coast Guard may begin full payment of your annuity, it is requested that you sign forms No. DD-1884, Application for Annuity, on the front and back and return them with a copy of your marriage certificate and your husband's death certificate. VA form No. 21-534, Application for Dependency and Indemnity Compensation by Widow or Child, should be completed and forwarded to your local VA 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. SF-1174
(5) Form No. DD-1330
(6) Form No. DD-1884
(7) Benefit Guide

JDEVANS:jde 19 April 1978

Cpt

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

Part A

1. Name(s) and social security number(s) of claimant(s)	2. Relationship to deceased	3. If minor, state age
Luha O. Scott 221-24-0283-B	Wife	N.A.
		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 BM1 LEONARD D. Scott 109-314 # 221-24-0283	7. Date of death Dec. 11, 1977	8. Name of service USCG.
		9. Decedent's domicile Dewey Beach, Rehoboth Beach, De.

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? _____

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

R... D
APR 4
CG...

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? No (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

_____ (Signature of claimant)	_____ (Date)	Lula A. Scott (Signature of claimant)	4/24/78 (Date)
_____ (Street address)		_____ (Street address)	
_____ (City, State, and ZIP code)		_____ (City, State, and ZIP code)	

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above Lula O. Scott (Name(s) of claimant(s)) *and that the signature(s) of the claimant(s) was (were) affixed in our presence.*

William L. Scott (Signature of witness)	Jane L. Scott (Signature of witness)
500 Gibbon Rd. (Street address)	500 Gibbon Rd (Street address)
Wilmington, De 19707 (City, State, and ZIP code)	Wilmington DE 19707 (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

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: 18 April 1978

NAME	SERVICE NUMBER/SSN	GRADE OR RATING
SCOTT, Leonard D.	109 314,(221 24 0283)	BM1, Retired

DATE OF RECEIPT OF EVIDENCE OF DEATH	ESTABLISHED DATE OF DEATH
17 April 1978	11 December 1977

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

PAY GRADE	YEARS OF SERVICE	RSFPP/SBP OPTION ELECTION	DEDUCTION

ANNUITY AMOUNT	ANNUITY BENEFICIARY *(Name)*	FINAL PAY DUE *(Date)*

ALLOTMENTS:

AARON O. MARTIN
SIGNATURE
Chief, Decedent Affairs and Claims Branch

ide

PREVIOUS EDITIONS MAY BE USED

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION CG 53649

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
230 W Loockerman St
Dover Del

File 3-13

Manager W. J. Buckley Date 10/9/64

PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

LAST NAME - FIRST NAME - MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
Scott, Leonard Dodd	5/10/00		221-24-0283

BRANCH OF SERVICE	DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
U S Coast Guard	1929	7/1/54	Cape May, N J
RATE OR RANK: BMIL			
SERIAL NO.: 109-314			

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: 1 September 1929

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE: 30 June 1954

3. CHARACTER OF SEPARATION(S) * (*If Bad Conduct*, INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL): Retired - Honorable (Retirement effective 1 July 1954)

*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:

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

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)

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box. . . . ☐
Sign and return the form without answering items 1, 2 and 3 below.

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability?	☐ Yes	☒ No
(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty?	☒ Yes	☐ No
If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).		
(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay?	☒ Yes	☐ No
(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay?	☒ 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 increase 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: 30 June 1954 - 20 years service. Auth: Title 14, USC, Section 355. Retired pay based on years of service. Gross retired pay per month - $232.86 (PL 88-132).

☐ CONTINUED ON REVERSE SIDE

ORGANIZATION: U. S. COAST GUARD

SIGNATURE: M. J. MAYER

DATE: 22 October 1964

RANK OR TITLE: Chief, Survivors Benefits Branch

Personnel Services Division
By direction of the Commandant

FORM OA-C654
(6-63)

UNITED STATES COAST GUARD

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

PE-1
28 May 1954
AUTH: 517124 E-65

From: Commandant
To: SCOTT, Leonard Dodd (103-31L)USNRL, USCG
Via: Commander, 3rd Coast Guard District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as 1 July 1954. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States will be issued to you by the unit effecting separation from active duty in accordance with Personnel Circular No. 38-53, as amended.

3. You will immediately notify the Commandant (FP-4) of your mailing address and you will thereafter notify the Commandant (FP-4) of any change in that address.

4. 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. Transportation of dependents and shipment of household goods to your home of selection will be provided at Government expense only if completed within one year from date of retirement.

5. Your commanding officer will endorse this order to indicate place, time and date of delivery, time and date of your detachment and departure, and your last permanent duty station. You will endorse this order to show place, time and date of receipt. You will then retain this order until arrival at your selected retirement home, at which time you will make a final endorsement indicating place, time and date of arrival thereat, and mode of travel utilized. When the latter endorsement has been completed, this order should be forwarded to the Commandant (FP-5) for settlement of travel expenses.

PEA-A

W. B. ELLIS
By direction

54 MAY 28 TO 29

Encl:
(1) Instructions relative to retirement
(2) Form CG-2533, in duplicate

WRCLABORN:me Ret 3-11

UNITED STATES COAST GUARD

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

PE-1
27 September, 1951
FILE:

From: Commandant
To: **Commander, CG Group, Philadelphia, Pa.**
Via: **Commander, 3rd CG District**

Subj: **SCOTT, Leonard D. (109-314)BML1** ; request for retirement; acknowledgement of

Ref: (a) **Scott's letter dated 12 September, 1951, file P19-2, bearing indorsements**

Advise the above-named man that his request for retirement by reason of completion of twenty or more years of service has been received at Headquarters and that his application will be considered in any future selection of men for retirement under the 20-Year Enlisted Retirement Law.

W. H. BUXTON
By direction

CORRESP:me-ae ret 3-11

C 114 TREASURY-CGHQ-WASH.,D.C.

Solved

UNITED STATES COAST GUARD
Lewes, Delaware

COAST GUARD STATION

RECEIVED U.S. COAST GUARD
SEP 13 9 54 AM 1951

RECEIVED
SEP 17 1951
PERSONNEL OFFICE
NEW YORK, N. Y.

C.G. REPRESENTATIVE
3RD C.G. DISTRICT
PHILA., PA.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

12 September, 1951.
File: P19-2

From: SCOTT, Leonard D. (109-314) BM1(L), MIAH MAULL SHOAL LIGHT STA.
To: COMMANDANT (PE), Headquarters, U. S. Coast Guard, Washington, D. C.
Via: (1) Commander, Coast Guard GROUP, Philadelphia, Pa.
(2) Commander, THIRD CG District (p), New York, N. Y.

Subj: RETIREMENT, request for

1. It is requested that my name be considered for retirement under the provisions of the 20-year retirement law.

2. The date of original enlistment in the U. S. Coast Guard was 1 September, 1929, and service since the date of original enlistment has been continuous.

3. Completed twenty-two (22) years of continuous and creditable service on 31 August, 1951.

Leonard D. Scott
LEONARD D. SCOTT

Ind-1 13 September 1951

From: Commander, Coast Guard Group, Philadelphia, Pa.
To: Commandant (PE)
Via: Commander, 3rd Coast Guard District (p)

Forwarded, approved.

E. A. COFFIN, JR.
Executive Officer

Ind-2 18 September, 1951
OC3CGD, New York, N.Y.

From: Commander, Third Coast Guard District
To: Commandant (PE)

Forwarded, approved.

M. K. HUTCHINSON
By direction

Lewes, Delaware.

12 September, 1951.
File: P19-2

From: SCOTT, Leonard D. (109-314) BM1(L), MIAH MAULL SHOAL LIGHT STA.
To: COMMANDANT (PE), Headquarters, U. S. Coast Guard, Washington, D. C.
Via: (1) Commander, Coast Guard GROUP, Philadelphia, Pa.
(2) Commander, THIRD CG District (p), New York, N. Y.

Subj: RETIREMENT, request for

1. It is requested that my name be considered for retirement under the provisions of the 20-year retirement law.

2. The date of original enlistment in the U. S. Coast Guard was 1 September, 1929, and service since the date of original enlistment has been continuous.

3. Completed twenty-two (22) years of continuous and creditable service on 31 August, 1951.

LEONARD D. SCOTT

Ind-1 13 September 1951

From: Commander, Coast Guard Group, Philadelphia, Pa.
To: Commandant (PE)
Via: Commander, 3rd Coast Guard District (p)

Forwarded, approved.

E. A. COFFIN, JR.
Executive Officer

Ind-2 18 September, 1951
OC3CGD, New York, N.Y.

From: Commander, Third Coast Guard District
To: Commandant (PE)

Forwarded, approved.

M. K. HUTCHINSON
By direction

ENLISTED PERSONNEL DATA CARD

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT	
SCOTT	Leonard	D.	109-314	BM1(L)	CG GRP CAPE MAY, N.J. INDIAN RIVER LBS	

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
9-10-52	3	9-9-55	None	None	None	9-10-52

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
5-10-00	CAU	W	Rehoboth Beach,	Reh. Beach, Del.	None	Delaware

19. CIVILIAN EDUCATION: GS8

20. LANGUAGE QUALIFICATIONS: None

21. CIVILIAN OCCUPATION: CG Enlisted Man

22. SPECIAL SKILLS, LICENSES, ETC.: None

CODING SPACE

23. TEST SCORES

GCT 36 MA 45 EK 47 CA UNK SP UNK

AR 21 READ 26 MK 45 PI UNK

24. EXPERIENCE (*Months*)

WITHIN CLUS: ASHORE 276 AFLOAT

OUTSIDE CLUS: ASHORE AFLOAT

25. SERVICE PRIOR TO THIS ENLISTMENT

a. BRANCH US CG

b. ACTIVE SERVICE 23 YRS. 0 MOS. 9 DAYS

c. OTHER SERVICE 00 YRS. 0 MOS. 0 DAYS

d. TOTAL NET SERVICE FOR PAY 23 YRS. 0 MOS. 9 DAYS

28. OFF DUTY TRAINING: None

29. SERVICE SCHOOLS COMPLETED: None

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BM1(L)	PERM.	4-25-47

31. REMARKS: None

26. SERVICE FOR BASIC PAY

COMP. 22 YRS. ON 8-31-51

27. SERVICE FOR RETIREMENT

COMP. 22 YRS. ON 8-31-51

32. RPTD DIST.

33. RPTD UNIT

5-4-53

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
SCOTT	Leonard	D	109-314	BM1(L)	CG GRP CAPE MAY N.J. INDIAN RIVER LBS

GPO 16—66506-1

ENLISTED PERSONNEL DATA CARD

CG-3291 (3-52)

GRP Cape May

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
SCOTT	Leonard	D.	109-314	BM1(L)	Indian River Inlet LBSTA

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
9-10-52	3	9-9-55	None	None	None	9-10-52

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
5-10-00	Cau.	W	Rehoboth Beach, Del.	Reh. Beach, Del.	None	Delaware

19. CIVILIAN EDUCATION: GS8

20. LANGUAGE QUALIFICATIONS: None

21. CIVILIAN OCCUPATION: CG Enlisted man

22. SPECIAL SKILLS, LICENSES, ETC.: None

CODING SPACE

23. TEST SCORES

GCT 36 MA 45 EK 47 CA ____ SP ____

AR 21 READ 26 MK 45 PI UNK

24. EXPERIENCE (*Months*)

WITHIN CLUS: ASHORE 276 AFLOAT ____

OUTSIDE CLUS: ASHORE ____ AFLOAT ____

25. SERVICE PRIOR TO THIS ENLISTMENT

a. BRANCH USCG

b. ACTIVE SERVICE: 23 YRS. 0 MOS. 9 DAYS

c. OTHER SERVICE: 0 YRS. 0 MOS. 0 DAYS

d. TOTAL NET SERVICE FOR PAY: 23 YRS. 0 MOS. 9 DAYS

28. OFF DUTY TRAINING: None

29. SERVICE SCHOOLS COMPLETED: None

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BM1(L)	PERM.	4-25-47

31. REMARKS: None

26. SERVICE FOR BASIC PAY: COMP. 22 YRS. ON 8-31-51

27. SERVICE FOR RETIREMENT: COMP. 22 YRS. ON 8-31-51

32. RPTD DIST. 9-'45

33. RPTD UNIT 1-22-49

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
SCOTT	Leonard	D.	109-314	BM1(L)	GRP Cape May Indian River Inlet, LBSTA

GPO 16—66506-1

SCOTT, Leonard Dodd
(NAME)

109-314
(SERVICE NUMBER)

MARITAL STATUS MARRIED
NUMBER OF DEPENDENTS 2

4/55 in 3rd CGD

Other creditable service— YRS. MOS. DAYS

HQ (PL)

Birth, date of 10 May, 1900
Birth, place of Chester, Pa.
Citizenship N.

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
MIAH MAUL SHOAL LT.STA.						
GROUP PHILA.	9-6-49	BM1(L)				HD
GROUP PHILA. (03)	9-6-49	BM1(L)				Reenl. 3yrs Reg.
GROUP PHILA.)03)	9-9-52	BM1(L)				HD, EE & EXTENSION THERETO.
GROUP PHILA. (03)	9-10-52	BM1(L)				REENL. FOR THREE YEARS.
GROUP PHILA. (03)	4-29-53	BM1(L)				TR
CAPE MAY GRP (03)	5-10-53	BM1(L)				TR
RSU, PHILA. (03)	5-9-53	BM1(L)				TR
CAPE MAY GRP (03)	7-1-54	BML1				Placed on retire list

Treasury Department
U. S. Coast Guard
C. G. 9545
Revised Sept. 1941

SCOTT, Leonard Dodd
(NAME)

109-314
(SERVICE NUMBER)

SINGLE
MARRIED X
WIDOWED
DIVORCED

Other creditable service— YRS. MOS. DAYS

Birth, date of May 10, 1900
Birth, place of Chester, Pa.
Citizenship N.

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
[illegible]	3-22-43	BM1c(L)				[illegible]
Cape May Sup(c)	4-2-43	BM1(L)				CR PC 36-47
[illegible]	8-28-43	BM1(L)				To (Forwarded 1st Ltr 9/2)
Cape May Sup(c)	1-22-44	BM1(L)				To Instl Naval Sch St Chs

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised April 1938

REGISTER ENLISTED FORCE

(3) 8-31-41

SCOTT, Leonard Dodd 109 314

Health record issued 1-24-34

DUE FOR INOCULATION
DUE FOR VACCINATION

SINGLE
MARRIED X
WIDOWED
DIVORCED

Other creditable service— YRS. MOS. DAYS

Birth, date of May 10, 1900

Birth, place of Chester, Pa.

Citizenship N. 9-11-47

2—8095

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
LEWES (NYD)	7-1-39	Surfman				G.O. 37. 7-20-39
LEWES STA (NYD)	9-3-40.	Surfman				HD Enl.Ext. Sunday & Holiday.
LEWES STA (NYD) PhD	9-4-40	Surfman				Re: THREE YEARS REGULAR.
LEWES STA. (PHD) X	9-22-42	BM.2c.(Pro)				CR.
LEWES STA.	1-14-43	B.M.1c (Pro)				CR. Rebated Pch 4th Stn
Lewes, Del. (4th	9-4-43	B.M.1c			#	Enlmt Ext 3 yrs Honorable Hon
Lewes, Del. (4th	6-1-44.	B.M.1c				Th Re Rebath Bd Bks 2d
Lewes, Del. (4th	9-12-44.	B.M.1c				Th Coastal Pt. Stn.
Indian Town Pt	8-18-46	B.M.1c				for
Lewes, Del. (4th)	9-4-45	B.M.1c				for
Lewes, Del. (4th	9-3-46	B.M.1c				HD (Optional) ltr 551 & 556
Lewes, Del. (4th	9-4-46	B.M.1c				Reenl 3 yrs Reg
Lewes, Del. (4th	9-7-46	B.M.1c				Th Lewes, Del. to Det Stn
Lewes, Del. (4th	4-22-47	B.M.1c (Pro)				CR
Cape May, N.J. (4th	2-17-48	B.M.1c (Pro)				Th Lewes, Del.

COAST GUARD.
Form 2545.
REGISTER ENLISTED FORCE.

- 1 -

8-42
4-43

(2) 8-31-37

SCOTT, Leonard Dodd 109 314 M.

Other creditable service— Yrs. Mos. Days.

Health record issued 1-24-04

Birth, date of, May 10, 1900

Birth, place of, Chester, Pa.

Citizenship, N.

R 3-9-13-32

GOVERNMENT PRINTING OFFICE 2—8095

VESSEL OR STATION.	DATE.	RATE.	SERVICE. YRS.	SERVICE. MOS.	SERVICE. DAYS.	REMARKS.
MONMOUTH BEACH(5)	9-1-29	Surfman				SPECIAL TEMPORARY Orig. Enl. TWO YEARS
SO.BRIGANTINE (5)	10-10-29	Surfman				
SO. BRIGANTINE (5)	8-31-31	Surfman				HD.
SO.BRIGANTINE (5)	9-1-31	Surfman				Re. to REGULARAuth. HL. 8-29-31
SO. BRIGANTINE (5)	8-31-32	Surfman				HD.
SO. BRIGANTINE (5)	9- 1-32	Surfman				Re. TWO YEARS
WINWICK ISLAND (5)	4-7-33	Surfman				
CAPE HENLOPEN (5)	4-22-33	Surfman				
CAPE HENLOPEN (6)	7-1-34	Surfman				Sta.tr.from 5th Dist. to 6th Di
CAPE HENLOPEN (6)	8-31-34	Surfman				HD.
CAPE HENLOPEN (6)	9-1-34	Surfman				Re. THREE YEARS REGULAR
METOMKIN INLET(6)	9-13-34	Surfman				Tr.
COBB ISLAND(6)	1-15-35	Surfman				Tr.
NORTH BEACH(6)	1-29-35	Surfman				Tr.
LEWES (6)	9-4-35	Surfman				Tr.
LEWES (6)	8-31-37	Surfman				HD.
LEWES (6)	9-1-37	Surfman				Re. THREE YEARS REGULAR

PE-65

File
EJ

UNITED STATES COAST GUARD
Washington 25, D. C. 23 July, 1954

From: Commandant
To: BML1 Leonard D. Scott (109-314) USCG, Retired, Dewey Beach, Rehobeth Beach, Delaware
Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 100872 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, PE-66
B. A. SHAW
By direction

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

IND-1

From: SCOTT, Leonard D. (109-314) BML1
To: Commandant

Card returned for validating and completion.

Leonard D. Scott
Leonard D. Scott
Signature

IND-2

From: Commandant
To: _____

AUG 11 1954

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 Commandant, ~~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

Scott, Leonard D.
From: SCOTT, Leonard D. (109-314) BML1
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).~~

Leonard D. Scott
Signature

GPO DSO 3-258

Date: 6 July 1954
Unit: INDIAN RIVER LBSTA
Location: Rehoboth Beach, Del.
(03-200835)

From: SCOTT, Leonard D., (109-314), BM1, USCG
To: Commandant (PS)
Via: Authorized Certifying Officer, 3rd CG District

Subj: Notification of change in dependency status for Basic Allowance for Quarters

1. You are hereby notified of the following change in dependency status which reduces or terminates entitlement to Basic Allowance for Quarters for my dependents:

Name and address of dependent	Relationship	Date and nature of change use reverse side if necessary, for additional remarks
LULU O. SCOTT	WIFE	RETIRED 7/1/54

NOTE: - If divorced, attach two copies of divorce decree (certified by clerk of court).

2. The following allotment stoppage is requested

Allottee	Month, last payment	Amount
LULU O. SCOTT	JUNE, 1954	$157.10

The following allotment start action is requested
(if new allotment in lower amount)

Allottee	Month, first payment	Amount

NOTE: - Where entitlement to basic allowance for quarters is reduced, to effect a change in allotment amount, an allotment stoppage and an allotment start will be required. The member may desire to retain his allotment in the present amount without reducing it, and would therefore indicate "no change" under allotment start or stop request above.

NOT REQUIRED
(Signature

End-1
CCGD3, New York, N.Y.

Date: 6 July, 1954

From: Authorized Certifying Officer, 3rd CG District
To: Commandant (PS)

1. BAQ was last credited on pay record 30 June, 1954.

2. BAQ allotment in the amount of $157.10 stopped, last payment JUNE (Month), 1954.

G. C. WERTH, PCLK
Authorized Certifying Officer

JUL 12 1954

PE-68

IVO BAQ Payments Authorized for

dependents commencing

JUL 1 1954

Chief, Dependents Allowance

a 5(7/12)

Date 10 October, 1950
Unit Miah Maull Shoal L/S
Location Lewes, Del.

From: SCOTT, Leonard D. (109-314) BM1(L)
To : Commandant (PMM).

Via : 1. Commanding Officer, CG GROUP, Philadelphia, Pa.
2. Authorized Certifying Officer, 3rd CGD.

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & Place of marriage; divorce, etc; date birth of children, custodianship: other data.
Lula O. Scott Dewey Beach, Rehoboth Beach, Del.	Wife	Married 24 December, 1928 Lewes, Del.

2. I hereby consent to chockage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents are not (insert "are" or "are not") in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
Lula O. Scott	~~November~~ 8/52	$ ~~147.50~~ 157.10
		$
*		$
	Total allotments. . .	$ 147.50

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent 1 August, 1950 — Leonard D. Scott (Name of Member)

Address Dewey Beach, Rehoboth Beach, Del.

Leonard D. Scott
(Signature of member) (ALL COPIES)

Ind-1
From: Commanding Officer,
To : Commandant (PMM)(via Authorized Certifying Officer, 3rd CGD).

Forwarded.

L. O. WILKIE, LTJG, USCG, By direction
(Signature of Comdg. Officer).

Ind-2 Date: 6 November, 1950

From: Authorized Certifying Officer, 3rd CGD.
To : Commandant (PMM).

Allotment(s) totalling $ 147.50 registered, effective 1st payment NOVEMBER, 1950

W. G. SCHAEFER
~~By direction~~

(Submit in triplicate)
(Reverse side hereof may be used for additional dependency information)

NOV 9 1950

BAQ Payments Authorized for

1 dependents commencing

1/1/50.

O. C. Goodwin

Chief, Family Allowance Sec.

67.50

From compensation of

APPLICATION FOR ALLOTMENT

Q-1

SCOTT, LEONARD D. (109-314) BM1, USCG

PAYABLE TO

Monthly allotment in the amount of

*ONE HUNDRED FIFTY SEVEN AND 10/100- (Words) ($ 157.10 (Figures)) Dollars.

Name LULU O. SCOTT (W)

Street and No.

Post office State

If payable to a bank, business institution, or individual, for credit of*—

Name

Reason for allotment

First payment: Month August, 1952

I hereby request and authorize allotment, chargeable to my pay, as above.

Rank or rating U. S. C. G.

, 19

Approved, allotment granted.

Commanding

Commander, District.

Witnessed and registered 17 July, 1952

J.N. ALEWINE, PCLK, USCG

Pay officer, ACO (1375) 3CGD

16—12642—1

NOTICE TO PAYEE

This allotment has been placed in effect with first payment to be made for the month of

Checks will be mailed you on the last day of each month without further action on your part. Keep this office advised of any change of your address.

All inquiries regarding this allotment should show the name of the allotter and be addressed to the Allotment Disbursing Officer, U. S. Coast Guard, Washington, D. C.

Allotment Disbursing Officer.

DO NOT FOLD – MAIL FLAT

* Allotter or member immediate family

ALLOTMENT STOPPAGE

Q-1

From compensation of

SCOTT, LEONARD D. XXXXX (109-314) BM1, USCG

Amount $ 147.50

PAYABLE TO

Name LULU O. SCOTT (W)

Street and No.

Post office State

Stop allotment after payment

for the month of July, 19 52
for which checkage has been made.

REASON FOR STOPPAGE:

(Signature of Allotter)

Rank or rating

APPROVED:

Commanding or
Commander District

STOPPAGE REGISTERED, Date 17 July, 1952

J.N. ALEWINE, PCLK, U. S. C. G.

Pay Officer ACO (1375) 3CGD

NOTICE TO ALLOTTEE

You are advised that this allotment has been discontinued after payment for the month indicated for the reason stated above.

Allotment Disbursing Officer.

©

From FA] mar 12/24/28 (Lulu Olive _____) Lewis, Dpl.
7/16/31 (Wm. Leonard Scott)

FA(W)(LC-1) 11-43 thru 7-49

BAQ CLASS	DATE AUTH.	ANNUAL REDET.	DATE CANCELLED	REASON
(W)	8/1/5-0			
(W)			6/30/5-4	Retired

100872

File

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3505 (1-54)

APPLICATION FOR RETIRED ARMED FORCES IDENTIFICATION CARD

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

DATE: 19 July 1954

IDENTIFICATION DATA

INSTRUCTIONS

The following identification data must be provided to form the basis for issuance of an Armed Forces Identification Card endorsed "RETIRED." In this connection a suitable photograph (35MM or not larger than 1" x 1-5/16") will be enclosed.

NAME (Last, First, Middle)	SERVICE NO.	GRADE OR RATE
~~Leo~~ Scott, Leonard Udell	109-314	BM1

DATE OF BIRTH (Month, Day, and Year)	WEIGHT	HEIGHT	
		FEET	INCHES
May 10th 1900	152 lbs.	5'	9"

COLOR HAIR	COLOR EYES	BLOOD TYPE
Gray	Blue	O

ADDRESS	SIGNATURE
Dewey Beach Rehobeth Beach, Delaware	Leonard U. Scott

4947 Treasury CGHQ Wash., D.C.



NAVCG 2533
U. S. COAST GUARD
October 1937

FILE
T.LeB

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

CG GROUP, CAPE MAY, NEW JERSEY
(Unit)

Cape May, New Jersey
(Place)

1 July, 1954 PE-65, 1954

Upon being retired from active duty on 1 July, 1954, 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)
Lula O. Scott (Wife) Age 53	Lula O. Scott

I hereby certify that the above signatures were signed in my presence this 1st day of July 19 54

J. A. HEIKEL, LCDR, USCG
(Signature of certifying officer and title)

LEONARD DODD SCOTT
(Signature of retired person)

BM1L, USCG
(Rank or rating)

HEADQUARTERS First Endorsement, Washington 8 July, 1954

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.

By direction,

T. LE BLANC
Commander, USCG
Assistant Chief, Medical Division
(Rank)
~~Assistant Commandant~~

e/ 7-9-54

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
109-314	SCOTT,	Leonard	Dodd	BM1 (L)	8

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Chester,	Penna.	10	May	00	Prot.	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	Dewey Bch,	Rehobeth Beach,	Sussex County,	Delaware

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
10	Sep	52	[ ] FIRST ENLISTMENT [X] REENLISTMENT	3 YRS.		[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Philadelphia,	Penna.	CG Group Philadelphia,	Philadelphia,	Pa.

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)

19. SELECTIVE SERVICE REGISTRATION NO.

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
6	Sep	49	USCG	9	Sep	52	HONORABLE	23 YRS. 0 MOS. 9 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO	
23 YRS. 0 MOS.	10	Sep	52	Miah Maull Shoal Light Station	[X] Active duty for [ ] Inactive duty

28. DESCRIPTION

SEX	RACE (See instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
Male	Caucasian	Grey	Blue	69"	160	Fair

29. MARKS AND SCARS

VSULA

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

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 CDR E. A. COFFIN, JR. of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard 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 { 3 years from 10 September, 1952 / during minority until 9 Sept., 1955 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above 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 and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by 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 understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: 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 Enlistment: I, LEONARD DODD SCOTT do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; 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 and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Leonard Dodd Scott Leonard Dodd Scott

Subscribed and sworn to before me this 10th day of September, A. D. 1952 Citizenship substantiated and contract perfected.

Signature and Grade E. A. COFFIN, JR., CDR, USCG Official Title Executive Officer

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-1

Consolidated List of Organizations Designated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

Totalitarian:

Black Dragon Society
Central Japanese Association (*Beikoku Chuo Nipponjin Ka*
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (*Military Virtue Society of Japan or Military Art Society of Japan*)
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heiyaku Gimusha Kai, and Zaibei Hemusha Kai (*Japanese residing in America Military Conscripts Association*)
Hinode Kai (*Imperial Japanese Reservists*)
Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese war veterans*)
Hokubei Zaigo Shoke Dan (*North American Reserve Officers Association*)
Japanese Association of America
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (*Recruiting Organization*)
Jikyoku Iin Kai (*Current Affairs Association*)
Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku Kai (*Fatherland Society*)
Suiko Sha (*Reserve Officers Association of Los Angeles*)

Fascist:

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
  Civil Rights Congress for Texas
  Veterans Against Discrimination of Civil Rights Congress of New York
Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
  Citizens Committee of the Upper West Side (*New York City*)
  Committee to Aid the Fighting South
  Daily Worker Press Club
  Dennis Defense Committee
  Labor Research Association, Inc.
  Southern Negro Youth Congress
  United May Day Committee
  United Negro and Allied Veterans of America
  Yiddisher Kultur Farband
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
  American-Russian Fraternal Society
  Carpatho-Russian Peoples Society
  Cervantes Fraternal Society
  Croatian Benevolent Fraternity
  Finnish-American Mutual Aid Society
  Garibaldi American Fraternal Society
  Hellenic-American Brotherhood
  Hungarian Brotherhood
  Jewish Peoples Fraternal Order
  People's Radio Foundation, Inc.
  Polonia Society of the IWO
  Romanian-American Fraternal Society
  Serbian-American Fraternal Society
  Slovak Workers Society
  Ukranian-American Fraternal Union
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Conference on American Policy in China and the Far East (*A Conference called by the Committee for a Democratic Far Eastern Policy*)
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (*since 1935*)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":

American Christian Nationalist Party
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

* * * * * * * * * * * * * *

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE

Leonard Dodd Scott

Leonard Dodd Scott

SIGNATURE OF WITNESSING OFFICER

E. A. COFFIN, JR., CDR, USCG

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

TOFF

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to .....," describing the specific part of any conduct, membership, or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

(*a*) Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

(*b*) Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

(*c*) Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

(*d*) Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

(*e*) Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement below.

5. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

6. I understand the meaning of the statements made in the certifications above.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

NONE TO MY KNOWLEDGE

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O, WO, Enl, ROTC affiliation, etc.*)
Leonard Dodd Scott	109-314	REENLISTMENT
Station to Which Certification Submitted	**Typed Name and Grade of Witnessing Officer**	
CG GROUP PHILADELPHIA, PENNA.	E. A. COFFIN, JR., CDR, USCG	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete.

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking appropriate penalties include but are not limited to membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons having the following characteristics:

1. Which practices, seeks to practice, or advocates either:

(*a*) Denial, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State Governments when such denial is attempted by force, violence, or intimidation, or

(*b*) Alteration of the existing form of government of the United States or territory subject to its jurisdiction, or of the existing economic, social, or political order within it when such alteration is through or with the aid of force, violence, or intimidation.

2. Which is disclosed by investigation, or is designated by the Attorney General of the United States to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means regardless of practice, advocacy, or nonadvocacy of any of the tenets set forth in 1 (*a*) and 1 (*b*) above.

I certify, as regards membership in or association with certain organizations, that:

1. I have read the instructions on the use of this form and understand them.

2. I have read the provisions applying to membership in or association with certain organizations and I understand them.

3. I have read, and so signified by signing, the attached list of organizations, associations, movements, groups, and combinations of persons listed on this form.

4. I have entered in the table below the name(s) of the organization(s) shown on the attached list with which I am or have been associated in any of the following respects:

(*a*) I am or have been a member.

(*b*) I am or have been employed.

(*c*) I have attended or been present at formal or informal meetings or gatherings.

(*d*) I have attended, been present at, or engaged in, organizational or social activities or activities which they sponsored.

(*e*) I have sold, given away, or distributed written, printed, or otherwise recorded matter published by them.

(*f*) I have been identified or associated in some other manner.

5. If I have had no such associations, I have so indicated by writing "None" or "None to my knowledge" in the table below.

6. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

7. I understand the meaning of the statements made in the certifications above.

Name of Organization	Currently a Member		Formerly a Member		Dates of Membership		Location of Membership
	Yes	No	Yes	No	From—	To—	
N							
O							
N							
E							

Statement as to certification of membership in or association with certain organizations. (*For each name entered in the table above, set forth a detailed account of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and precise description of credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.*)

* *

Given under my hand this 10th day of September 19 52

Signature of Witnessing Officer

E. A. COFFIN, JR., CDR, USCG

Signature of Person Making Certification

Leonard Dodd Scott

Leonard Dodd Scott

GPO 83-20419

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2955 (9-47)

AFFIDAVIT

PENSION, COMPENSATION, OR RETIRED PAY

I, LEONARD DODD SCOTT, BEING FIRST DULY SWORN, UPON OATH DEPOSE AND SAY THAT I AM NOT DRAWING, NOR HAVE I A CLAIM PENDING, ON ACCOUNT OF MY OWN SERVICE, FOR A PENSION, DISABILITY ALLOWANCE, DISABILITY COMPENSATION, OR RETIRED PAY FROM THE GOVERNMENT OF THE UNITED STATES.

Leonard Dodd Scott

Leonard Dodd Scott

Subscribed and sworn to
before me this 10th
day of SEPTEMBER
19 52

E. A. COFFIN, JR.
Commander
U. S. Coast Guard

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
SCOTT, Leonard Dodd	109-314	BM1(L)	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Lula Olive Scott

RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Delaware

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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)*: Lula Olive Scott

ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Delaware

7. CHILDREN

FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
William Leonard Scott	Dewey Beach, Rehoboth Beach, Delaware		X	X		21

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Deceased

ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Deceased

ADDRESS *(Number, street, city, zone, and State)*:

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Frank Scott

RELATIONSHIP: Brother

ADDRESS *(Number, street, city, zone, and State)*: 1630 S. Delaware Street, Paulsboro, N. J.

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: Lillie Scott

RELATIONSHIP: Niece

ADDRESS *(Number, street, city, zone, and State)*: 1630 S. Delaware Street, Paulsboro, N. J.

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.
Continental American Life Ins. Co.	Wilmington, Delaware	139654N-S

(Continue on reverse side)

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: Lula Olive Scott

RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Delaware

RECEIVE EACH MONTH: 100 % OF MY PAY.

MILITARY ADDRESS: Miah Maull Shoal Light Station, Lewes Group, Lewes, Delaware

DATE SIGNED: 9-10-52

SIGNATURE OF DESIGNATOR: Leonard D. Scott

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 43; NAVMC 118 (15 PO); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529 WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

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 personnel record (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 officer's 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, zone, and State*)	CHECK ONE MARRIED	CHECK ONE SINGLE	SEX M	SEX F	AGE

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS:

61480-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

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
SCOTT, Leonard Dodd	109-314	BM1(L)	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — Lula Clive Scott

RELATIONSHIP (*If friend, so state*) — Wife

ADDRESS (*Number, street, city, zone, and State*) — Dewey Beach, Rehoboth Beach, Delaware

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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*) — Lula Olive Scott

ADDRESS (*Number, street, city, zone, and State*) — Dewey Beach, Rehoboth Beach, Delaware

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
William Leonard Scott	Dewey Beach, Rehoboth Beach, Delaware		X	X		21

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*) — Deceased

ADDRESS (*Number, street, city, zone, and State*)

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*) — Deceased

ADDRESS (*Number, street, city, zone, and State*)

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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 — Frank Scott

RELATIONSHIP — Brother

ADDRESS (*Number, street, city, zone, and State*) — 1630 S. Delaware Street, Paulsboro, N. J.

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 — Lillie Scott

RELATIONSHIP — Niece

ADDRESS (*Number, street, city, zone, and State*) — 1630 S. Delaware Street, Paulsboro, N. J.

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.
Continental American Life Ins. Co.	Wilmington, Delaware	139654N-S

(*Continue on reverse side*)

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 — Lula Clive Scott

RELATIONSHIP — Wife

ADDRESS (*Number, street, city, zone, and State*) — Dewey Beach, Rehoboth Beach, Delaware

RECEIVE EACH MONTH — 100 % OF MY PAY.

MILITARY ADDRESS — Miah Maull Shoal Light Station, Lewes Group, Lewes, Delaware

DATE SIGNED — 9-10-52

SIGNATURE OF DESIGNATOR — Leonard D. Scott

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529 WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

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 personnel record (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 officer's 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, zone, and State*)	CHECK ONE MARRIED	 SINGLE	SEX M	 F	AGE

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS:

61480-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

NCG 2500
(Rev. June, 1942)

9/13/49
CODE NO. 10
mcd

ENLISTMENT CONTRACT

Previously Issued HD Button

PE-PR-21

UNITED STATES { COAST GUARD / COAST GUARD RESERVE }

ENLISTMENT OF SCOTT, Leonard Dodd (Full name, surname to left); 109-314 (Service number); 135 plus 30% (Pay per month)

Accepted for enlistment at LEWES, DELAWARE; BM1(L) (Rating in which enlisted)

Enlisted at MIAH MAULL SHOAL LIGHT STATION, Lewes, Delaware; 6 September, 1949 (Date of enlistment)

Transferred to ACTIVE DUTY - U. S. COAST GUARD

Occupation U. S. COAST GUARD Citizenship* NB If naturalized, place and date of naturalization - Certificate No. - - - - - - -

Date of birth 10 May, 1900 Place of birth Chester, Pennsylvania

Home address Dewey Beach (Street and number) Rehoboth Beach (Town) Sussex (County) Delaware (State)

Married or single M A R R I E D Name and address of next of kin or legal guardian Lule Olive Scott

LAWFUL WIFE (Relationship) Dewey Beach, Rehoboth Beach, Delaware (Address)

Continuous Service Certificate - - - - - - (Number) Previous service { Coast Guard / ~~Reserve~~ xxxx }. 20 (Years) 0 (Months) 5 (Days)

First enlisted 1 September, 1929 (Date) at Monmouth Beach, New Jersey (Place) and was last discharged 3 September, 1949 (Date) from Miah Maull Shoal Light Station, Lewes, Delaware (Unit)

with HONORABLE (Character) discharge as BM1(L) (Rate) No. Form 2510

Previous Navy service - - - - - - - - - - - - (Years) (Months) (Days) Previous Marine Corps service - - - - - - - - - - - - (Years) (Months) (Days)

Previous Army service - - - - - - - - - - - - (Years) (Months) (Days) Age 48 years 3 months.

Height 5 feet 9 inches. Weight 160 pounds.

Eyes BLUE Sex MALE Hair DARK BROWN Complexion RUDDY Color WHITE

Personal characteristics None marks, etc. None

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with LT. C. W. SCHARFF 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 6 September, 1949 / ~~during minority~~ until 5 September, 1952 } 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 Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist 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, LEONARD DODD SCOTT, 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.

Leonard Dodd Scott

Leonard Dodd Scott
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 6TH day of SEPTEMBER, A. D. 1949

C. W. Scharff

C. W. SCHARFF, LIEUTENANT, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

COMMANDING OFFICER
(Title)

Citizenship substantiated and contract perfected.

C. W. Scharff

C. W. SCHARFF, LIEUTENANT, USCG

COMMANDING OFFICER, *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.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(GROUP, CAPE MAY, NEW JERSEY)
MIAH MAULL SHOAL LIGHT STATION — (Unit)

Lewes, Delaware — (Place)

6 September, 1949 — (Date)

CODED NO. 16

FROM: SCOTT, Leonard D. (109-314) BM1(L)

TO: COMMANDANT (via Commander, 3rd CG Dist. (fd))

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:

LULE OLIVE SCOTT (Full name of wife; if not married, so state)	Dewey Beach Rehoboth Beach, Delaware (Address of wife)
William Leonard Scott (Full name of child; if none, so state)	SAME AS ABOVE (Address of child)
(Full name of child: if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Frank F. Scott (Full name of relative)	BROTHER (Relationship)	1623 Delaware Street Paulsboro, New Jersey (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:

NONE (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

6TH day of SEPT., 1949

C. W. S. CHARFF, LIEUTENANT, USCG
(Signature)

COMMANDING OFFICER
(Rank or title)

Leonard D. Scott
Leonard D. Scott
(Signature)

BM1(L), USCG
(Rank or rating)

16—25758-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(GROUP, CAPE MAY, NEW JERSEY)
MIAH MAULL SHOAL LIGHT STATION — (Unit)

Lewes, Delaware — (Place)

6 September, 1949 — (Date)

FROM: SCOTT, Leonard D. (109-314) BM1(L)

To: COMMANDANT (via Commander, 3rd CG Dist. (fd))

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:

LULE OLIVE SCOTT (Full name of wife; if not married, so state)	Dewey Beach Rehoboth Beach, Delaware (Address of wife)
William Leonard Scott (Full name of child; if none, so state)	SAME AS ABOVE (Address of child)
(Full name of child: if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Frank F. Scott (Full name of relative)	BROTHER (Relationship)	1623 Delaware Street Paulsboro, New Jersey (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:

NONE (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 6TH day of SEPT., 1949

C. H. S. CHARFF, LIEUTENANT, USCG
(Signature)

COMMANDING OFFICER
(Rank or title)

Leonard D. Scott
(Signature)

BM1(L), USCG
(Rank or rating)

16—25753-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(GROUP, CAPE MAY, NEW JERSEY)
MIAH MAULL SHOAL LIGHT STATION (Unit) — Lewes, Delaware (Place)

6 September, 1949 (Date)

FROM: SCOTT, Leonard D. (109-314) BM1(L)

TO: COMMANDANT (via Commander, 3rd CG Dist. (fd))

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:

LULE OLIVE SCOTT (Full name of wife; if not married, so state)	Dewey Beach Rehoboth Beach, Delaware (Address of wife)
William Leonard Scott (Full name of child; if none, so state)	SAME AS ABOVE (Address of child)
(Full name of child: if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Frank F. Scott (Full name of relative)	BROTHER (Relationship)	1623 Delaware Street Paulsboro, New Jersey (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:

NONE (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

6TH day of SEPT., 1949

C. W. S. CHARFF, LIEUTENANT, USCG
(Signature)

COMMANDING OFFICER
(Rank or title)

Leonard D. Scott
(Signature)

BM1(L), USCG
(Rank or rating)

16—25758-1

NAVCG-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

(CAPE MAY GROUP)
MIAH MAULL SHOAL LIGHT STATION, Lewes, Delaware
(Unit)

SCOTT, Leonard Dodd
(Name in full—surname to the left)

5 September, 1949
(Date)

109-314
(Service number)

BM1(L)
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for (3) years)	1946	9	4
Enlistment extended (for 2 Da. years from) Art. 391(5a)			
Date of discharge (HONORABLE) (Character of discharge)	1949	9	5

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	2

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		

Paid $150 Reen. Allow. on 9/6/49 by
PAUL D. BANNING, CDO, Symbol No. 1375 on
Vo. No. 403-2978, Pay Roll No. 403-151

W. G. SCHAEFER
Authorized Certifying Officer

Total Absence (00 days)			
Creditable time served during last enlistment period	3	0	2

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.

C. W. SCHARFF

Date 5 September, 1949

(Rank) LIEUTENANT, U. S. C. G.
Commanding officer.

Last Credited REENL. ALLOW
4 Sept., 1946

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 6 September, 1949

(CAPE MAY GROUP)
MIAH MAULL SHOAL LIGHT STATION, Lewes, Del.
(Unit and place)

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

a period of THREE (3) years from this date.

C. W. SCHARFF

(Rank) LIEUTENANT, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

N. C. G.-2500 C
Revised 1938

CODED
NO.10

PE-PR-21

SCOTT

Service Record

SCOTT
(Surname)

LEONARD DODD (Christian names) — 109-314 (Service No.) — NB (Citizenship)

BM1c (Enlisted as) — 4 SEPTEMBER, 1946 (Date) — THREE (3) (Term of years)

CG GROUP, LEWES, DEAWARE ~~(Lewes I/B Station)~~. (Ship or station) — LEWES, DELAWARE (Place)

16—9077-1

NOT ELIGIBLE FOR
MUSTERING OUT PAY

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 Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist 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, LEONARD DODD SCOTT, 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.

Leonard Dodd Scott

Leonard Dodd Scott.
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 4th day of September, A. D. 19 46

E.B.YORK Chief Boatswain USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

CO, CG GROUP, LEWES, DELAWARE.
(Title)

Citizenship substantiated and contract perfected.

_____

_____, *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 SCOTT, Leonard D. 109-314
(Full name, surname to the left) (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
CG GROUP, LEWES, DEL.	1-31-48	[signature] Bos'n CO	CG Group, Lewes Del.	9-4-46	[signature] Ch.Bos'n, CO
~~CG MRGS, CAPE MAY, N.J.~~	~~7-24-48~~	~~LCDR, CO~~	CG GR, Cape May	2-14-48	[signature] Lt.Cdr.
GROUP, Cape May NJ (Discharge)	9-5-49	[signature] C.W.SCHARFF, LT, CO			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CG GROUP, Lewes, Del	Reenl. as BM1c	9-4-46	[signature] Ch.Bos'n, CO
CG Group, Cape May	CR fm BM1 to BM1(L) Auth: HL(PE-C)3-31-47 CG-73 and CGGD4/L (p)4-23-47 CG-73	4-25-47	[signature] C. W. SCHARFF, LT, CO

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
CG GROUP, Lewes, Del.	9-4-46	9-7-46	Lewes, Lifesta.	[signature] Ch.Bos'n, CO
Fenwick Is. Lt. Sta	9-7-46	2-14-48	Fenwick Island	[signature] Ch. Bos'n, CO
MOORINGS, Cape May	7-29-48	8-27-48	West End Canal	[signature] C.W.SCHARFF, LT., By direction
GROUP, Cape May N J	8-27-48	1-22-49	Fenwick Island	[signature] C.W.SCHARFF, LT., By direction
GROUP, Cape May NJ	1-22-49	9-5-49	Miah Maull Shoal Light Station	[signature] C.W.SCHARFF, LT, USCG, CO

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature
Rehoboth Beach Sta.	29 August, 1929	

16—9676-2

RECORD OF SCOTT, Leonard D. (Full name, surname to the left) 109-314 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature
CG Group, Lewes, Del.	11-30-44	GCT AR MAT RD EK MK 36 21 45 26 47 45	

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
9-4-46	BM1c	Reenl in Reg.Est.--				4.0	Ch.Bos'n,CO
9-30-46	BM1c	Present Less Than One Mo.				4.0	CH.BOS'N,CO
12-31-46	BM1c	3.4	3.0	-	3.4	4.0	CH.BOS'N,CO
2-11-47	BM1c	3.4	3.0	—	3.4	4.0	ChBos'n,CO
3-31-47	BM1c	3.5	3.2	—	3.5	4.0	Bos'n,CO
6-30-47	BM1c(L)	3.6	3.3	—	3.5	4.0	Bos'n,CO,CG GROUP,LEWES.
9-30-47	BM1c(L)	3.6	3.3	-	3.6	4.0	Bos'n, CO
12-31-47	BM1c(L)	3.6	3.3	-	3.6	4.0	Bos'n, CO
1-31-48	BM1c(L)	3.6	3.3	—	3.6	4.0	
31 MAR 1948	BM1c(L)	3.6	3.4	-	3.4	4.0	H. LAND, Lieut. Comdr., USCG.
30 JUNE, 1948	BM1 (L)	3.5	3.3	- - -	3.4	4.0	H.LAND,LCDR,USCG,CO
9-30-48	BM1(L)	3.5	3.3		3.4	4.0	C.W.SCHARFF,LT,CO
12-31-48	BM1(L)	3.5	3.3		3.4	4.0	C.W.SCHARFF,LT,CO
3-31-49	BM1(L)	3.5	3.3		3.4	4.0	C. W. SCHARFF, LT, CO
6-30-49	BM1(L)	3.5	3.3		3.4	4.0	C. W. SCHARFF, LT,CO
9-5-49(HD)	BM1(L)	3.5	3.3		3.4	4.0	C.W.SCHARFF,LT,CO
AVERAGE	X X X X	3.53				4.0	C.W.SCHARFF,LT,CO

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS
S. Brigantine Sta.	8-31-32	Honorable Discharge Button issued
Lewes Station	2-21-42	Good Conduct Medal and Bars
Lewes Station		HAS SERVED OUTSIDE CONTINENTAL UNITED STATES OR IN ALASKA /s/C.A.Osborne,Lt.Comdr.
Lewes Station	1-15-46	Entitled to American Theatre Ribbon Ch.Bos'n,CO
Lewes Station	1-15-46	Entitled to World War Two Victory Medal Ch.Bos'n,CO
LEWES STATION	8-1-47	ISSUED WORLD WAR II AND AMERICAN DEFENSE SERVICE MEDALS. Bos'n, CO

16—9676-2

RECORD OF SCOTT, Leonard D. (Full name, surname to the left) 109-314 (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
CG Group, Lewes, Del	9-4-46	Reenl.in Reg.Est.		30	60 PB#114-45&12-46	Ch.Bos'n, CO
CG GROUP, LEWES, DEL	11-7-46	11-17-46	10	20		Ch.Bos'n, CO

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
GROUP, CapeMay NJ	00	NO DEDUCTIBLE TIME WHILE ATTACHED THIS GROUP			C.W.SCHARFF, LT, CO

10. TRIALS BY COURTS MARTIAL

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (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

CODED NO. 10 mcs.

PE-PR-21

14. DISCHARGE

Date 5 September, 1949 Place Lewes Delaware (Miah Maull Lt Station)

Discharged by reason of EXPIRATION OF FULL TERM OF ENLISTMENT AND EXTENSION THEREOF

Kind of discharge HONORABLE Serial No. FORM 2510

Authority ARTICLE 591(5c) - ARTICLE 589(1) Regulations

Rating BM1(L) Monthly rate of pay ~~$135.00 plus 30%~~

Furnished travel allowance at the rate of $.05 cents per mile from NONE - PAFE - POD THE SAME

to ..... and paid $..... in full to date of discharge by

W. G. SCHAEFER
Authorized Certifying Officer
(Name of Disbursing Officer) with check No. .....

Address subsequent to discharge will be:

ACTIVE DUTY - U. S. COAST GUARD

Has signified intention { to / ~~not to~~ } reenlist next day.

Creditable Coast Guard service during this enlistment 3 (Years) 0 (Months) 2 (Days)

Completed 18 years' net service for pay purposes on 8-31-47

Total time lost and deducted for pay purposes thereafter to date of discharge 0 (Years) 0 (Months) 0 (Days)

5 September, 1949
(Date)

Certified correct upon termination of service.

C. W. SCHARFF, LIEUTENANT, USCG
Commanding Officer.

16—9676-2

RECORD OF (SCOTT, Leonard Dodd 109-314)
(Full name, surname to the left) (Service No.)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN				BAL DUE	CO's SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV. NO. DAYS	
BBF	7-1-48	60						H. LAND, LCDR, USCG, CO, CG MRGS, CAPE MAY, NEW JERSEY
			2-8-49	2-11-49	REG-ACC	4	56	C.W. SCHARFF, LT, CO, GROUP Cape May, N. J.
			3-10-49	3-11-49	REG-ACC	2	54	C.W. SCHARFF, LT, CO, GROUP Cape May, N. J.
			4-8-49	4-18-49	REG-ACC	11	43	C.W. SCHARFF, LT, CO, GROUP Cape May, New Jersey
			5-8-49	5-9-49	REG-ACC	2	41	C.W. SCHARFF, LT, CO, GROUP CAPE MAY, NEW JERSEY
			6-8-49	6-18-49	REG-ACC	11	30	C.W. SCHARFF, LT, CO, GROUP CAPE MAY, NEW JERSEY
ANCR	6-30-49	30					60	
BBF	7-1-49	60					60	C, W. SCHARFF, LT, CO CAPE MAY GROUP
			7-8-49	7-9-49	REG ACC	2	58	C.W. SCHARFF, LT., CO GROUP, CAPE MAY, N. J.
			8-9-49	8-10-49	REG-ACC	2	56	C.W. SCHARFF, LT, CO CAPE MAY GROUP
HD	9-5-49	6					60	C.W. SCHARFF, LT, CO CAPE MAY GROUP

ELECTS CASH COMPENSATION FOR SIXTY (60) DAYS ACCUMULATED UNUSED LEAVE REMAINING TO CREDIT ON DATE OF DISCHARGE -

C. W. SCHARFF, LT, USCG, CO

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO's SIGNATURE AND UNIT

Paid $468.00 cash compensation for 60 days lv; subs; qtrs on 9/5/49 at Office, Comdr., 3rd CG District, by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 963-2978; Pay Roll No. 403-15

W. G. SCHAEFER
Authorized Certifying Officer

RECORD OF SCOTT, Leonard D (Full name, surname to the left) — 109-314 (Service number)

LEAVE RECORD

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	
IC	9-1-46	56						56					
			11-7-46	11-18-46	LV	10							E.B.York Ch. Bos'n,
			3-14-47	3-23-47	LV	10		36					E.B.York Ch. Bos'n
An Cr	7-1-47	25	- - -	- - -	- - -	- - -	- - -	60 (Forfeited 1 day)					R.O.Lee Bos'n, CO
" "	7-1-48	30	8-1-47	8-10-47	LV	10		60 Nil.					R.O.Lee Bos'n, CO
ANCR	6-30-48	~~60~~											R.O.Lee Bos'n, CO
													N. Land H. LAND, LCDR, USCG CO, CG MRGS, CAPE MAY, NEW JERSEY

Transferred to new leave record.

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)

CG GROUP, LEWES, DELAWARE (Lewes L/B Station)
(Unit)

SCOTT, Leonard Dodd
(Name in full—surname to the left)

3 September, 1946
(Date)

(109-314)
(Service number)

BM1c, USCG
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	9	3
Enlistment extended (for 3 years from)	1943	9	4
Date of discharge (Honorable B60140 (Character of discharge))	1946	9	3
Total time of last enlistment period (extension of)			

NUMBER OF—		
Years	Months	Days
3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)

Creditable time served during last enlistment period (extension of)	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.

E.B. YORK

Date 3 September, 1946

(Rank) Chief Boatswain, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 4 September, 1946

CG GROUP, LEWES, DELAWARE
(Lewes L/B Station) Lewes, Delaware
(Unit and place)

I CERTIFY that the above-named man REENLISTED at this unit and on this date for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE years from this date.

E.B. YORK

(Rank) Chief Boatswain, 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

CG GROUP, LEWES, DELAWARE (Unit)

Lewes Lifeboat Station, Lewes, Delaware (Place)

4 September, 1946 (Date)

FROM: SCOTT, Leonard D. (109-314) BM1c., USCG

TO: COMMANDANT (via DCGO, 4th 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:

Lula O. Scott (Full name of wife; if not married, so state)	32 Lake Avenue, Rehoboth Beach, Del. (Address of wife)
William L. Scott (son) (Full name of child; if none, so state)	32 Lake Avenue, Rehoboth Beach, Del. (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:

FRANK F. SCOTT (Full name of relative)	BROTHER (Relationship)	1623 Delaware St. Paulsboro, New Jersey (Address of relative)

(State briefly wherein dependency exists)

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

NONE (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

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 4th day of September, 1946

E. E. YORK (Signature)

Chief Bos'n, USCG (Rank or title)

Leonard D. Scott (Signature)

LEONARD D. SCOTT

B.M.1c, USCG (Rank or rating)

16—25758-1

Form 2511-A
TREASURY DEPARTMENT
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG GROUP, LEWES, DELAWARE (Lewes L/B Station)
(Unit)

SCOTT, Leonard Dodd
(Name in full—surname to the left)

3 September 1946
(Date)

(109-314)
(Service number)

BMlc, USCG
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	9	3
Enlistment extended (for 3 years from)	1943	9	4 3
Date of discharge (Honorable B60140) (Character of discharge)	1946	9	3

	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 and extension thereof	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.

E.R.YORK

Date 3 September, 19 46. (Rank) Chief Boatswain, U. S. C. G.
Commanding officer.

REENLISTMENT

Date 4 September, 19 46

CG GROUP, LEWES, DELAWARE
(Lewes, L/B Station) Lewes, Delaware.
(Unit and place)

I CERTIFY that the above-named man reenlisted at this unit and on this date for a period of THREE years in the rating of BMlc, USCG

E.R.YORK.

(Rank) Chief Boatswain, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908

SCOTT, Leonard D.	109-314	BM1(L)
CAPE MAY GROUP	Miah Maull Shoal Light Station	Lewes, Delaware
3RD CG DISTRICT	93-585	5 September, 1949

3 September, 1949: Enlistment extended for a period of two (2) days due to EE on Saturday - Article 591(5c) Regulations

5 September, 1949: Issued HONORABLE DISCHARGE (form 2510) upon expiration of full term of enlistment and authorized extension thereof - Not ent. to TA - POD and PAFE the same, Lewes, Delawre--- Elects cash compenstation for sixty (60) days accumulated uuused leave remaining to credit on date of discharge -

Art. 591(5c) Regs
Art. 589(1) Regs.

C. W. SCHARFF, LIEUTENANT, USCG

rfp

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

RECEIVED
APR 6 1949
COAST GUARD MOORINGS
Cape May, N. J.

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
GROUP, Cape May, N.J. (Miah Maull Shoal L/S)	Lewes, Delaware	1 April, 1949

FROM (REQUESTER):	TO	VIA:
SCOTT, Leonard D.(109-314) BM1(L)	GRUCOM, Cape May, N. J.	

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
11	XX	7 April, 1949	6	6	4 September, 1949

REASON FOR REQUEST:

Annual leave (REG)(ACC)

My address on leave will be: Dewey Beach, Rehoboth, Delaware.

I will immediately inform my commanding officer of any change in address while on leave.

RECEIVED
APR 27 1949
COAST GUARD MOOR
Cape May, N.J.

Leonard D. Scott
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Lewes LB Station Date: 1 April, 1949.

Leave record indicates balance of 60 (7-1-48) days' annual ~~and~~ Less 6 days' Reenlistment Leave due.

Forwarded [X] APPROVED [ ] NOT APPROVED (because)

Returned [ ] GRANTED [ ] NOT GRANTED (because)

DUE RETURN BEFORE 0900/19 APRIL, 1949.

R. O. HALL, Bos'n,
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG GROUP, Cape May, N.J. Date: 7 April, 1949

~~Forwarded [X] APPROVED [ ] NOT APPROVED (because)~~

Returned [X] GRANTED [ ] ~~NOT GRANTED (because)~~

C. W. SCHARFF, LT, USCG
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Miah Maull Shoal Light Sta. Date: 7 April, 1949

Departed at 1430 this date. This leave of absence will expire before 0900 19 April, 1949, at the above unit and is subject to the special instructions indicated on reverse hereof.

R. O. HALL, Bos'n, Lewes LB Station
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: Lewes LB Station Date: 19 April, 1949.

Reported at 0800 this date, having taken 11 days' leave and XXX days' TT.

Reported this unit at expiration of leave and furnished transportation to Miah Maull Shoal L/S. NOT AOL.

R. O. HALL, Bos'n, Lewes LBS
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

MRC OK 4/Rec'd

SCOTT, Leonard D. 109-314 BM1(L)

CAPE MAY GROUP Miah Maull Shoal Light Station Lewes, Delaware

3RD CG DISTRICT 03-585 31 January, 1949

1100
22 January, 1949

Fenwick Island Light Station, Selbyville, Delaware
Assignment to duty - PERMANENT CHANGE OF STATION

30

Comdr. 3rd CG Dist/L 1-7-49 (pap) CG-73-531

C. W. SCHARFF, LT, USCG

rfp

SCOTT, Leonard D. 109-314 EM1(L)

CAPE MAY GROUP Fenwick Island Light Sta. Del. Bay, Lewes Delaware

3RD CG DISTRIT 03-575 31 January, 1949

0700
22 January, 1949

Mish Mault Shoal Light Station
Assignment to duty - PERMANENT CHANGE OF STATION
SELBYVILLE, DELAWARE TO LEWES, DELAWARE

Comdr. 3rd CG District Ltr. 7 January, 1949 (pmp) CG-73-531

C. W. SCHARFF, IT, USCG

rfp

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commanding Officer, C.G. GROUP
Cape May, New Jersey
REFER TO FILE

26 August, 1948
File: CG-73-531

From: Commanding Officer, GROUP, Cape May, N.J.
To: SCOTT, Leonard D. (109-314) BM1(L).

Subj: Orders, transfer.

1. Upon receipt hereof you are directed to proceed to Selbyville, Delaware, and report to the Officer in Charge, Fenwick Island Light Station, for assignment to duty at that unit.

2. Transportation necessary for the execution of these orders will be performed by government facilities.

3. Your health record will be carried with you on transfer.

4. Delivered and departed 1400, 27 August, 1948.

C W Scharff
C. W. SCHARFF, LT.
By direction.

Rptd Lewes LBS 2100Q 27 Aug '48

Ind-1
Lewes LB Station
Lewes,,Delaware. 28 August, 1948.

1. Reported at Fenwick Island Light Station at 0800, 28 August, 1948, for assignment to duty in compliance with basic orders.

R. O. HALL, Boatswain
Commanding Officer
Lewes LB Station.

SCOTT, Leonard D. 109-314 BM1(L)

GROUP, CAPE MAY, Cape May, N.J. Fenwick Island Light Station Selbyville, Del.

03-575 26 August, 1948.

0800 Q
8-28-48 CG Moorings, Cape May, N.J., assignment to duty.

30-D Ltr. of CRUCOM, CAPE MAY, NJ, 8-26-48 (73-531)

R. O. HALL, Boatswain
By direction

UNITED STATES COAST GUARD

jwm
ADDRESS REPLY TO

42 Broadway
New York 4, New York

Comdr. 3rd CG District
~~REFER TO FILE~~

RECEIVED
JUL 24 1948
COAST GUARD MOORINGS

21 July, 1948
File: pmp - 73-701
176-49

From: Commander, Third Coast Guard District
To: CO, CG MOORINGS, Cape May, N.J.

Subj: SCOTT, Leonard D. (109-314) BM1 (L); orders, administrative transfer

1. Effective upon receipt hereof, transfer subject named man to the Commander, 3rd CG District for administrative purposes while undergoing inpatient treatment at the USMH, Baltimore, Maryland.

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

3. Records will be forwarded to this office accordingly.

E. H. LANE,
By direction.

CC:
Pers.
Pay
Class
File
Mr. Wineke

73-703

Address reply to:
Commanding Officer
CG GROUP, Lewes, Del.

21 June, 1945

To: Medical Director, USCG, 4th Naval District, Phila. Pa.

Via: Medical Officer, CG Infirmary, Rehoboth Beach, Del.

Subj: SCOTT, Leonard D. (109-314) BM1c, USCG

1. In accordahce with Personnel Bulletin 25-45 the following statement is submitted herewith in connection with the appearance of the subject named man before a Medical Board of Survey.

2. SCOTT, for the past year, has received the following medical treatment:

Diagnosis	Dates treated
Ostipation	Jan. 3,4,6,8,12, 1944.
Cyst on back of neck removed	April 11,13,15,18,21, 22,24,25, 1944.
Common cold	May 31 thru 3 June, 1944.
Rheumatic Arthritis	Jan. 19,22,29, 1945, Feb. 7, May 10,11,12,16, 22,27,28,29,30, 1945 June 6, 12, 1945
Eczema of scalp	Jan 29,30, to Feb. 2, 1945

3. SCOTT enlisted on 1 September, 1929 at Asbury Park, N.J., on 1 June, 1945 he completed 15 years, 9 months service. The subject named man was born 10 May, 1900 at Chester, Penna.

4. No behavior problem exists nor is there disciplinary action past or pending. He seems to be the worried type about affairs in general.

5. It is therefore recommended that SCOTT appear before a Board of Medical Survey or Retiring Board to determine if he is fit for further active duty.

E. B. YORK

Incl:
Survey above
named man.

SCOTT, Leonard D. 109-314 BM1 (L)

CG GROUP C.G. MOORINGS Cape May, N.J.

03-565 17 April, 1948

1015-17 April, 1948 Admitted to Beebe Hospital, Lewes,Delaware while in an authorized liberty status. Recommended by U.S.C.G.Contract Physician, Lewes, Delaware. Auth: Art.3002 and 3007, CG Regs.

06

H. LAND, Lt.Comdr., USCG

UNITED STATES COAST GUARD

COAST GUARD STATION

Corson Inlet Lifeboat Station

Strathmere, N.J.

Refer to file: CG-73

20, March 1948

From: Officer in Charge, Corson Inlet Lifeboat Station
To: Scott, Leonard D. (109-314) BM1c(L)

Subj: Transfer.

1. In accordance with verbal orders, CO.CG. Group, Cape May, N.J. this date, you are directed to proceed to Cape May, N.J. and report to CO. CG. Group, Cape May, N.J. for assignment to duty.

2. You are to report at that unit no later than 1200, 22, March 1948.

L.E. Taylor, CBM(L)
Officer in Charge.

Ind-1
Corson Inlet LB. Station
Strathmere, N.J.

1.

Subject man departed this unit at 1200, 20, March 1948 on 48 hours authorized liberty, to report to CO. CG. Group, Cape May, N.J. no later than 1200, 22, March 1948.

L.E. Taylor, CBM(L)
Officer in Charge

NAVCG 2766
(Revised 12-44)

ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☐ Routine.
☐ Restricted.
☐ Confidential.

UNIT	PLACE OR ADDRESS	DATE	FILE
CG GROUP, Cape May, N.J.	Cape May, N.J.	2/20/48	73-531

TO (insert name, surname first, Service No., rank or rating):

SCOTT, Leonard D. (109-314) BM1c(L)

1. In accordance with Verbal Orders, CO, CG Group, Cape May, N.J. { copy / certified copy / original of which is attached

PROCEED TO Corson's Inlet, N.J.

REPORT TO Officer-in-Charge, Corson's Inlet Lifeboat Station

FOR assignment to temporary duty.

2. You will take charge of the 0 additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

TRAVELER'S NAME(S) (Addressee)	SERVICE No.	RANK OR RATE	RECORDS ATTACHED (Indicate by check (✓) records included for each person)			
			SERVICE	HEALTH	PAY	OTHER
ADDRESSEE	109-314	BM1(L)	no	yes	no	

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against ..... travel allotment, symbol ..... TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by ..... and indicated below, is (AUTHORIZED) (DIRECTED).

GOVERNMENT TRANSPORTATION REQUEST.

T/R NUMBER(S)	SERVICE	FROM—	TO—	VIA—	PERSONS	VALUE
NONE						

MEAL TICKET(S) ISSUED (Surrender unused or spoiled tickets at destination).

NUMBERED FROM—	TO—	TOTAL TICKETS	TOTAL MEALS
NONE			

PRIVATELY OWNED CONVEYANCE.

MAKE OF CAR	MODEL AND YEAR	LICENSE No.	STATE

You are hereby furnished Forms ....., serially numbered from ..... to ....., to obtain a total of ..... gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

OTHER (specify): Travel necessary to the execution of this order will be performed by government conveyance and no expense incident thereto is authorized.

ISSUED ITEMS AS DESCRIBED ABOVE.

H. LAND, Lt.Comdr.	Executive Officer	CG GROUP, Cape May, N.J.
(Signature)	(Title)	(Unit)

(OVER)

16—40526-2

U. S. C. G. MOORINGS
CAPE MAY, NEW JERSEY

Commanding
Officer

CG-73-701

13 July, 1948

From: Commanding Officer, Coast Guard Moorings, Cape May, N.J.
To: Commander, 3rd Coast Guard District (p)

Subj: SCOTT, Leonard D. (109-314) BM1 (L), USCG; administrative transfer; request for

1. It is requested that subject named man be transferred from this unit to Commander, 3rd Coast Guard District (p) for administrative purposes.

2. SCOTT has been absent hospital, U.S. Marine Hospital, Baltimore, Md. suffering with arthritis, since May 1948, and his return to this unit is doubtful.

H. LAND

4. LEAVE OF ABSENCE in the amount of 0 days and _____ days travel time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—

From Not applicable (Specific location) To _____

6. DELIVERED AND DEPARTED at 1100 (Time) on 2/20/48 (Date)

H. LAND, Lt.Comdr., USCG
(Signature of commanding officer, transferring unit)

IND–1.

RECEIVED AT Cape May, N.J. (Place) on 2/20/48 (Date) at 1100 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

LEONARD D. SCOTT
(Signature of addressee)

IND–2. **INTERMEDIATE REPORTING**

UNIT AND PLACE OR ADDRESS		TIME DATE	GOVERNMENT FACILITIES FURNISHED (Yes or No)		SIGNATURE
			QUARTERS	SUBSISTENCE	
	Reported				
	Departed				
	Reported				
	Departed				
	Reported				
	Departed				

IND–3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

(Unit) (Place or address) (Time) (Date)

(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly. Attention is directed to the joint control of Navy–Army–Coast Guard–Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

SPECIAL INSTRUCTIONS

U. S. GOVERNMENT PRINTING OFFICE 16—40626–2

SCOTT, Leonard D. 109-314 BMlc (L)

CG GROUP C.G. MOORINGS Cape May,N.J.

03-565 23 March, 1948

1200
22 March, 1948 ASDU Corsons Inlet Lifeboat Station, Strathmere, N.J.

06 CO,CG Moorings,Cape May,N.J./VO, 20 March, 1948.

H. LAND, Lt.Comdr., USCG

NAVCG 2766
(Revised 12-44)

ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

X Routine.
☐ Restricted.
☐ Confidential.

Auth. No. 032003. Order No. 1923-48.

UNIT	PLACE OR ADDRESS	DATE	FILE
Fenwick Island Light Station	Selbyville, Delaware.	1/31/48	73-531

TO (insert name, surname first, Service No., rank or rating):

SCOTT, Leonard D. (109-314) BM1c(L) - PRESENT.

1. In accordance with CCGD3/L(pmp) 1-9-48 (73-531) { copy / certified copy / original of which is attached

You (are) (are not) detached from this unit.

PROCEED TO Cape May, New Jersey

REPORT TO Commanding Officer, CG Moorings, that place

FOR Assignment to duty.

2. You will take charge of the 0 additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

TRAVELER'S NAME(S) (Addressee)	SERVICE No.	RANK OR RATE	RECORDS ATTACHED (Indicate by check (✓) records included for each person)			
			SERVICE	HEALTH	PAY	OTHER
ADDRESSEE	109-314	BM1c(L)	YES	YES	NO	

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against 3rd CG Dist. travel allotment, symbol 03-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by 439, P&SI and indicated below, is (AUTHORIZED) (DIRECTED).

GOVERNMENT TRANSPORTATION REQUEST.

T/R NUMBER(S)	SERVICE	FROM—	TO—	VIA—	PERSONS	VALUE
NOT APPLICABLE.						

MEAL TICKET(S) ISSUED (Surrender unused or spoiled tickets at destination).

NUMBERED FROM—	TO—	TOTAL TICKETS	TOTAL MEALS
NONE.	NONE.		

PRIVATELY OWNED CONVEYANCE.

MAKE OF CAR OLDSMOBILE MODEL AND YEAR Coupe 1940 LICENSE No. 11-708 STATE DELAWARE

You are hereby furnished Forms NONE., serially numbered from NONE to _____, to obtain a total of _____ gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

OTHER (specify):

ISSUED ITEMS AS DESCRIBED ABOVE.

R. O. HALL, Boatswain, USCG. Commanding Officer CG GROUP, LEWES, DEL.
(Signature) (Title) (Unit)

(OVER)

16—40626-3

4. LEAVE OF ABSENCE in the amount of -10- days and -4- days PROCEED time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—

From Ieves, Delaware (Specific location) To Cape May, New Jersey.

6. DELIVERED AND DEPARTED at 1000 (Time) on 31 January, 1948. (Date)

R. O. HALL, Boatswain.
(Signature of commanding officer, transferring unit)

IND-1.

RECEIVED AT CG GROUP, Ieves, Delaware. (Place) on 31 January, 1948 (Date) at 1000 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

LEONARD D. SCOTT
(Signature of addressee)

IND-2. **INTERMEDIATE REPORTING**

UNIT AND PLACE OR ADDRESS		TIME	DATE	GOVERNMENT FACILITIES FURNISHED (Yes or No)		SIGNATURE
				QUARTERS	SUBSISTENCE	
		Reported				
		Departed				
		Reported				
		Departed				
		Reported				
		Departed				

IND-3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

CG Moorings, Cape May, N.J.	1815	14 Feb., 1948	H. LAND, Lt. Comdr., USCG
(Unit)	(Time)	(Date)	(Signature of commanding officer at destination)
(Place or address)			

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1: "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly. Attention is directed to the joint control of Navy–Army–Coast Guard–Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

SPECIAL INSTRUCTIONS

1000/31 January, 1948: Departed at this time and date, granted ten (10) days leave and four (4) days PROCEED TIME enroute, due to report at destination not later than 2400 on 14 February, 1948.

U. S. GOVERNMENT PRINTING OFFICE 16—40626-2

SCOTT, Leonard D. 109-314 BM1c (L)

CG GROUP C.G.Moorings Cape May, N.J.

03-565 17 February, 1948

1815
14 February,1948 ASDU Fenwick Island Light Station, Selbyville,Del.

06 CCGD3/L (pmp) 1-9-48, File CG-73-531

H. LAND, Lt. Comdr., USCG
xxxxxx Executive

SCOTT, Leonard D. 109-314 BM1c(L)

CG GROUP, LEWES, Lewes, Del. Fenwick Island Light Station Selbyville, Delaware.

03-575 11 August, 1947.

1205/31 July, 1947: Departed on ten (10) days Annual Leave,

0845/11 August, 1947: Returned fm ten (10) days Annual Leave, NOT AOL.

30-D ComdtCirc #3-47. R. O. HALL

No.11

SCOTT, Leonard D. 109-314 BMlo(L)

CG GROUP, LEWES, Lewes, Del. Fenwick Island Light Sta. Selbyville, D

04-075 1 July 1947.

0001/1 July, 1947: Administrative transfer from FOURTH CG District, Philadelphia, Pa. to THIRD CG District, New York City, N.Y.

30-D AL OAST 59. R.O. HALL

No. 23.

SCOTT, Leonard D. 109-314 BMlc(L)

CG GROUP, LEWES, Lewes, Del. Fenwick Island Light Station Selbyville, Del.

04-075 7 June, 1947.

2230
6-6-47 US Marine Hospital, Baltimore, Maryland.
resumption of regular duties.

30-D CCGD4/L(p), dated 2 May, 1947, File: CG-73-701-531-703.

R. O. HALL

No. 41.

SCOTT, Leonard D. 109-314 BM1c(L)

CG GROUP, LEWES, Lewes, Del. Fenwick Island Light Station Selbyville, Delaware.

04-075 6 May, 1947.

0700
5-6-47

US Marine Hospital, Baltimore, Md.
necessary treatment and Board of Medical Survey
to determine fitness for general duty.

Ltr of Comdr,4th CGDist(p),dated 2 May, 1947, File:CG-73-531-703; TO #041824.

R. O. HALL

No. 70.

SCOTT, Leonard D. 109-314 BMlc(L)

CG GROUP, LEWES, Lewes, Del. Fenwick Island Light Station Selbyville, Delaware.

04-075 25 April, 1947.

----- B. M. lc. B. M. lc (L) 25 April, 1947.

30-D HL(PE-C)3-31-47,File:CG-73 and CCGD4/L(p)4-23-47,File:CG-73.

R. O. HALL

No. 36

SCOTT, Leonard D. 109-314 BMlc

CG GROUP, LEWES, Lewes, Del. Fenwick Island Light Station Selbyville, Delaware.

04-075 25 March, 1947.

0845/24 March, 1947: Returned fm ten (10) days Annual Leave, granted by CCGD4(p); Not AOL.

30-D ComdtCirc#33-46. R. O. HALL

No. 23

SCOTT, Leonard D. 109-314 BMlc

CG GROUP, LEWES, Lewes, Del. Fenwick Island Light Station Selbyville, Delaware.

04-075 14 March, 1947.

1205/13 March, 1947: Departed on ten (10) days Annual Leave granted by CCGD4(p).

30-D ComdtCirc#33-46. R. O. HALL

No.33

SCOTT, Leonard D. 109-314 BMlc

CG GROUP, LEWES, DELAWARE Fenwick Island Light Station Selbyville, Delaware

04-075 18 November, 1946

1200, 11-7-46 Departed on ten (10) days annual leave.

0830, 11-17-46 Returned from ten (10) days annual leave.

30-D PB#113-45. R.B.YORK

No. 22

SCOTT, Leonard D. 109-314 BMlc

CG GROUP, Lewes, Delaware Fenwick Is.Lt.Sta. Greenwich, N.J.

04-075 11 September,1946

1330
7 September,1946

Lewes Lifeboat Station
ASDU.

29-D Art. 710,711 Regs.

E. B. York, Ch. Bos'n, USCG

No. 21

SCOTT, Leonard D.	109-314	EM1c
CG GROUP, LEWES, DELAWARE	Lewes Lifeboat Station	Lewes, Delaware
	04-071	11 September,1946

1230
7 September,1946

Fenwick Island Lt. Station
ASDU.

Art. 710,711 Regs.

E. B. York, Ch.Bos'n, USCG

No. 75.

SCOTT, Leonard D. 109-314 BMlc.

CG GROUP, Lewes, Delaware Lewes Lifesta., Lewes, Delaware

04-084 26 June, 1946

1630
26 June, 1946

Fenwick Island Light Station, Selbyville, Delaware.
resumption of regular duties.

29-D Arts. 710,711 Regs.

E.B. YORK, Lieutenant Commander, USCG

No3 74.

SCOTT, Leonard D. 109-314 Mate.

CG GROUP, Lewes, Delaware Fenwick Island Light Sta. Selbyville, Delaware

04-091 26 June, 1946

1400
26 June, 19 46 xxx

Lewes Lifesta., Lewes, Delaware
upon completion of TD.

Art. 710,711 Regs.

30-D

E.B. YORK, Lieutenant Commander, USCG

O R.

No. 47.

SCOTT, Leonard D. 109-314 BMlc., USCG

CG GROUP, Lewes, Delaware Fenwick Island Light Station Selbyville, Delaware

04-091 20 June, 1946

1205, 15 June, 1946: Departed on four (4) days compensatory leave.

1130, 20 June, 1946: Returned from four (4) days compensatory leave.

E.B. YORK, Lieutenant Commander, USCG

30-D PB/113-45

SCOTT, Leonard D. 109-314 BMlc,USCG

GROUP LEWES LB STATION LEWES, DEL.

04-084 11 September, 1945

1800
4 September, 1945 CG Receiving Station, Phila.Pa.
assignment to duty.

Art. 710,711 Regulations.

E. B. YORK, Lieut.,USCG

SCOTT, Leonard D. 109-314 BMlc, USCG

GROUP REHOBOTH BEACH LB STATION REHOBOTH BEACH, DEL.

12 August, 1945

1600 DCGO,4ND,Phila.Pa.
12 August, 1945 assignment to duty.

DCGO,4ND TWX 071914

E. B. NORK, Lieut.,USCG

Address Reply To:
Commanding Officer
Coast Guard Group
Lewes, Delaware
Refer To File: 73-783 (p)

17 November, 1945

SCOTT, Leonard D.	109-314	BM1c
Name	Service No.	Present Rating

In accordance with the provisions of ALCOAST 143, 1945, the above named man is professionally qualified in all respects to hold the permanent rating of

BM1c.

E. B. YORK, Lt.Comdr.USCG
Commanding

SCOTT, Leonard D. 109-514 BMlc

CG RECEIVING STATION Philadelphia 6, Pa.

04-002 6 September, 1945

1800
1 September, 1945 COTP Regiment, San Francisco, Calif.
assignment to duty.

37-D DCGO 12ND/L 8/23/45

1300
4 September, 1945 Group, Lewes, Del.
assignment to permanent duty.

DCGO 4ND/L 9/4/45 765-651

R. F. MADDEN, Lt(jg)USCGR
By direction

tb

COPY 2599
SERVICE RECORD

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

236

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-514	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG RecSta (Transient)		S.F., Cal.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
12-035	20 Aug., 1945

TIME 0800 REPORTED FROM: CG R/S, Phil., Pa.
DATE 18 Aug., 1945 FOR fur. tr. to COTP, SF, Cal.

DUTY CODE NO. 37-D AUTH: CG R/S, Phil., Pa/L 8-13-45 (73-783-531)

TIME 1540 TRANSFERRED TO: COTP, SF, Cal.
DATE 18 Aug., 1945 FOR assgn. to Port Sec. duty.

AUTH: DCG12ND(R/S,SF)/Ind-2 8-18-45 (73)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

COPY FOR SR

DUTY CODE NO. AUTH:

W. T. SIMPSON
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

SCOTT, Leonard D. 109-314 S2c USCG

RECEIVING STATION Philadelphia 6, Pa.

04-002 13 August, 1945

0800 CG GROUP, Lewes, Del.
8/13/45 further assign to duty.

37-D DCGO4ND/D 071914 (Aug 1945)

1630 DCGO12ND.
8/13/45 assign to Port Security duty.

R/L 7/27/45 CG-701-531 (PEA-A)

R. F. MADDEN, Lt.(jg) USCGR
By direction

lz

COPY 2599
SERVICE RECORD

SCOTT, Leonard D. 109-314 BMlc, USCG

GROUP REHOBOTH BEACH LB STATION REHOBOTH BEACH, DEL.

12 August, 1945

1600 DCGO,4ND,Phila.Pa.
12 August, 1945 assignment to duty.

DCGO,4ND TWX 071914

E. B. YORK, Lieut.,USCG

NCG-2522

SCOTT, Leonard D (1098314) B. lc Rehoboth L B Sta. Rehoboth, Dela.

FOLLOW INSTRUCTIONS ON BACK

(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

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

Place CG Infirmary, Rehoboth, Del., Date 29 June, 45, 19

To: Medical Officer in Charge
USPHS Relief Station
225 Chestnut St., Phila, Pa.

XXXXX

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 in Charge CG Infirmary, Rehoboth, Delaware

Leonard D Scott
Leonard D Scott
(Signature of patient)

Norman Miller
P.A.Surg., USPHS
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Philadelphia, Penna, Date July 31, 45, 19

I CERTIFY that I have examined the above-named person and find him suffering from Observation; Xrays taken.

(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 this station {*hospital / *office} on June 30, 1945, 19

H. TULSKY, Surg. (R)
U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D.	109-514	B M 1/c	Rehoboth L B Sta. REHOBOTH, Del.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Philadelphia, Penna., Date July 31, 1945, 19

To: MOIC, CG Infirmary
(Coast Guard unit)

Rehoboth, Del.
(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
Observation; X-rays taken		June 30, 1945	June 30, 1945

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.}

H. TULSKY, Surg. (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

SCOTT Leonard D. 109-314 BMlc.

CG GROUP, LEWES, DEL.
Rehoboth Beach Lifeboat Station Rehoboth Beach, Del. 23 December, 1944

Completed a three year period of net service and will be credited with increased pay on the following statement of service.

Enl.(3) - - - - - - - - - - - - - -9/4/40
N. P. D. I. - - - - - - - - - - - -None
A. W. L. - - - - - - - - - - - - - -None
Sick, Misc. - - - - - - - - - - - -None
Completed 12 yrs. service- - - - -8/31/41

CURRENT SERVICE:

Enl.Ext.(3) (VOL.)- - - - - - - -9/4/43
N. P. D. I. - - - - - - - - - - - - None
A. W. L. - - - - - - - - - - - - - -None
Sick, Misc.- - - - - - - - - - - - None
Completed 15 yrs.service - - - 8/31/44 Now Serving.

PB 59-42

H. W. STEELE, Lieutenant, USCG,
By direction.

46-47

"COAST GUARD PERSONNEL"

1946

109-314	SCOTT, Leonard	D.	Discharged fm USCG at 2350/ 9-3-46 and issued HD#B60139 by reason of expiration of enl. and extension thereof. PAFE: Lewes,Delaware. POD: Lewes, Delaware. No travel involved. Art. 551&556 regs. PB#6-46. Art. 139(2) P&SI	xx	9/3
109-314	SCOTT, Leonard	D.	Reenl. in USCG as BM1c, 1000/ 9-4-46 for a period of three (3) years. Cred Reenl. Allowance of $150.00 (forms 2511-A-Statement of service for enlistment allowances attached..) Auth: Art.551&556 Regs. PB#6-46, Art. 111&235 P&SI		

E.B.YORK, Ch. Bos'n, USCG

Commanding

S/R

No.2

SCOTT, Leonard D. 109-314 BM1c

CG GROUP, LEWES, DELAWARE Lewes Lifeboat Station Lewes, Delaware

04-071 4 September, 1946

1000, 4 September, 1946: Reenlisted in the Regular Establishment of the U.S. Coast Guard as BM1c for a period of three (3) years.

29-D Art. 551&556
CG Regs:
PB 6-46

E.B. YORK, Ch. Bos'n, USCG

S/R.

No.1

SCOTT, Leonard D.	109-314	BM1c
CG GROUP, LEWES, DELAWARE	Lewes Lifeboat Station	Lewes, Delaware
	04-071	4 September, 1946

2350, 3 September, 1946: Discharged Honorable from the US Coast Guard with HD #B60139 upon expiration of enlistment and extension thereof.
POD: Lewes, Delaware

29-D

Art. 551 & 556
CG Regs.
PB 6-46

E.B. YORK Chief Boatswain, USCG

CG 2500
Rev. June, 1942)

RE-ENLISTMENT

PEA-E
18

ENLISTMENT CONTRACT

CODED
NO. 18

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

Re ENLISTMENT OF SCOTT, Leonard Dodd (Full name, surname to left); (109-314) (Service number); $135.00 plus 25% (Pay per month)

Accepted for enlistment at LEWES, Delaware (DE) 9-7-46; BMlc (Rating in which enlisted)

Enlisted at LEWES, Delaware; 4 September, 1946 (Date of enlistment)

Transferred to

Occupation U.S.Coast Guard Citizenship* Native Born If naturalized, place and date of naturalization Certificate No.

Date of birth 10 May, 1900 Place of birth Chester, Penna.

Home address 32 Lake Ave., (Street and number) Rehoboth Beach (Town) Sussex (County) Delaware (State)

Married or single Married Name and address of next of kin or legal guardian Lula Olive Scott

Lawful wife (Relationship) 32 Lake Ave., Rehoboth Beach, Delaware. (Address)

Continuous Service Certificate (Number) Previous service { Coast Guard / ~~xxxxxx~~ } 17 (Years) (Months) 3 (Days)

First enlisted 1 Sept. 1929 (Date) at Monmouth Beach N.J. (Place) and was

last discharged 3 September, 1946 (Date) from CG GROUP, LEWES, DEL. (Lewes L/B Station) (Unit)

with Honorable (Character) discharge as BMlc USCG (Rate) No. B60140

Previous Navy service (Years) (Months) (Days) Previous Marine Corps service (Years) (Months) (Days)

Previous Army service ---- (Years) (Months) (Days) Age ---- years 0--- months.

Height Five feet Nine inches. Weight one hundred fifty (150) pounds.

Eyes Blue Sex Male Hair Dark Brown Complexion Ruddy Color White

Personal characteristics None marks, etc. None

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with E.B.YORK 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 4 September, 1946. / 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

Form 2511-A
TREASURY DEPARTMENT
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG GROUP, LEWES, DELAWARE (Lewes L/B Station)
(Unit)

SCOTT, Leonard Dodd
(Name in full—surname to the left)

3 September 1946
(Date)

(109-314)
(Service number)

BMlc, USCG
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	9	3
Enlistment extended (for 3 years from)	1943	9	4 3
Date of discharge (Honorable B60140 (Character of discharge))	1946	9	3

	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 and extension thereof								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.

H.B.YORK

Date 3 September, 19 46. (Rank) Chief Boatswain, U. S. C. G.
Commanding officer.

REENLISTMENT

Date 4 September, 19 46

CG GROUP, LEWES, DELAWARE
(Lewes, L/B Station) Lewes, Delaware.
(Unit and place)

I CERTIFY that the above-named man reenlisted at this unit and on this date for a period of THREE years in the rating of BMlc. USCG

H.B.YORK.

(Rank) Chief Boatswain, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908

CG 2500
(Rev. June, 1942)

RE-ENLISTMENT

REA-E
18

CODED
NO. 18

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

Re ENLISTMENT OF SCOTT, Leonard Dodd (Full name, surname to left); (109-314) (Service number); $135.00 plus 25% (Pay per month)

Accepted for enlistment at LEWES, Delaware; BMlc (Rating in which enlisted)

Enlisted at LEWES, Delaware; 4 September, 1946 (Date of enlistment)

Transferred to

Occupation U.S.Coast Guard Citizenship* Native Born If naturalized, place and date of naturalization Certificate No.

Date of birth 10 May, 1900 Place of birth Chester, Penna.

Home address 32 Lake Ave., (Street and number) Rehoboth Beach (Town) Sussex (County) Delaware (State)

Married or single Married Name and address of next of kin or legal guardian Lula Olive Scott

Lawful wife (Relationship) 32 Lake Ave., Rehoboth Beach, Delaware. (Address)

Continuous Service Certificate (Number) Previous service { Coast Guard / ~~Navy~~ } 17 (Years) (Months) 3 (Days)

First enlisted 1 Sept. 1929 (Date) at Monmouth Beach N.J. (Place) and was

last discharged 3 September, 1946 (Date) from CG GROUP, LEWES, DEL. (Lewes L/B Station) (Unit)

with Honorable (Character) discharge as BMlc USCG (Rate) No. B60140

Previous Navy service (Years) (Months) (Days) Previous Marine Corps service (Years) (Months) (Days)

Previous Army service ---- (Years) (Months) (Days) Age ---- years 0--- months.

Height Five feet Nine inches. Weight one hundred fifty (150) pounds.

Eyes Blue Sex Male Hair Dark Brown Complexion Ruddy Color White

Personal characteristics None marks, etc. None

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with E.B.YORK 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 4 September, 1946. / 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 Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist 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, LEONARD DODD SCOTT, 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.

Leonard Dodd Scott

Leonard Dodd Scott.

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 4th day of September, A. D. 1946

PAID $150.00 REEN.ALLOW. ON 9/25/46,
AT PHILADELPHIA,PA.,BY CK # 5741,
ACCT. OF E.J.BRENNAN,CDO,TRSY.DEPT.,
SYMBOL # 18-407, BY C.CRONICK,SPC,USCG,
AUTHORIZED CERTIFYING OFFICER-ASSISTANT
DISBURSING OFFICER, OFFICE OF COMDR.,4TH CG DIST.

E.B.YORK Chief Boatswain USCG

(Commanding officer, notary public, or other officer qualified to administer oaths)

CO, CG GROUP, LEWES, DELAWARE.

(Title)

Citizenship substantiated and contract perfected.

C. CRONICK, CHIEF PAY CLERK, USCG.

, *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

Form 2511-A
TREASURY DEPARTMENT
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG GROUP, LEWES, DELAWARE (Lewes L/B Station)
(Unit)

SCOTT, Leonard Dodd
(Name in full—surname to the left)

3 September 1946
(Date)

(109-314)
(Service number)

Mlo, USCG
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	9	3
Enlistment extended (for 3 years from)	1943	9	4 3
Date of discharge (Honorable B60140) (Character of discharge)	1946	9	3

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 and extension thereof	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.

E.B.YORK

Date 3 September, 19 46. (Rank) Chief Boatswain, U. S. C. G.
Commanding officer.

REENLISTMENT

Date 4 September, 19 46

CG GROUP, LEWES, DELAWARE
(Lewes, L/B Station) Lewes, Delaware.
(Unit and place)

I CERTIFY that the above-named man reenlisted at this unit and on this date for a period of THREE years in the rating of Mlo. USCG

E.B.YORK.

(Rank) Chief Boatswain, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908

N. C. G.-2529
(Rev. 3-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP, LEWES, DELAWARE (Unit)

Lewes Lifeboat Station, Lewes, Delaware (Place)

4 September, 1946 (Date)

FROM: SCOTT, Leonard D. (109-314) BM1c., USCG

TO: COMMANDANT (via DCGO, 4th 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:

Lula O. Scott (Full name of wife; if not married, so state)	32 Lake Avenue, Rehoboth Beach, Del. (Address of wife)
William L. Scott (son) (Full name of child; if none, so state)	32 Lake Avenue, Rehoboth Beach, Del. (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:

FRANK F. SCOTT (Full name of relative)	BROTHER (Relationship)	1623 Delaware St. Paulsboro, New Jersey (Address of relative)

(State briefly wherein dependency exists)

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

NONE (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

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 4th day of September, 1946

E.B. YORK (Signature)

Chief Bos'n, USCG (Rank or title)

Leonard D. Scott

LEONARD D. SCOTT (Signature)

B.M.1c, USCG (Rank or rating)

16—25758-1

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

1310

Sign: 2
3

PEA-E
18

Service Record

CODED
NO. 18

SCOTT (Surname)			
Leonard Dodd (Christian names)	(109-314) (Service No.)	NB (Citizenship)	
Surfman (Enlisted as)	4 September, 1940 (Date)	Three (Term of years)	
Lewes Lifeboat Station (Ship or station)	Lewes, Delaware (Place)		

2—13678

CERTIFIED FOR MUSTERING OUT PAY

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG STATION, LEWES, DELAWARE (Unit) — Rehoboth Beach, Delaware (Place)

1 July, 1945 (Date)

FROM: SCOTT, Leonard D.(109-314)B.M.1c., USCG

TO: COMMANDANT (via DCGO, 4th 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:

Lula O. Scott (Full name of wife; if not married, so state)	32 Lake Avenue, Rehoboth Beach, Del. (Address of wife)
WILLIAM L. SCOTT (son) (Full name of child; if none, so state)	32 Lake Avenue, Rehoboth Beach, Del. (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:

FRANK P. SCOTT (Full name of relative)	BROTHER (Relationship)	1623 Delaware St./Paulsboro, New Jerse (Address of relative)

ALNAV 190 (9-11-42)
(State briefly wherein dependency exists)

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

NONE (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

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 July, 19 45

E. H. YORK (Signature)

Lieutenant, USCG (Rank or title)

Leonard D. Scott (Signature)

B.M.1c., USCG (Rank or rating)

16—25758-1

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

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U.S.C.G. LEWES C.G. STATION
(Unit)
LEWES, DELAWARE.
(Place)
4 SEPTEMBER, 1943.
(Date)

Pursuant to the Act of ~~July 30, 1937 (50 Stat. 547)~~ approved Dec. 13, 1941 and the regulations prescribed thereunder, I, Leonard Dodd Scott (Name of Applicant), ____ (Service No.), B.M.1c. (Rating), having, on 4 September, 1940 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 year s from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is expiration of enlistment

Leonard D. Scott

Leonard Dodd Scott
(Signature of applicant)



Tip of right forefinger

Voluntarily agreed and subscribed to before me this 4th day of Sept, A.D., 1943

C.A.OSBORNE, Lieutenant, USCG,
(Signature of Commanding Officer)

U.S.C.G. LEWES CG STATION (Unit) LEWES, DELAWARE (Place) 4 SEPTEMBER, 1943 (Date)

APPROVED

C.A.OSBORNE, Lieutenant, USCG,
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C. ____
(Date)

____Physically qualified for extension.

____
(Chief Medical Officer)

~~U.S.C.G. HEADQUARTERS, Washington, D.C.~~

4 SEPTEMBER, 1943.
(Date)

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

C.A.OSBORNE, Lieutenant, USCG,
~~(Chief, Enlisted Personnel Section)~~

~~Returned. The application for extension is disapproved.~~

____
(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

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

ENLISTMENT CONTRACT

REENLISTMENT of SCOTT, Leonard Dodd (109-314) as Surfman
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Lewes Lifeboat, N.Y. District, Lewes, Delaware
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Lewes, Delaware
(Place)

1. I, Leonard Dodd Scott, this 4th day of September, 19 40, 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: Never

2. I was born in Chester, Pennsylvania, on 10 May, 1900 Citizenship [a] NB

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

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

Home address Rehoboth Beach, Delaware

Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Delaware (Wife, if any)
William Leonard Scott, Rehoboth Beach, Delaware
(Children under 21 years of age. Specify ages of children)

- - - - -
(Mother, if living) Widowed? - - - - -

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

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

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

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

Never
(State fully nature of offense, if any, and nature of institution in which incarcerated)

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

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

8. I was last discharged from the U. S. Coast Guard on 5 September, 19 40, from ~~Cutter~~ Lewes Station
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A61735
(Kind of discharge)

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

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

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

Thirdly, the United States of America, represented by C. A. OSBORNE, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the said Leonard Dodd Scott who has hereunto signed his
(Name of person enlisting)

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

U. S. GOVERNMENT PRINTING OFFICE 16—8426

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.

Leonard Dodd Scott
LEONARD DODD SCOTT
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By C. A. Osborne Chief Boatswain (L)
C. A. OSBORNE (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.

C. A. Osborne
C. A. OSBORNE
Chief Boatswain (L), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Leonard Dodd Scott
LEONARD DODD SCOTT
(Signature of enlisted person)

Subscribed and sworn to before me this 4th day of September, A. D. 1940

C. A. Osborne
C. A. OSBORNE
Chief Boatswain (L)
(Comdg. officer, ~~officer in charge or a duly qualified notary public~~)

Lewes Lifeboat C. G. Station

12. DESCRIPTIVE LIST

Age 40 years 3 months. Height 5 feet 9 inches. Weight 148 pounds. Eyes Blue

Hair Dark Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

16—8420

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

SERVICE RECORD

RECORD OF SCOTT, Leonard Dodd (109-314)
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
GROUP LEWES	8/12/45	Lt	CGRS, Phila. Pa. DCGO 12 ND Rec Sta S.F.	8.13.45 AUG 18 1945	R F Madden Lt (jg)
CGRS, Phila. Pa. DCGO 12 ND Rec Sta S.F.	8.13.45 AUG 18 1945	R F Madden Lt (jg) H H Creed LIEUT. (jg)	COTP, REG., S.F., CAL.	AUG 18 1945	LIEUT. (jg)
COTP, REG., S.F., CAL.	AUG 28 1945		CGRS, Phila., Pa.	9-1-45	Lt(jg)
CGRS, Phila., Pa. C. G. GROUP, LEWES, DEL.	9-4-45 9-3-46	R F Madden Lt(jg) E B Fort. Chief Bos	C. G. GROUP, LEWES, DEL.	9-4-45	E B Fort

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
LEWES STATION	Cr. to B.M.2c.	9/22/42	Lieut
Lewes C.G. Sta	Cr. to B.M.1c(Pro) 1-14-43		
~~LEWES CG STAT~~	~~CR from B.M.1c.(Pro) to B.M.1c.(Per.Bul. 8-43)~~	~~6/1/43~~	~~Lieut.~~
CG STA. LEWES C. G. GROUP, LEWES, DEL.	Last Perm. Rate: Surf. Per. Rotary B.M.1c. Recom 1-3-45	1/12/45	Lieut.

RECORD OF SCOTT, Leonard Dodd (109-314)

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

3. EFFICIENCY MARKS

SCALE OF MARKS: 4.0, Perfect; 3.5 to 3.9, Excellent; 3.0 to 3.4, Good; 2.5 to 2.9, Satisfactory; 2.0 to 2.4, Indifferent; 1.0 to 1.9, Poor; 0.0 to 0.9, Bad

Date	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Health	Adaptability for warrant grade	Vessel or station	Signature
9/4/40								
9/30/40	LESS THAN ONE MONTH						Lewes Lifeboat	
12/31/40	3.5	4.0	4.0	3.0	4.0		Lewes Lifeboat	
3/31/41	3.5	4.0	4.0	3.0	3.96		Lewes Lifeboat	
6-30-41	3.5	4.0	4.0	3.0	4.0		Lewes Lifeboat	
9-30-41	3.5	4.0	4.0	3.0	4.0		Lewes Lifeboat	

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
9-30-44	BM 1c.	3.5	3.5	3.3	3.5	4.0	Lt.Comdr.
12-31-44	BM1c.	3.5	3.5	3.3	3.5	4.0	Lieut.
3-31-45	BM1c.	3.5	3.5	3.3	3.5	4.0	Lieut.
6-30-45	BM1c	3.5	3.5	3.3	3.5	4.0	Lt.
8/12/45	BM1c	3.5	3.5	3.3	3.5	4.0	Lt.
AUG 13 1945	BM1c	LESS THAN ONE MONTH				4.0	Lt (jg)
AUG 18 1945	BM1c	LESS THAN ONE MONTH				4.0	LIEUT.
AUG 28 1945	BM1c	LESS THAN ONE MONTH				4.0	LIEUT.
9-4-45	BM1c	LESS THAN ONE MONTH				4.0	Lt. Comdr.
9-30-45	BM1c	LESS THAN ONE MONTH				4.0	Lieut.
12-31-45	BM1c	3.4	3.0		3.3	4.0	LT.COR.
3-31-46	BM1c	3.4	3.0		3.3	4.0	CO
6-30-46	BM1c.	3.4	3.0	-	3.4	4.0	Lt.Cdr.CO GROUP, Lewes
8 Sept 1946							
AVERAGE	X X X X	3.46	3.3	3.2		4.0	

Record of SCOTT, Leonard D. 109-314
(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Signature
6-30-41	Surfman	3.5	3.0	2.0	3.0		4.0	
9-30-41	Surfman	3.5	3.0	2.0	3.0		4.0	
12/31/41	Surfman	3.5	3.0	2.0	3.0		4.0	ChBosn
3/31/42	Surfman	3.5	3.5	3.2	3.0		4.0	Lt.(jg)
6/30/42	Surfman	3.5	3.5	3.2	3.0		4.0	
9/30/42	B.M.2c.	3.4	3.5	3.0	3.4		4.0	Lt.
12-31-42	B.M.2c.	3.4	3.5	3.0	3.4		4.0	Lt.
3-31-43	B.M.1c.	3.5	3.5	3.1	3.5		4.0	Lt.jg
6-30-43	B.M.1c.	3.5	3.5	3.1	3.5		4.0	Lieut.
9-4-43: Voluntarily agreed to extend his enlistment for a period of three (3) years. Alcoasts #83, 1941 & #2, 1942.								**Lieut.**
9-30-43	B.M.1c.	3.5	3.5	3.1	3.5		4.0	Lieut.
12-31-43	B.M.1c.	3.5	3.5	3.1	3.5		4.0	Lieut.
3-31-44	B.M.1c.	3.5	3.5	3.2	3.5		4.0	Lieut.
6/30/44 Average	B.M.1c.	3.5	3.5	3.1	3.5		4.0	Lieut.

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature
Rehoboth Beach Sta.	29 August, 1929	

RECORD OF SCOTT, Leonard Dodd (109-314)
(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
S. Brigantine Sta.	8/31/32	Honorable Discharge Button issued.	
LEWES STATION	2/21/42	Good Conduct Medal and Bars	Lieut(je
CG STAT. LEWES		HAS SERVED OUTSIDE CONTINENTAL UNITED STATES OR IN ALASKA.	Lt. Comdr
C. G. GROUP, LEWES, DEL.	1-15-46	ENTITLED TO AMERICAN THEATRE RIBBON	C.A.OSBORNE,
C. G. GROUP, LEWES, DEL.	1-15-46	ENTITLED TO WORLD WAR TWO VICTORY MEDAL	Lt.Cor
			Lt.Cor

2—13678

RECORD OF SCOTT, Leonard Dodd (109-314)
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—						Signature
		GCT	AR	MAT	RD	EK	MK	
CG Group, Lewes	11-30-44	36	21	45	26	47	45	Lieut.

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
CGRS, Phila. Pa.	8-13-45	8-13-45	CGRS, Phila. Pa.	Lt (jg)
C. G. GROUP, LEWES, DEL.	9-4-45		LEWES LB STA.	
CG GROUP, Lewes, Del.	5-21-46	5-27-46	A1(c)	E.B. YORK, Lt.Cmdr., CO.
CG GROUP, Lewes, Del.	6-15-46	6-20-46	A1(c)	E.B. YORK, Lt.Cmdr., CO.

U. S. GOVERNMENT PRINTING OFFICE 2—13678

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

RECORD OF SCOTT, Leonard Dodd (109-314)
(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
Lewes Lifeboat Sta.	9/4/40			30	10	
Lewes Lifeboat Sta.	12/6/40	12/17/40	10	20	10	
Lewes Lifeboat Sta	4/11/41	4/22/41	10	10	10	
Lewes Lifeboat Sta.	8/8/41	8/19/41	10	0	10	
Lewes Lifeboat Sta.	9/4/41			30	10	ChBosn(L)
LEWES STATION	1/14/42	1/20/42	5	25	10	ChBosn(L)
LEWES STATION	3-14-42	3-20-42	5	20	10	Lieut.(jg)
Lewes Station	4/10/42	4/15/42	5	15	10	Lieut.(jg)
Lewes Station	8/16/42	8/22/42	5	10	10	Lieut.
LEWES STATION	10/31/42	11/6/42	5	5 25	10	Lieut.
LEWES CG STATION	1-19-43	1-25-43	5	20	10	Lieut.jg
LEWES CG STATION	4-3-43	4-11-43	7	13	10	Lieut.jg.
LEWES CG STATION	8-13-43	8/21/43	7	6	10	Lieut.
LEWES CG STATION	9/4/43	CREDIT		30	10	Lieut.
CG STATION,LEWES	11/30/43	12/8/43	7	23	10	Lieut.
LEWES CG STA.	4-14-44	4-22-44	7	16	10	Lt.USCG.
CG STA.,LEWES,DEL.	8/14/44	8/25/44	10	6	10	Lieut.
CG GROUP,LEWES,DEL	9/4/44	CREDIT		30	10	Lieut.
CG GROUP,LEWES,DEL	12/26/44	1/3/45	7	23	10	Lieut.
GROUP,LEWES,DEL.	4/5/45	4/14/45	8	15	10	Lieut
C. G. GROUP, LEWES, DEL.	9-4-45	CREDIT	30	30	10	Lieut.
C. G. GROUP, LEWES, DEL.	1/18/46	1-29-46	10	30	0	[illegible]
C. G. GROUP, LEWES, DEL.	P.B. 114-45	CREDIT	30 Rec'd	30	30	[illegible]
			Bal	[illegible]56	40	[illegible]

(5)

2—13678

RECORD OF SCOTT, Leonard Dodd (109-314)

(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
GROUP, LEWES, DEL.	NO DEDUCTIBLE TIME WHILE ATTACHED.					Lt.
CGRS., Phila. Pa. DCGO 12 ND	NO DEDUCTIBLE TIME WHILE ATTACHED					Lt (jg)
Rec-Sta-S.F. COTP, REG., S.F., Calif.	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT					LIEUT.
CGRS, Phila., Pa. C. G. GROUP, LEWES, DEL.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					LIEUT. Lt(jg)
	NO DEDUCTIBLE TIME WHILE ATTACHED					Ch. Boats

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
LEWES CG STATION	3 YEARS	4 September, 1943, voluntarily agreed to extension of enlistment, dut to state of war. Alcoast #83(1941), Alcoast #2,1942.	Lieut.

PEA-E 18

12. ON DISCHARGE

Date 3 Sept 1946, 193 Place Lewes, Delaware Serial No. B60140

Kind of discharge Honorable Authority for Art 551 & 556 Regs.

Discharged on account of Expiration of Enlistment and extension thereof

Is recommended for reenlistment.

(If "not," so state, and show reason)

SIGNATURE Ch. Boats USCG.

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

109-314	SCOTT	Leonard	D	BMle, U.S.Coast Guard
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

3 September,1946	CG GROUP, LEWES, DELAWARE (Lewes, Lifeboat Station)	More than 60 days
(Date discharged or released from active duty)	(Activity from which discharged)	(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* Yes

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)

E.B.YORK Chief Boatswain USCG.

(Name and signature of officer authorized to sign in accordance with article 2025(2) 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? Yes (Enter Yes or No)

Leonard D. Scott
Leonard D. Scott
(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

Lewes, Lifeboat Station,
(Number) *(Street)*

Lewes, Delaware
(City) *(Zone)* *(State)*

DISBURSING OFFICER'S PAYMENT DATA

PAID $300.00 LUMP SUM MOP,ALNAV#360-45
Paid $100.00 MOP DOV#407-999 4,467 11 September,1946
(Public voucher) *(Check number)* *(Date)*

E.J.BRENNAN,CDO,TRSY.DEPT.,SYMBOL NO.18-407
BY:
(Type name and symbol No. of disbursing officer making initial payment)

G.CHONICK, AUTHORIZED CERTIFYING OFFICER
ASST.DISB.OFFICER,4TH CG DIST.,PHILA.,PA.

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

TRIPLICATE

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

RECORD OF SCOTT, Leonard Dodd (109-314)
(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

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/$~~135.00 plus Longevity~~ $168.75

The within-named man has been furnished travel allowance amounting to $ NONE at the rate of FIVE cents per mile from LEWES, DEL. to LEWES, DEL. and paid $ NONE in full to date of discharge. Name of pay officer CHIEF PAY CLERK G. CRONICK, USCG

Address subsequent to discharge will be:

32 Lake ave Street,

Rehoboth Beach City, Del. State.

HAS SIGNIFIED INTENTION {To / ~~Not To~~} REENLIST NEXT DAY.

Certified to be correct upon termination of service 3 Sept, 1946.

E B Mc Ch. Boatsn USCG.
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 2—13678

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG STATION, LEWES (Rehoboth Beach Lifeboat Station) (Unit) — Rehoboth Beach, Delaware. (Place)

1 October, 1943. (Date)

FROM: SCOTT, Leonard D. (109-314) B.M.1c.

TO: COMMANDANT (via DCGO, 4th Naval District.)

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

(Full name of wife; if not married, so state)	(Address of wife)
LULA O. SCOTT	32 Lake Avenue, Rehoboth, Delaware.
WILLIAM L. SCOTT (son)	32 Lake Avenue, Rehoboth, Delaware.
(Full name of child; if none, so state)	(Address of child)
(Full name of child: if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

(Full name of relative)	(Relationship)	(Address of relative)
FRANK P. SCOTT (	Brother	1623 Delaware St., Paulsboro, New Jersey

ALNAV 190 (9/11/42)
(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)
NONE		

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of October, 19 43

C. A. OSBORN (Signature) Lieutenant, USCG
(Rank or title)

Leonard D. Scott
LEONARD D. SCOTT
(Signature)

Boatswain's Mate First Class.
(Rank or rating)

16—25758-1

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)

LEWES C. G. STATION
(Unit)

SCOTT, Leonard Dodd
(Name in full—surname to the left)

4 September, 1943.
(Date)

109-314
(Service number)

Boatswain's Mate, First Class.
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	9	4
Enlistment extended (for 3 years from)	1943	9	3
Date of discharge (voluntary extension-titled to HD Otherwise en- (Character of discharge))	1943	9	3

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)	3	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.

C. A. Osborne,
(Rank) Lieutenant., U. S. C. G.
Commanding officer.

Date 4 September, 1943

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 4 September, 1943

LEWES C.G. STATION, LEWES, DELAWARE.
(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.

C. A. Osborne,
(Rank) Lieutenant., U. S. C. G.
Commanding officer.

16—20908-1

UNITED STATES COAST GUARD
PHILADELPHIA, PA.

Address Reply to
District Coast Guard Officer
Fourth Naval District

Refer to File: 73-783

To: 26 September, 1946
Commandant(P)

Subj: Personnel Records; below named men.

LOGAN Robert Glenn 106-460 CBM
TEATER Karl Clarence Jr. 225-365 Y1c
SCHWARTZ Bernard Charles 100-227 MoMM2c
DENNIS William Johnson 102-825 BM1c
LANDX John A. 211-507 MoMM1c
SCOTT Leonard Dodd 109-314 BM1c

Service record (records) _____
Health record (records) yes
Pay record (records) no forwarding of.
no

1. Inclosure is forwarded herewith.

2. It is requested that receipt of inclosure be acknowledged by indorsement hereon.

C. I. STEELE
By direction

Incl: Service records (x), health records (no), pay records (no).

Ind-1

To: DCGO, 4th Naval District, Philadelphia, Penna.

Receipt of subject records is hereby acknowledged.

_____

UNITED STATES COAST GUARD
PHILADELPHIA, PA.

Address Reply to
District Coast Guard Officer
Fourth Naval District

Refer to File: 73-783

26 September, 1946
To: **Commandant (P)**

Subj: Personnel Records; below named men.

LOGAN Robert Glenn 106-460 CBM
TEATER Karl Clarence Jr. 225-365 Y1c
SCHWARTZ Bernard Charles 100-228 MoMM2c
DENNIS William Johnson 102-825 BM1c
LANDY John A. 211-507 MoMM1c
SCOTT Leonard Dodd 109-314 BM1c

Service record (records) **yes**
Health record (records) **no**
Pay record (records) **no** forwarding of.

1. Inclosure is forwarded herewith.

2. It is requested that receipt of inclosure be acknowledged by indorsement hereon.

C. I. STEELE
By direction

Incl: Service records (**x**), health records (**no**), pay records (**no**).

Ind-1

To: DCGO, 4th Naval District, Philadelphia, Penna.

Receipt of subject records is hereby acknowledged.

_____

Amount of Government insurance
now carried.

$ NONE

27 July, 1943

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

Leonard H. Scott
Sign name here

BM1c 109-314
Rate Service number

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

CODED NO. 1 A.G

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U.S.C.G. LEWES C.G. STATION
(Unit)
LEWES, DELAWARE.
(Place)
4 SEPTEMBER, 1943.
(Date)

Pursuant to the Act approved Dec. 13, 1941 and the regulations prescribed thereunder, I, Leonard Dodd Scott (Name of Applicant) ..... (Service No.) B.M.1c. (Rating), having, on 4 September, 1940 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is expiration of enlistment

Leonard D. Scott

Leonard Dodd Scott
(Signature of applicant)



Tip of right forefinger

Voluntarily agreed and subscribed to before me this 4th day of Sept., A.D., 1943

C.A. Osborne, Lieutenant, USCG,
C.A.OSBORNE, (Signature of Commanding Officer)

U.S.C.G. LEWES CG STATION (Unit) LEWES, DELAWARE (Place) 4 SEPTEMBER, 1943 (Date)

APPROVED C.A. Osborne, Lieutenant, USCG,
C.A.OSBORNE, (Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C. .....
(Date)

.....Physically qualified for extension.

.....
(Chief Medical Officer)

[redacted]

4 SEPTEMBER, 1943.
(Date)

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

C.A. Osborne, Lieutenant, USCG,
C.A.OSBORNE, [redacted]

[redacted]

.....
(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

EFFICIENCY MARKS

DATE	RATE	PROF.IN RATE	SEAMANSHIP	MECH.ABIL.	LDR.MEN	CONDUCT
9/30/40	Surf.	LESS THAN ONE MONTH				4.0
12/31/40	Surf.	3.5			3.0	4.0
3/31/41	Surf.	3.5			3.0	4.0
6/30/41	Surf	3.5	3.0	2.0	3.0	4.0
9/30/41	Surf.	3.5	3.0	2.0	3.0	4.0
12/31/41	Surf.	3.5	3.0	2.0	3.0	4.0
3/31/42	Surf.	3.5	3.5	3.2	3.0	4.0
6/30/42	Surf.	3.5	3.5	3.2	3.0	4.0
9/30/42	B.M.2c.	3.4	3.5	3.0	3.4	4.0
12/31/42	B.M.2c.	3.4	3.5	3.0	3.4	4.0
3/31/43	B.M.1c.	3.5	3.5	3.1	3.5	4.0
6/30/43	B.M.1c.	3.5	3.5	3.1	3.5	4.0

CERTIFIED TO A TRUE AND CORRECT COPY OF THE ORIGINAL.

C.A.OSBORNE, Lieutenant,USCG.

10-11-40

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

ENLISTMENT CONTRACT

REENLISTMENT of SCOTT, Leonard Dodd (109-314) as Surfman
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Lewes Lifeboat, N.Y. District, Lewes, Delaware
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Lewes, Delaware
(Place)

1. I, Leonard Dodd Scott (Full name), this 4th day of September, 1940, 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: Never

2. I was born in Chester, Pennsylvania, on 10 May, 1900 Citizenship[a] NB

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

If intentions declared, place and date of declaration -

Home address Rehoboth Beach, Delaware

Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Delaware
(Wife, if living)

William Leonard Scott, Rehoboth Beach, Delaware, age 9
(Children under 21 years of age. Specify ages of children)

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

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.

Leonard Dodd Scott
LEONARD DODD SCOTT
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By C. A. Osborne Chief Boatswain (L)
C. A. OSBORNE (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.

C. A. Osborne
C. A. OSBORNE
Chief Boatswain (L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Leonard Dodd Scott
LEONARD DODD SCOTT
(Signature of enlisted person)

Subscribed and sworn to before me this 4th day of September, A. D. 1940

C. A. Osborne
C. A. OSBORNE
Chief Boatswain (L)
(Comdg. officer, ~~officer in charge of a unit, or notary public~~)

Lewes Lifeboat C. G. Station

12. DESCRIPTIVE LIST

Age 40 years 3 months. Height 5 feet 9 inches. Weight 148 pounds. Eyes Blue

Hair Dark Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Lewes Lifeboat Station (Unit) — Lewes, Delaware (Place)

4 September, 1940 (Date)

FROM: SCOTT, Leonard Dodd (109-314) Surfman, Lewes Lifeboat Station.

To: COMMANDANT (via Commander, New York 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:

Lula Olive Scott (Full name of wife; if not married, so state)	Rehoboth Beach, Delaware (Address of wife)
William Leonard Scott (Full name of child; if none, so state)	Rehoboth Beach, Delaware (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:

Frank Scott (Full name of relative)	Brother (Relationship)	Paulsboro, New Jersey (Address of relative)

Potential
(State briefly wherein dependency exists)

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

- - (Full name of relative)	- - (Relationship)	- - (Address of relative)
- -	- -	- -
(State briefly wherein dependency exists)		
- -	- -	- -

WITNESSED BY:

C. A. OSBORNE
Rank Ch. Bos'n (L)

SIGNED:

Leonard D. Scott
LEONARD D. SCOTT
Rank or Rating Surfman

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised April, 1932

ENLISTMENT CONTRACT

Re- ENLISTMENT [a] of SCOTT, Leonard Dodd (109-314) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station LEWES, 6th District, Lewes, Delaware
(Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Lewes, Delaware
(Place)

1. I, Leonard Dodd Scott, this 1st day of September, 19 37, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on 10 May, 1900 Citizenship [b] N.B.

If naturalized, place and date of naturalization ..... Certificate number .....

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

Occupation or trade Surfman, U.S.Coast Guard Home address Rehoboth Beach, Delaware

Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Delaware
(Wife, if any)

William Leonard Scott, age 6 years, Rehoboth Beach, Delaware
(Children under 21 years of age. Specify ages of children)

None. Widowed? .....
(Mother, if living)

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

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

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

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein Never
(State fully nature of offense, if any,
and nature of institution in which incarcerated)

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

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

8. I was last discharged from the U. S. Coast Guard on 31 August, 19 37, from ~~Cutter~~ Station LEWES
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A 52121
(Kind of discharge)

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

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

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

Thirdly, the United States of America, represented by HARRY M. DERRICKSON, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the LEONARD DODD SCOTT who has hereunto signed his
(Name of person enlisting)

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

2—7931 U. S. GOVERNMENT PRINTING OFFICE: 1932

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.

Leonard Dodd Scott.
LEONARD DODD SCOTT
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Harry M. Derrickson
HARRY M. DERRICKSON, Boatswain(L), 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.

Harry M. Derrickson
HARRY M. DERRICKSON
Boatswain(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Leonard Dodd Scott.
LEONARD DODD SCOTT
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 19 37

Harry M. Derrickson
HARRY M. DERRICKSON
Boatswain(L), LEWES STATION
(Grade, officer, officer in charge of a unit, ~~or notary public~~)

12. DESCRIPTIVE LIST

Age 37 years 3 months. Height 5 feet 9 inches. Weight 148 pounds. Eyes Blue

Hair Dark Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

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

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (Service No.)

1. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

RECORD OF SCOTT, Leonard Dodd 109-314

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

3. EFFICIENCY MARKS

SCALE OF MARKS: 4.0, Perfect; 3.5 to 3.9, Excellent; 3.0 to 3.4, Good; 2.5 to 2.9, Satisfactory; 2.0 to 2.4, Indifferent; 1.0 to 1.9, Poor; 0.0 to 0.9, Bad

Date	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
9/1/37							
9-30-37	3.4	4.0	4.0	3.0	4.0	Lewes Station	H M Derrickson
12/31/37	3.4	4.0	4.0	3.0	4.0	Lewes Station.	H M Derrickson
3/31/38	3.4	4.0	4.0	3.0	4.0	Lewes Station	H M Derrickson
6/30/38	3.4	4.0	4.0	3.0	4.0	Lewes Station	H M Derrickson
9/30/38	3.4	4.0	4.0	3.0	4.0	Lewes Station	H M Derrickson
12/31/38	3.4	4.0	4.0	3.0	4.0	Lewes Station	H M Derrickson
3/31/39	3.4	4.0	4.0	3.0	4.0	Lewes Station	H M Derrickson
6/30/39	3.4	4.0	4.0	3.0	4.0	Lewes Station	H M Derrickson
9/30/39	3.4	4.0	4.0	3.0	4.0	Lewes Station	H M Derrickson
12/31/39	3.4	4.0	4.0	3.0	4.0	Lewes Station	C C Osborn
3/31/40	3.4	4.0	4.0	3.0	4.0	Lewes Station	C C Osborn
6/30/40	3.5	4.0	4.0	3.0	4.0	Lewes Lifeboat	C C Osborn
9/3/40	3.5	4.0	4.0	3.0	4.0	Lewes Lifeboat	C C Osborn
AVERAGES	3.42	4.0	4.0	3.02	4.0	Lewes Lifeboat Station	C C Osborn Commanding Officer

ADAPTABILITY FOR WARRANT GRADE
(Chief petty officers only)

Mark	Remarks	Signature

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

4. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 29 August, 1929, Rehoboth Beach Station, Rehoboth Beach, Delaware
(Date and place)

2—13678

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

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

6. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
S. Brigantine Station	8-31-32	Honorable Discharge Button Issued.

2—13678

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (Service No.)

7. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Lewes Station	5/17/38	Qualified as Sharp-shhoter with rifle	H. M. Derrickson

8. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

2—13678

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

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature of executive officer or officer in charge
Lewes Station	9/1/37		- -	30	10	
Lewes Station	10/2	10/13	10	20	10	
Lewes Station	12/29/37	1/9/38	10	10	10	
Lewes Station	6/14/38	6/20/38	5	5	10	
Lewes Station	7/31/38	8/6/38	5	0	10	
Lewes Station.	9/1/38			30	10	
Lewes Station	12/17/38	12/28/38	10	20	10	
Lewes Station	3/30/39	4/9/39	10	10	10	
Lewes	8/1/39	8/11/39	10	0	10	
Lewes	9/1/39			30	10	
Lewes	12/4/39	12/15/39	10	20	10	
Lewes	3/7/40	3/18/40	10	10	10	
Lewes Lifeboat	7/31/40	8/11/40	10	00	10	

2—13678

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (Service No.)

10. ABSENT FROM DUTY

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

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
Lewes Lifeboat		NO UNAUTHORIZED ABSENCE WHILE ATTACHED TO THIS UNIT			Commanding Officer

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

LEWES STATION:
31 August, 1940: Enlistment extended this date for a period of three (3) days due to Administrative Office being closed on date of reenlistment, (Labor Day). - Authority: Article 4636, Personnel Instructions.

C. A. OSBORNE, Chief Boatswain (L)

12. ON DISCHARGE

Date 3 September, 1940, 193~~X~~ Place Lewes, Delaware Serial No. A61735
Kind of discharge Honorable Authority for Art. 461, P.I.
Discharged on account of expiration of full term enlistment and extension thereof.
Is - - - - (If "not", so state) recommended for reenlistment. Rating best qualified to fill Surfman

13. ON DESERTION

, 193
(Date) (Unit) (Place)

2—13678

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

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (Service No.)

14. ON RETIREMENT

(Date), 193 (Cause) (Authority)

15. ON DEATH

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

or disposition of remains) (Disposition of effects)

Was death incident to service?

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

3	0	3
(Yrs.)	(Mos.)	(Days)

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

17. CERTIFICATE ON DESERTION

Certified to be correct date of desertion , 193

Commanding Officer—District Commander.

2—13678

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (Service No.)

18. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 69.00

The within-named man has been furnished travel allowance amounting to $ - - - - - -

at the rate of - - cents per mile from POD, Lewes Station to PAFE, Lewes Station and paid $ 9.90 in full to date of discharge. Name of pay officer H. M. HARGER, Pay Clerk, (a), U.S.C.G.

Address subsequent to discharge will be:

LEWES COAST GUARD STATION Street,

LEWES City, DELAWARE State.

Certified to be correct upon termination of service 3 September, 1940, XXX 193

Chief Boatswain (L) USCG

C. A. OSBORNE *Commanding Officer—~~Officer in Charge.~~*

U.S. GOVERNMENT PRINTING OFFICE 2—13678

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Lewes C. G. Station (Unit) — Lewes, Delaware (Place)

1 September, 1937 (Date)

FROM: Leonard Dodd Scott (109-314), Surfman; Lewes Station

TO: COMMANDANT (via Commander, Sixth 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:

Lula Olive Scott (Full name of wife; if not married, so state)	Rehoboth Beach, Delaware (Address of wife)
William Leonard Scott (Full name of child; if none, so state)	Rehoboth Beach, Delaware (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:

Frank Scott (Full name of relative)	(Brother) (Relationship)	Paulsboro, New Jersey. (Address of relative)

None. (State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY: Harry M. Derrickson
HARRY M. DERRICKSON

SIGNED: Leonard Dodd Scott.
LEONARD DODD SCOTT

Rank: Boatswain(L)

Rank or Rating: Surfman

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1932

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

9-8-37

ENLISTMENT[a] of SCOTT, Leonard Dodd (109-314) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station LEWES, 6th District, Lewes, Delaware.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Lewes, Delaware.
(Place)

1. I, Leonard Dodd Scott, this 1st day of September, 19 37, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on 10 May, 1900 Citizenship[b] N.B.

If naturalized, place and date of naturalization ..... Certificate number .....

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

Occupation or trade Surfman, U.S. Coast Guard Home address Rehoboth Beach, Delaware.

Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Delaware
(Wife, if any)

William Leonard Scott, age 6 years, Rehoboth Beach, Delaware.
(Children under 21 years of age. Specify ages of children)

.....

Deceased Widowed? .....
(Mother, if living)

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

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

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

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein Never
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)

Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

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

8. I was last discharged from the U. S. Coast Guard on 31 August, 19 37, from ~~Cutter~~ Station LEWES
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A 52121
(Kind of discharge)

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

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

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

Thirdly, the United States of America, represented by HARRY M. DERRICKSON, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the LEONARD DODD SCOTT who has hereunto signed his
(Name of person enlisting)

---

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

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

2—7931 U. S. GOVERNMENT PRINTING OFFICE: 1932

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.

Leonard Dodd Scott

LEONARD DODD SCOTT

(Signature of enlisted person)

UNITED STATES OF AMERICA,

Harry M. Derrickson

By HARRY M. DERRICKSON, Boatswain (L)., 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.

Harry M. Derrickson

HARRY M. DERRICKSON

Boatswain(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Leonard Dodd Scott

LEONARD DODD SCOTT

(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 1937

Harry M. Derrickson

HARRY M. DERRICKSON

BOATSWAIN (L), LEWES STATION

~~(Commissioned officer, officer in charge of a unit, or notary public)~~

12. DESCRIPTIVE LIST

Age 37 years 3 months. Height 5 feet 9 inches. Weight 148 pounds. Eyes Blue

Hair Dark Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

where this enlistment is made.

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

SIXTH DISTRICT.
(Unit)

SCOTT, Leonard Dodd
(Name in full—surname to the left)

1 September, 1937.
(Date)

109-314
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1934 (Year)	9 (Month)	1 (Day)			
Date of discharge (Honorable) (Character of discharge)	1937 (Year)	8 (Month)	31 (Day)			
Total time of last enlistment period				3	0	0

ABSENT TIME DURING PERIOD (inclusive dates to be shown)

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

Total absence (0 days) NONE

Creditable time served during last enlistment period	3	0	0

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

F. E. Allison
F. E. ALLISON, Dist. Comdr.

(Rank) Comdr. 6th. Dist., U.S.C.G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16278

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Lewes C. G. Station (Unit) — Lewes, Delaware (Place)

1 September, 1937 (Date)

FROM: Leonard Dodd Scott (109-314), Surfman; Lewes Station

TO: COMMANDANT (via Commander, Sixth 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:

Lula Olive Scott (Full name of wife; if not married, so state)	Rehoboth Beach, Delaware (Address of wife)
William Leonard Scott (Full name of child; if none, so state)	Rehoboth Beach, Delaware (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:

Frank Scott (Full name of relative)	(Brother) (Relationship)	Paulsboro, New Jersey. (Address of relative)

None. (State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY: Harry M. Derrickson
HARRY M. DERRICKSON
Rank Boatswain(L)

SIGNED: Leonard Dodd Scott
LEONARD DODD SCOTT
Rank or Rating Surfman

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1932

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

Re- ENLISTMENT[a] of SCOTT, Leonard Dodd, (109-314) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station Cape Henlopen, 6th District, Rehoboth Beach, Delaware.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Rehoboth Beach, Delaware.
(Place)

1. I, Leonard Dodd Scott, (109-314), this 1st day of September, 19..., desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on 10 May, 1..., Citizenship[b] N.B.
If naturalized, place and date of naturalization ..... Certificate number .....
If intentions declared, place and date of declaration .....
Occupation or trade Surfman, U.S. Coast Guard. Home address Rehoboth Beach, Delaware.
Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Delaware.
(Wife, if any)
William Leonard Scott, 3 yrs.
(Children under 16 years of age. Specify ages of children)
.....
Mona ..... Widowed? .....
(Mother, if living)
.....
(Next of kin, or person interested, if there are none of the above)

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

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

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein Never.
(State fully nature of offense, if any,
.....
and nature of institution in which incarcerated)

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

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

8. I was last discharged from the U. S. Coast Guard on 31 August, 19..., from Cutter Station Cape Henlopen
(Strike out one)
with Honorable discharge, herewith submitted, serial No. 4,47,67.
(Kind of discharge)

9. I agree to and with the United States of America, represented by ....., United States
(Name of enlisting officer)
Coast Guard, in manner and form following, that is to say:
In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

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

Thirdly, the United States of America, represented by JOHN W. [illegible], United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Leonard Dodd Scott, (109-314) who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—7031

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.

Leonard Todd Scott

Leonard Todd Scott

(Signature of enlisted person)

UNITED STATES OF AMERICA,

By [signature] Boatswain (T.)

(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 n promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

[signature]

Boatswain (T.), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Leonard Todd Scott, (109-314), do solemnly swear (or affirm) that I will bear true faith and

(Full name)

allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Leonard Todd Scott

Leonard Todd Scott.

(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 19 21

[signature] Boatsn (T.)

Cape Vulcan C. G. Station.

(Commanding officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 34 years 7 months. Height 5 feet 9 inches. Weight 148 pounds. Eyes Blue

Hair Dk Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

I CERTIFY that I have neither a parent nor guardian

(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1920

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised October, 1931

RECORD OF SCOTT, Leonard Dodd, (109-314) surfman
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ____ Nature of waiver ____

Authority ____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

1-23-33
(Date last vaccinated against smallpox)

30 August, 1934
(Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Cape Henlopen Station,	9-13-34	Metomkin Inlet Station.	9-13-34
Metomkin Inlet Station.	1-15-35	Cobb Island Station	1-15-35
Cobb Island Station	1-29-35	North Beach Sta	1-29-35
North Beach Station.	9 - 4 - 35	Lewes Station.	9 - 4 - 35.

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

2—13678

RECORD OF SCOTT, Leonard Dodd, (109-314) surfman
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
9-13-34	Less than a month			no marks assigned: Capes Henlopen Station			JOHN W. HUDSON, Bosn
9-30-34	3.3	4.0	4.0	2.8	4.0	Metomkin Inlet Sta.	Edward D. Harper
12-31-34	3.3	4.0	4.0	2.8	4.0	Metomkin Inlet Sta.	Edward D. Harper
1-15-35	Less than a month					Metomkin Inlet Sta.	Edward D. Harper
1-29-35	Less than a month					Cobb Island Station	Maurice Tabb
3-31-35	3.1	4.0	4.0	3.0	4.0	North Beach	C. A. Minter
6-30-35	3.1	4.0	4.0	2.5	4.0	North Beach	C. A. Minter
9-4-35	3.2	4.0	4.0	3.0	4.0	North Beach Station	C. A. Minter.
9-30-35	3.0	4.0	4.0	3.0	4.0	Lewes Station	H. M. Derrickson
12/31/35	3.3	4.0	4.0	3.0	4.0	Lewes Station	H. M. Derrickson
3-31-36	3.3	4.0	4.0	3.0	4.0	Lewes Station	H. M. Derrickson
6-30-36	3.3	4.0	4.0	3.2	4.0	Lewes Station	H. M. Derrickson
9/30/36	3.3	4.0	4.0	3.2	3.9	Lewes Station	H. M. Derrickson
12/31/36	3.3	4.0	4.0	3.0	4.0	Lewes Station	H. M. Derrickson
3/31/37	3.4	4.0	4.0	3.0	4.0	Lewes Station	H. M. Derrickson
6-30-37	3.4	4.0	4.0	3.0	4.0	Lewes Station	H. M. Derrickson
8/31/37	3.4	4.0	4.0	3.0	4.0	Lewes Station	H. M. Derrickson
Averages	3.29	4.0	4.0	2.99	3.99	Lewes Station	H. M. Derrickson

* See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 29 m August, 1929, Rehoboth Beach Station. Rehoboth Beach, Del.
(Date and place)

2—13678

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

RECORD OF SCOTT, Leonard Dodd, (109-314) surfman
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
S. Brigantine Station.	8-31-32	Honorable discharge button issued.

2—13678

RECORD OF SCOTT, Leonard Dodd (109-314) surfman

(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

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

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

2—13678

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

RECORD OF SCOTT, Leonard Dodd, (109-314) surfman
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date		Number of days	Balance		Signature of executive officer or District Commander
				Anl:	Reen.	
Cape Henlopen Station,	9-1-34		credit	30	30	JOHN W. HUDSON,
	Dep:	Ret:				
Metomkin Inlet Station	12-7	12-13	5	25	30	Edward O. Hoops.
North Beach Sta	5-10	5-20	10	15	30	C. A. Mister
North Beach Sta	8-16	8/27	10	5	30	C. A. Mister
North Beach Station	9 - 1	- 35		30	30	C. A. Mister.
Lews Station	12/21/35	1/1/36	10	20	30	H.M. Derrickson
Lewes Station	6/7/36	6/18	10	10	30	H.M. Derrickson
Lewes Station	9/1/	36	--	30	30	H.M. Derrickson
Lewes Station	11/5/36	11/16	10	20	30	H.M. Derrickson
Lewes Station	6/29/37	7/10/37	10	10	30	H.M. Derrickson

(a) Monthly rate of pay when discharged $66.00
I hereby certify that the within-named man has been furnished travel allowance amounting to $.25 at the rate of .05 cents per mile from Rehoboth Beach, Delaware (PAFE) to Lewes, Delaware (POD) and paid $64.25 in full to date of discharge.

Name of Pay Officer. F. E. ALLISON, Dist. Comdr.

Leonard Dodd Scott. Harry M. Derrickson U. S. Coast Guard
(Signature of man) (Officer in Charge)

(b) My address subsequent to discharge will be:
..... Street.
Rehoboth Beach City. Delaware State.
Leonard Dodd Scott. Signature.

RECORD OF SCOTT, Leonard Dodd, (109-314) surfman
(Full name, surname to the left)

12. ABSENT FROM DUTY

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

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
North Beach Sta.	No unauthorized absence while attached to this unit.				S. A. Mister
Lewes Station		No unauthorized absence while attached to this unit.			H. M. Strachan

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Lewes Station,

Date 31 August, 1937 Place Lewes, Delaware, Serial No. A 52121

Kind of discharge Honorable Authority for Article 461 (a) Personnel Instructions.

Discharged on account of Expiration of term of enlistment.

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

15. ON DESERTION

_____, 193 _____ _____
(Date) (Unit) (Place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised October, 1931

RECORD OF SCOTT, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial or disposition of remains)

_____ _____
(Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

3 (Yrs.) 0 (Mos.) 0 (Days)

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

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 31 August, 193 7

F. E. ALLISON.
Commanding Officer—District Commander.
Comdr. 6th. Dist.

2—13678

CERTIFICATE OF MEDICAL EXAMINER

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____
(Place or unit)

I certify that on this _____ day of _____, 193 , I have examined _____

_____, U. S. Coast Guard, and find:

(*a*) That he has the following physical or medical conditions:*

(1) _____

(2) _____

(3) _____

(4) _____

(*b*) That he is physically fit for discharge.

(*c*) That he is not physically fit for discharge by reason of the following condition(s): No. _____

In my opinion, defects numbered _____ were incurred as incident to service.

In my opinion, defects numbered _____ were incurred as not incident to service.

RECOMMENDATIONS (if any):

_____

_____

_____

_____

_____
Surgeon, U. S. P. H. S.

* Note any conditions which may have importance in reenlistment or which may be regarded as a disability, even minor, or which may result in disability in the future.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

_____, 193

Upon discharge, this date, I certify that I am suffering from the following condition(s):
(The word "none" to be used, if no defects stated)

_____

_____

_____

_____

_____
(Signature)

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

2—13678
U. S. GOVERNMENT PRINTING OFFICE: 1931

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

U. S. COAST GUARD
REC'D SEP 11 1934

ENLISTMENT CONTRACT

U. S. Coast Guard

Re- **ENLISTMENT**[a] of SCOTT, Leonard Dodd, (109-314) as Surfman
Rec'd SEP - 8 1934 (Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Cape Henlopen, 6th District, Rehoboth Beach, Delaware.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Rehoboth Beach, Delaware.
(Place)

1. I, Leonard Dodd Scott, (109-314), this 1st day of September, 1934, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on 10 May, 1900 Citizenship[b] N.B.

If naturalized, place and date of naturalization ..... Certificate number .....

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

Occupation or trade Surfman, U.S.Coast Guard Home address Rehoboth Beach, Delaware.

Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Delaware.
(Wife, if any)

William Leonard Scott, 3 yrs.
(Children under 16 years of age. Specify ages of children)

None
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein Never
(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 31 August, 1934, from ~~Cutter~~ Station Cape Henlopen
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A-43487
(Kind of discharge)

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

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

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

Thirdly, the United States of America, represented by JOHN W. HUDSON, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Leonard Dodd Scott, (109-314) who has hereunto signed his
(Name of person enlisting)

Date 9/14/34

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—7031

SEP 15 1934

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.

Leonard Dodd Scott,
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By JOHN W. HUDSON, Boatswain (L)
(Signature and rank of enlisting officer)

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

JOHN W. HUDSON,

Boatswain (L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Leonard Dodd Scott, (109-314), do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.
And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Leonard Dodd Scott,
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 19 34

JOHN W. HUDSON, Bo's'n (L)

Cape Henlopen C. G. Station,
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 34 years 3 months. Height 5 feet 9 inches. Weight 148 pounds. Eyes Blue

Hair Dk Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1930

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

ENLISTMENT[a] of SCOTT, Leonard Dodd (109-314) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station South Brigantine, 5th District, Brigantine, New Jersey.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Brigantine, New Jersey.
(Place)

1. I, Leonard Dodd Scott (109-314), this 1st day of September, 1932, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on 10 May, 1900 Citizenship[b] NB

If naturalized, place and date of naturalization ..... Certificate number .....

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

Occupation or trade Mariner Home address Rehoboth Beach, Delaware.

Full name and address of the following: Lula Olive Scott Rehoboth Beach, Delaware.
(Wife, if any)

William Leonard Scott, 14 months.
(Children under 16 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

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

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

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

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein --
(State fully nature of offense, if any, and nature of institution in which incarcerated)

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

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

8. I was last discharged from the U. S. Coast Guard on 31 August, 1932, from ~~Cutter~~ Station So. Brigantine with Honorable discharge, herewith submitted, serial No. A32744
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by Joseph Mazzotta, C.B.M.(L), United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of Two (2) YEAR[s] from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of Two (2) YEAR[s] and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Joseph Mazzotta, C.B.M.(L), United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Leonard Dodd Scott (109-314), who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—7931

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

Leonard Dodd Scott

Leonard Dodd Scott

(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Joseph Mazzotta

Joseph Mazzotta, C.B.M.(L)

(Signature and rank of enlisting officer)

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

Joseph Mazzotta

Joseph Mazzotta

C.B.M.(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Leonard Dodd Scott. (109-314), do solemnly swear (or affirm) that I will bear true faith and

(Full name)

allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Leonard Dodd Scott

Leonard Dodd Scott

(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 19 32.

Joseph Mazzotta

Joseph Mazzotta, C.B.M.(L)

Officer in Charge, So.Brigantine Sta.

(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 32 years 3 months. Height 5 feet 9 inches. Weight 148 pounds. Eyes Blue

Hair Dark Brown Complexion Ruddy Color White Married Yes.

Distinguishing marks None.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

where this enlistment is made.

2—7031 U. S. GOVERNMENT PRINTING OFFICE 1930

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1928

RECORD OF SCOTT, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ..... Nature of waiver .....

Authority .....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

Jan. 23, 1933 ~~Has two pitted scars.~~ — July 5, 1930

(Date last vaccinated against smallpox) — (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
South Brigantine Station	4/7/33	Fenwick Island Station	4-7-33
Fenwick Island Station	4-22-33	Cape Henlopen Station	4-22-33
Cape Henlopen Station, FIFTH DISTRICT	5-14-34 7-1-34	BASE NINE, Cape May, N.J. SIXTH DISTRICT	5-14-34 7-1-34

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

2—13678

RECORD OF Scott, Leonard Dodd (109-314) Surfman

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good-conduct HEALTH	Vessel or station	Signature of commanding officer or officer in charge of a unit
9-30-32	3.5	4.0	4.0	3.2	4.0	So.Brigantine Sta.	Joseph Mazzetta
12-31-32	3.5	4.0	4.0	3.2	4.0	So.Brigantine Sta.	Joseph Mazzetta
3-31-33	3.5	4.0	4.0	3.2	3.8	So.Brigantine Sta.	Joseph Mazzetta
4-7-33	3.5	4.0	4.0	3.2	4.0	So.Brigantine Sta.	Joseph Mazzetta
6-30-33	3.3	4.0	4.0	2.5	4.0	Cape Henlopen Sta.	John W. Hudson
9-30-33	3.3	4.0	4.0	2.5	4.0	Cape Henlopen Sta.	John W. Hudson
12-31-33	3.3	4.0	4.0	2.5	4.0	Cape Henlopen Sta.	John W. Hudson
3-31-34	3.3	4.0	4.0	2.5	4.0	Cape Henlopen Sta.	John W. Hudson
6-30-34	3.3	4	4	2.5	4	Cape Henlopen Sta.	John W. Hudson
8-31-34	3.3	4.0	4.0	2.5	4.0	Cape Henlopen Sta.	JOHN W. HUDSON,
Averages	3.38	4.0	4.0	2.78	4.0	Cape Henlopen Sta.	John W. Hudson, JOHN W. HUDSON,

* See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 29 August, 1929, Rehoboth Beach Station, Rehoboth Beach, Delaware.

(Date and place)

2—13678

RECORD OF SCOTT, Leonard Dodd (109-314) Surfman.
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
S. Brigantine Sta.	8-31-32	Honorable Discharge Button Issued.

RECORD OF SCOTT, Leonard Dodd (1099314) Surfman.
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

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

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

2—13678

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

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
So. Brigantine Station	9/1/32	0	40	
So. Brigantine Station	9/7/32	5	35	Joseph Mazzotta.
So. Brigantine Station	1/31/33	5	30	Joseph Mazzotta.
Cape Henlopen Station	5-4-33	15	15	
Cape Henlopen Station	8-21-33	10	5	
Cape Henlopen Station	8-31-33	5 Cancelled	5	
	Dep Ret		Anl. Reen	
Cape Henlopen Station	9-1-33		30 15	
Cape Henlopen Station	12/3 12/14	10	20 15	
Cape Henlopen Station	4/22/34 5/8/34	15	5 15	
Cape Henlopen Station	8/15/34 8/31/34	15	0 5	

RECORD OF Scott, Leonard Dodd (109-314) Surfman

(Full name, surname to the left)

12. ABSENT FROM DUTY

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

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 31 August, 193 4 Place Cape Henlopen Station, Rehoboth Beach, Del. Serial No. A 43487

Kind of discharge Honorable Authority for Article 461 (a) Regulations.

Discharged on account of Expiration of term of enlistment

Is _____ recommended for reenlistment. Rating best qualified to fill Surfman

(If "not," so state)

15. ON DESERTION

_____, 193 _____ _____ _____

(Date) (Unit) (Place)

2—13678

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial or disposition of remains)

_____
(Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

2 (Yrs.) 0 (Mos.) 0 (Days)

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

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 31 August, 193 4

C. J. Sullivan

_____
Commanding Officer—District Commander.



Leonard D. Scott

Service no. (103-914)

Color eyes Blue

Higlet 5 ft. 9 in

weight 150 lbs.

age 31 years 3 mo.



Leonard D. Scott
Service No. (109-314)
Colors Eyes Blue
Height 5'9"
Weight 148 lbs.
Born 5/10/00

U S COAST GUARD

SEP 1932

U. S. COAST GUARD REC'D SEP 3 1932

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

FIFTH DISTRICT

9-10-32

ENLISTMENT[a] of SCOTT, Leonard Dodd (109-314) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station South Brigantine, 5th District, Brigantine, New Jersey.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Brigantine, New Jersey.
(Place)

1. I, Leonard Dodd Scott (109-314), this 1st day of September, 1932, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on 10 May, 1900 Citizenship[b] NB

If naturalized, place and date of naturalization ..... Certificate number .....

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

Occupation or trade Mariner Home address Rehoboth Beach, Delaware.

Full name and address of the following: Lula Olive Scott Rehoboth Beach, Delaware.
(Wife, if any)

William Leonard Scott, 14 months.
(Children under 16 years of age. Specify ages of children)

.....

..... Widowed? .....

None.
(Mother, if living)

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

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

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

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein —
(State fully nature of offense, if any,

—
and nature of institution in which incarcerated)

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

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

8. I was last discharged from the U. S. Coast Guard on 31 August, 1932, from ~~Cutter~~ Station So. Brigantine with Honorable discharge, herewith submitted, serial No. A32744
(Kind of discharge) (Strike out one)

9. I agree to and with the United States of America, represented by Joseph Mazzotta, C.B.M.(L), United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of Two (2) YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of Two (2) YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Joseph Mazzotta, C.B.M.(L), United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Leonard Dodd Scott (109-314) who has hereunto signed his
(Name of person enlisting)

---

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

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

2—7931

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

Leonard Dodd Scott

Leonard Dodd Scott

(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Joseph Mazzotta, C.B.M.(L)

(Signature and rank of enlisting officer)

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

Joseph Mazzotta

Joseph Mazzotta

C.B.M.(L), *U. S. C. G., Enlisting Officer.*

RECEIVED P & S Date 9/1/32

11. OATH OF ALLEGIANCE

I, Leonard Dodd Scott, (109-314), do solemnly swear (or affirm) that I will bear true faith and

(Full name)

allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Leonard Dodd Scott

(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 19 32.

Joseph Mazzotta, C.B.M.(L)

Officer in Charge, So. Brigantine Sta.

(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 32 years 3 months. Height 5 feet 9 inches. Weight 148 pounds. Eyes Blue

Hair Dark Brown Complexion Ruddy Color White. Married Yes.

Distinguishing marks None.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

where this enlistment is made.

ENLISTMENT CONTRACT

2—7931 U. S. GOVERNMENT PRINTING OFFICE

U.S. COAST GUARD

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

SEP 1 1932

ENLISTMENT CONTRACT

FIFTH DISTRICT

Re-[1] ENLISTMENT of Scott, Leonard Dodd (109-314) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station South Brigantine, 5th. District, Brigantine, N.J.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, Leonard Dodd Scott (Full name), this 1st day of September, 1931, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on May 10th., 1900 Citizenship[2] Native born

If naturalized, place and date of naturalization _____ Certificate number _____

If intentions declared, place and date of declaration _____

Occupation Carpenter Home address Rehoboth Beach, Deleware

Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Deleware
(Wife, if any)

(Children under 16 years of age)

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

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

6. I was last discharged from the U. S. Coast Guard on 31 August, 1931, from ~~Cutter~~ Station South Brigantine
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A25439
(Kind of discharge)

7. I agree to and with the United States of America, represented by James S. Turner, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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

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

Thirdly, the United States of America, represented by James S. Turner (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Leonard Dodd Scott (Name of person enlisting) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Leonard D. Scott Surfman
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By James S. Turner Boatswain (L)
(Signature and rank of enlisting officer)

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

James S. Turner
Boatswain (L), *U. S. C. G., Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

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

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

Leonard D. Scott
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 1931

James S. Turner Boatswain (L)
(Comdg. officer, officer in charge of a unit, or notary public)

10. DESCRIPTIVE LIST

Age 31 years 3 months. Height 5 feet 9 inches. Weight 150 pounds. Eyes Blue

Hair Brown Complexion Dark Color White Married Yes

Distinguishing marks None

2—7931 GOVERNMENT PRINTING OFFICE

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date _____ Nature of waiver _____

_____ Authority _____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

Has two deep pitted scars _____ July 5,1930
(Date last vaccinated against smallpox) (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	~~Recruiting~~ or ~~medal~~ HEALTH	Vessel or station	Signature of commanding officer or officer in charge of a unit
Sept. 30, 1931	3.4.	4	4	3.0	Yes	South Brigantine	J. W. Gaskill
Dec. 31, 1932	3.5	4	4	3.0	4	South Brigantine	J. W. Gaskill
3-31-32	3.4	4.0	4.0	3.0	4.0	So. Brigantine Sta.	Joseph Mazzotta
6-30-32	3.5	4.0	4.0	3.0	4.0	So. Brigantine Sta.	Joseph Mazzotta
8-31-32	3.5	4.0	4.0	3.0	4.0	So. Brigantine Sta.	Joseph Mazzotta

RECORD OF Scott, Leonard Dodd (108-314) Surfman
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

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

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
South Brigantine Station	9-1-31	0	40	Jesse W. Gaskill
South Brigantine Station	11-7-31	10	30	Jesse W. Gaskill
South Brigantine Station	12-25-31	5	25	Jesse W. Gaskill
South Brigantine Station	5/21/32	10	15	Joseph Mazzotta
South Brigantine Station	7-28-32	10	5	Joseph Mazzotta

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

12. ABSENT FROM DUTY

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

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date August 31, 1932 Place South Brigantine Station Serial No. A32744

Kind of discharge Honorable Authority for Art. 445-1 Coast Guard Regulations. 4272-a-

Discharged on account of Expiration of enlistment.

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

15. ON DESERTION

_____, 193 _____ _____
(Date) (Unit) (Place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

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

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

_____ _____ _____
(Yrs.) (Mos.) (Days)

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

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 31 August, 193 2

_____
Commanding Officer—District Commander.

2—13678

CERTIFICATE OF MEDICAL EXAMINER

U. S. P. H. S. Relief Station

_____

_____, 19____

I certify that on this _____ day of _____, 19____, I have examined _____

_____, _____, U. S. Coast Guard, and find:

(*a*) That he is physically sound for discharge.

(*b*) That he is not physically sound for discharge by reason of the following defects:

(1) _____

(2) _____

(3) _____

(4) _____

In my opinion, defects numbered _____ were incurred as incident to service.

In my opinion, defects numbered _____ were incurred as not incident to service.

_____

Medical Officer in Charge.

RECOMMENDATION OF MEDICAL EXAMINER

(If any)

I recommend as follows:

_____

_____

_____

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

Medical Officer in Charge.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

_____

_____

_____, 19____

Upon discharge, this date, I certify that I am suffering from the following defect(s):

(The word "none" to be used, if no defects stated)

_____

_____

_____

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

(Signature)

_____, *U. S. Coast Guard.*

(Rate)

2—13678

U. S. COAST GUARD

REC'L SEP 2 1932

FIFTH DISTRICT

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit South Brigantine Station Place Brigantine, N.J. Date 1 September, 1932, ~~192~~

SCOTT, Leonard D. (109-314) SURFMAN

(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Honorably discharged 11.50 p.m. 31 August, 1932, Re-enlisted 12.10 a.m. 1 September 1932 for a term of two years in the regular establishment.

Disciplinary action:

Authority:

Article 322 Coast Guard Regulations.

Joseph Mazzotta

Joseph Mazzotta, C.B.M.(L)

(Signature)

Officer in Charge.

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec., 1927

U. S. COAST GUARD SEP 2 1931 FIFTH DISTRICT

ENLISTMENT CONTRACT

U. S. COAST GUARD REC'D SEP 5 1931 BY ANS.

9-10-31

[1] Re- **ENLISTMENT** of Scott, Leonard Dodd (109-314) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station South Brigantine, 5th District, Brigantine, N.J.
(Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

1. I, Leonard Dodd Scott (Full name), this 1st day of September, 1931, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on May 10th., 1900 Citizenship [2] Native born

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation Carpenter Home address Rehoboth Beach, Deleware

Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Deleware
(Wife, if any)

(Children under 16 years of age)

Widowed? ____
(Mother, if living)

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

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

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

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

6. I was last discharged from the U. S. Coast Guard on 31 August, 1931, from ~~Cutter~~ Station South Brigantine
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A25439
(Kind of discharge)

7. I agree to and with the United States of America, represented by James S. Turner, United States
(Name of enlisting officer)
Coast Guard, in manner and form following, that is to say:

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

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

Thirdly, the United States of America, represented by James S. Turner (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Leonard Dodd Scott (Name of person enlisting) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Leonard D. Scott Surfman
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By James S. Turner Boatswain (L)
(Signature and rank of enlisting officer)

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

James S. Turner
Boatswain (L), U. S. C. G., *Enlisting Officer.*

SEP 10 1931

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

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

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

Leonard D Scott
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 1931

James S. Jones Boatswain (L)
(Comdg. officer, officer in charge of a unit, or notary public)

10. DESCRIPTIVE LIST

Age 31 years 3 months. Height 5 feet 9 inches. Weight 150 pounds. Eyes Blue

Hair Brown Complexion Dark Color White Married Yes

Distinguishing marks None

NOTED
B. S. J.
9/9/31
Date

MBH

73-701

Scott

29 August, 1931.

From: Commandant.
To : Commander, Fifth District.

Subject: SCOTT, Leonard D. (109-314) Surfman, South Brigantine Station; discharge and reenlistment.

Reference: (a) Letter, Officer in Charge, South Brigantine Station, 13 August, 1931, and your indorsement thereon.
(b) Headquarters letter, 18 August, 1931 (73-701) and indorsements thereon.

1. Replying to reference (a), you are authorized to discharge subject man upon expiration of his current enlistment and reenlist him in the regular establishment. Report action on Form 2599.

F. C. BILLARD

L. T. CHALKER,
Chief, Personnel Section.

U. S. COAST GUARD

SEP 2

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec., 1927

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] ENLISTMENT of Scott, Leonard Dodd (109-314) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station Monmouth Beach, 5th District, Monmouth Beach, N.J.
(Draw line through designation not applying) (Place where enlistment is made)

Accepted for enlistment at Monmouth Beach, N.J.
(Place)

1. I, Leonard Dodd Scott, this 1st day of September, 192 9, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on May 10th, 1900 Citizenship [2] Native born

If naturalized, place and date of naturalization _____ Certificate number _____

If intentions declared, place and date of declaration _____

Occupation or trade Carpenter Home address Rehoboth Beach, Delaware

Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Delaware
(Wife, if any)

_____
(Children under 16 years of age)

_____ Widowed? _____
(Mother, if living)

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

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

4. I 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)

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

6. I was last discharged from the U. S. Coast Guard on _____, 19____, from Cutter Station _____ with _____ discharge, herewith submitted.
(Strike out one) (Kind of discharge)

7. I agree to and with the United States of America, represented by Carroll A. Osborne, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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

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

Thirdly, the United States of America, represented by Carroll A. Osborne, United States Coast Guard,
(Name of enlisting officer)

does hereby covenant and agree to and with the Leonard Dodd Scott, who has hereunto signed his name, that
(Name of person enlisting)

he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Leonard Dodd Scott
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By C. A. Osborne Bos'n (L)
(Signature and rank of enlisting officer)

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

C. A. Osborne
Bos'n (L), *U. S. C. G., Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

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

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

Leonard Dodd Scott
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 192 9.

C. C. Osborne

Officer in Charge, Monmouth Beach Coast Guard Station.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. DESCRIPTIVE LIST

Age 29 years 3 months. Height 5 feet 8 inches. Weight 139 pounds. Eyes Blue

Hair Brown Complexion Dark Color White Married Yes Distinguishing marks None

U. S. GOVERNMENT PRINTING OFFICE, 1918 2—3476

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1928

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date _____ Nature of waiver _____

Authority _____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

Two deep pitted scars — (Date last vaccinated against smallpox)

July 5,1930 — (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Monmouth Beach Station	10-10-29	South Brigantine Station	10-10-29

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

2—13678

RECORD OF Scott, Leonard Dodd
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
9-30-29	2.5	4	4	0	Yes	Monmouth Beach	C. C. Dickinson
10-10-29	2.5	4	4	0	Yes	Monmouth Beach	C. C. Dickinson
3-31-30	2.8	4	4	2.5	Yes	South Brigantine	Clarence G. Price
6-30-30	3.0	4	4	2.5	Yes	South Brigantine	Clarence G. Price
9-30-30	3.0	4	4	2.5	Yes	South Brigantine	Clarence G. Price
12/31/30	3.0	4	4	3.0	Yes	South Brigantine	Clarence G. Price
3/31/31	3.0	4	4	3.0	Yes	South Brigantine	Jesse W. Gaskill
6/30/31	3.3	4	4	3.0	Yes	South Brigantine	Jesse W. Gaskill
8-31-31	3.3	4	4	3.0	Yes	" "	Jesse W. Gaskill
	2.9			2.1			
Averages	3.3	4	4	3.0	Yes	South Brigantine	Jesse W. Gaskill

*See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer Aug. 29, 1929 at Rehoboth Beach Sta., Rehoboth Beach, Del.
(Date and place)

2—13678

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks

RECORD OF Scott, Leonard Dodd
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

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

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

2—13678

RECORD OF Scott, Leonard Dodd (109-314) Surfman
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Monmouth Beach Station	9-1-29		30	[illegible]
So. Brigantine	12-18-25-29	8	22	
So. Brigantine	5-15-24-30	10	12	Clarence G. Price
So. Brigantine	7-21-26-30	6	6	Clarence G. Price
So. Brigantine	8-21-25-30	5	1	Clarence G. Price
So. Brigantine Cred.	9/1/30		30	Clarence G. Price
So Brigantine	11-12-17/30	6	24	Clarence G. Price
So Brigantine	4/2-9-31	6	18	Jesse W. Gaskill Jesse W. Gaskill
So. Brigantine	8/21-31/31	9	9	Jesse W. Gaskill

RECORD OF Scott, Leonard Dodd
(Full name, surname to the left)

12. ABSENT FROM DUTY

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

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 31 August 1931, 192 Place South Brigantine Station Serial No. A 25439

Kind of discharge Honorable Authority for Article 445 Coast Guard reg. ultra.

Discharged on account of Having served a full term of enlistment

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

15. ON DESERTION

_____, 192
(Date) (Unit) (Place)

2—13678

RECORD OF Scott, Leonard Scott(109-314) Surfman
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE

Previous Coast Guard and Navy service to date of current enlistment, furnished by Headquarters letter _____
(Date)

_____ _____ _____
(Yrs.) (Mos.) (Days)

Net service to date of discharge (basis for longevity) Two (Yrs.) -0- (Mos.) -0- (Days)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 192

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 31 August 1921, 192

_____
Commanding Officer—District Commander.

U. S. COAST GUARD
Rec'd SEP 1931
FIFTH DISTRICT

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit South Brigantine Place Brigantine, N.J. Date 1 September, 192x 31

Scott Leonard D. (109-314) — Surfman
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Honorable Discharge 11:50 p.m. 31 August 1931 Re-Enlisted 12:10 a.m. 1 September 1931 for the term of one year.

SEP - 8 31
COAST GUARD ... ALLOWANCES
RECD

Disciplinary action:

Authority: Article 322 Coast Guard Regulations.

Jesse W. Gaskill B.M.1c.(L)
(Signature) Officer in Charge

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2500B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec., 1927

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] ENLISTMENT of Scott, Leonard Dodd as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter–Station Monmouth Beach, 5th District, Monmouth Beach, N.J.
(Draw line through designation not applying) (Place where enlistment is made)

Accepted for enlistment at Monmouth Beach, N.J.
(Place)

1. I, Leonard Dodd Scott, this 1st day of September, 1929, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Chester, Pa., on May 10th, 1900 Citizenship [2] Native born

If naturalized, place and date of naturalization _____ Certificate number _____

If intentions declared, place and date of declaration _____

Occupation or trade Carpenter Home address Rehoboth Beach, Delaware

Full name and address of the following: Lula Olive Scott, Rehoboth Beach, Delaware
(Wife, if any)

_____
(Children under 16 years of age)

_____ Widowed? _____
(Mother, if living)

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

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

4. I 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)

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

6. I was last discharged from the U. S. Coast Guard on _____, 19____, from Cutter Station _____
(Strike out one)
with _____ discharge, herewith submitted.
(Kind of discharge)

7. I agree to and with the United States of America, represented by Carroll A. Osborne, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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

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

Thirdly, the United States of America, represented by Carroll A. Osborne, United States Coast Guard,
(Name of enlisting officer)
does hereby covenant and agree to and with the Leonard Dodd Scott, who has hereunto signed his name, that
(Name of person enlisting)
he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Bos
9-11-29

Leonard Dodd Scott
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By C. A. Osborne Bos'n (L)
(Signature and rank of enlisting officer)

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

C. A. Osborne
Bos'n (L), U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

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

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

Leonard Dodd Scott
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of September, A. D. 192 9.

C. A. Osborne

Officer in Charge, Monmouth Beach Coast Guard Station.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. DESCRIPTIVE LIST

Age 29 years 3 months. Height 5 feet 8 inches. Weight 139 pounds. Eyes Blue

Hair Brown Complexion Dark Color White Married Yes Distinguishing marks None

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—3475

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2520—Ed. 6,000—Jan., 1925

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

Rec'd SEP 4 1929
FIFTH DISTRICT

APPLICATION FOR ENLISTMENT

Position desired Surfman

WARNING

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

Monmouth Beach, N.J., (Place) September 1st, (Date) 1929.

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 29 years 3 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 Leonard Dodd Scott

Date of birth May 10, 1900

Place of birth Chester, Pa. Citizenship Native Born

Home address Rehoboth Beach, Del.

Are you married? Yes Number and relationship of persons dependent on you for support? One, Wife

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

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

Name and address of next of kin Lula Olive Scott, Rehoboth Beach, Delaware

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		You were Employed as—
			From—	To—	
John N. Hudson	Rehoboth Beach, Del.	Carpenter	1927	1929	Carpenter

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

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

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

(OVER)

2—13412 GOVERNMENT PRINTING OFFICE

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? No

If so, state which - -

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

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

Have you ever applied for enlistment in the Coast Guard? No

When did you apply? - - Where? - -

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

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

(Sign your full name here) Leonard Dodd Scott

Accepted or rejected Accepted Cause of rejection

Date September 1st, 1929.

2—13412

U. S. COAST GUARD
SEP 4 1929
FIFTH DISTRICT

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Monmouth Beach Station. Place Monmouth Beach, N.J Date September 1, 1929.

Scott, Leonard D. (Surname, first name, and middle initial) — Surfman (Rating)

ENTER CHANGE BELOW

Enlisted at 10:00 a.m., September 1, 1929 at Monmouth Beach Station, Fifth District.

SEP - 9 29
PAY AND ALLOTMENT COAST GUARD
AM RECD

Disciplinary action:

Authority:

(Signature)

Officer In Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials	BCS	✓	✓	✓

mcc

GOVERNMENT PRINTING OFFICE 2—13272

U. S. COAST GUARD
Rec'd SEP 6
FIFTH DISTRICT

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

FILE
B. E. S.

Monmouth Beach Station (Unit.) Monmouth Beach, N.J., (Place.)

September 1st, 1929. (Date.)

FROM: Surfman Leonard D. Scott.

TO: COMMANDANT (via Commander, Fifth District)

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

Lula Olive Scott, (Full name of wife; if not married, so state.)	Rehoboth Beach, Delaware (Address of wife.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

ORIGINAL

COAST GUARD PATROLMENT SEP 6 1929

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:

Frank Scott (Full name of relative.)	Brother, (Relationship.)	Paulsboro, N.J. (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: [signature]

Rank, Bos'n (L)

SIGNED: Leonard D. Scott

Rank or rating, Surfman

U. S. Coast Guard - Op. 38263

2—10348 GOVERNMENT PRINTING OFFICE

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-6) ~~OFFICERS~~ 11 September, 1947
REFER TO FILE: CG-73

To: Commander, 3rd CG District

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 11 September, 1947
of SCOTT, Leonard Dodd (109-314) BMlc(L)

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
9-1-29	8-31-31 HD	None		None		None	
9-1-31	8-31-32 HD	None		None		None	
9-1-32	8-31-34 HD	None		None		None	
9-1-34	8-31-37 HD	None		None		None	
9-1-37	9-3-40 HD	None		None		None	
9-4-40		None		None		None	
Enl. ext. 3 yrs. from							
9-4-43	9-3-46 HD	None		None		None	
9-4-46							
Now serving							

U. S. COAST GUARD
1 [illegible]
RECEIVED SEP 12 1947

	Yr.	Mo.	Days
Coast Guard Service	18	0	11
Navy service			
Total	18	0	11

Completed 18 years 31 August, 1947

B. A. SHAW
By direction

16—36636-2 U. S. GOVERNMENT PRINTING OFFICE

Return to 3-13

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-6) ~~OFFICERS~~ 11 September, 1947
REFER TO FILE: CG-73

To: Commander, 3rd CG District

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 11 September, 1947
of SCOTT, Leonard Dodd (109-314) MMlc(L)

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
9-1-29	8-31-31 HD	None		None		None	
9-1-31	8-31-32 HD	None		None		None	
9-1-32	8-31-34 HD	None		None		None	
9-1-34	8-31-37 HD	None		None		None	
9-1-37	9-3-40 HD	None		None		None	
9-4-40		None		None		None	
Enl. ext. 3	yrs. from						
9-4-43	9-3-46 HD	None		None		None	
9-4-46							
Now serving							

	Yr.	Mo.	Days
Coast Guard Service	18	0	11
Navy service			
Total	18	0	11

Completed 18 years 31 August, 1947

B. A. SHAW
By direction

16—36636-2 U. S. GOVERNMENT PRINTING OFFICE

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PT-6) OFFICERS 11 September, 1947
REFER TO FILE: CG-73

To: Commander, 3rd CG District

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 11 September, 1947
of SCOTT, Leonard Dodd (109-31L) RMlc(L)

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
9-1-29	8-31-31 HD	None		None		None	
9-1-31	8-31-32 HD	None		None		None	
9-1-32	8-31-34 HD	None		None		None	
9-1-34	8-31-37 HD	None		None		None	
9-1-37	9-3-40 HD	None		None		None	
9-4-40		None		None		None	
Enl. ext. 3	yrs. from						
9-4-43	9-3-46 HD	None		None		None	
9-4-46							
Now serving							

	Yr.	Mo.	Days
Coast Guard Service	18	0	11
Navy service			
Total	18	0	11

Completed 18 years 31 August, 1947

B. A. SHAW
By direction

16—86636-2 U. S. GOVERNMENT PRINTING OFFICE

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

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR— 773.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 11 September, 1937.

From: Commandant.
To: Commander, SIXTH DISTRICT.

Subject: SCOTT, Leonard Dodd (109-314) Surf.; (Lewes Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 11 September, 1937.

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates)		SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates)		NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
9-1-29	8-31-31 H D	None		None		None	
9-1-31	8-31-32 H D	None		None		None	
9-1-32	8-31-34 H D	None		None		None	
9-1-34	8-31-37 H D	None		None		None	
9-1-37 Now serving		None		None		None	

MAILED
SEP 11 1937

	Yrs.	Mos.	Days
Total C. G. service	8	0	11
Navy service			
Other service			
Total	8	0	11

Completed 8 years service on 31 August, 1937.

By direction:
MAIL DESK

E. T. OSBORN,
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

mcs MAR slw

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

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 3 September, 1941.

From: Commandant.
To: Commander, NEW YORK DISTRICT.

Subject: SCOTT, Leonard Dodd (109-314) Surf.: (Lowes Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 3 September, 1941.

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates)		SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates)		NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
9-1-29	8-31-31 H D	None		None		None	
9-1-31	8-31-32 H D	None		None		None	
9-1-32	8-31-34 H D	None		None		None	
9-1-34	8-31-37 H D	None		None		None	
9-1-37	9-3-40 H D	None		None		None	
9-4-40		None		None		None	
Now serving							

MAILED
SEP 3 1941
MAIL DESK

	Yrs.	Mos.	Days
Total C. G. service	12	0	3
Navy service			
Other service			
Total	12	0	3

Completed 12 years service 31 August, 1941.

By direction:

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

mcl

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

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 3 September, 1941.

From: Commandant.
To: Commander, NEW YORK DISTRICT.

Subject: SCOTT, Leonard Dodd (109-314) Surf.: (Lewes Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 3 September, 1941.

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates)		SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates)		NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
9-1-29	8-31-31 H D	None		None		None	
9-1-31	8-31-32 H D	None		None		None	
9-1-32	8-31-34 H D	None		None		None	
9-1-34	8-31-37 H D	None		None		None	
9-1-37	9-3-40 H D	None		None		None	
9-4-40		None		None		None	
Now serving							

	Yrs.	Mos.	Days
Total C. G. service	12	0	3
Navy service			
Other service			
Total	12	0	3

Completed 12 years service 31 August, 1941.

By direction:

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

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

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 31 August, 1933.

From: Commandant.
To: Commander, Fifth District, P.O.Bldg., Asbury Park, N.J.

Subject: SCOTT, Leonard Dodd (109 314) Surfman; Statement of service of. (Cape Henlopen Station).

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 31 August, 1933.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
9-1-29	8-31-31 (Hon.)	None		None		None	
9-1-31	8-31-32 (Hon.)	None		None		None	
9-1-32 Now serving.		None		None		None	

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

Completed 4 years service on 31 August, 1933.

By direction:

W.B.SCHIEBEL,
Ass't Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE: 1933

2—15507

Rcd. 9-7-33

APPLICATION FOR LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA
1015 Chestnut St.,
Philadelphia, Penna.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION	LEWES DEL.	19 AUGUST, 1952

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L)	CO; CG GROUP, PHILA.

No. days Compensatory absence	No. days REG Lv	Address while on leave	Phone No.
6	2		

Leonard D. Scott
LEONARD D. SCOTT
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	19 AUGUST, 1952

[X] Granted Departed at. 1100 Q this date.

This leave expires prior to 0800 8-28-52 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Quigley
(Signature of OIC)

UNIT	DATE
LEWES LIFEBOAT STATION	26 AUGUST, 1952

Reported at 0800 this date. Executed 6 Days Compensatory leave and 2 days (Reg-Lv)(ADV-Lv).

W.A MASSEY BOSN.
(Signature of OIC)

CG-9626 (7-45)
UNITED STATES COAST GUARD

TREASURY DEPARTMENT
U. S. COAST GUARD
OFFICIAL DISPATCH

TRANSMIT

DATE 5 SEPTEMBER 1952

3-13

FROM (PE-3)
COMMANDANT

TO (FOR ACTION) GROUP COMMANDER
PHILADELPHIA

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

Scott, Leonard D
109-314

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

Ø521Ø4Z

TEXT

YOUR Ø514ØZ 18 DAYS LEAVE DUE SCOTT LEONARD D 109 DASH 314 AS OF 6-26-52

reference
to pe x request number days leave due scott leonard d 109-314 bml /1/ as of 7-1-52 x request immediate reply as discharge due monday 8 sept 1952

B. H. BRALLIER, Capt., USCG
Chief, Enl. Pers. Div.

TOD— Ø521Ø4Z NTX145/DA8V

OFFICE OF ORIGIN:
Enl. Proc. and Rec. Sec.

INITIALS OF RELEASING OFFICER:

TIME RELEASED:

OPERATOR'S RECORD

orr;eg return to 3-13

U. S. GOVERNMENT PRINTING OFFICE 16—23739-3

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

U. S. COAST GUARD

PE

BEP 85
HEADING

3-11

FROM DE BEFH 16
R Ø5143ØZ
FM GRUCOM PHILA

Shaw

ROUTINE

ACTION TO COMDT COGARD
GRNC

INFORM

TEXT

TO PE X REQUEST NUMBER DAYS LEAVE DUE SCOTT LEONARD D 1Ø9-314 BM1 /L/ AS OF 7-1-52 X REQUEST IMMEDIATE REPLY AS DISCHARGE DUE MONDAY 8 SEPT 1952

CFN 1Ø9-314 BM1 /L/ 7-1-52 8 1952
Ø5/1433Z SEPT BEFH

OPERATOR'S RECORD AND DATE

RR MR 1952

OFFICIAL INITIALS

CG 9619 (REV. 12-47)

TREASURY DEPT.

U. S. COAST GUARD

PE

BEP 85
HEADING

FROM DE BEFH 16
R 051430Z
FM GRUCON PHILA

ACTION TO COMDT COGARD
GRNC

INFORM

TEXT

TO PE X REQUEST NUMBER DAYS LEAVE DUE SCOTT LEONARD D 109-314 BM1 /L/ AS OF 7-1-52 X REQUEST IMMEDIATE REPLY AS DISCHARGE DUE MONDAY 8 SEPT 1952

CFN 109-314 BM1 /L/ 7-1-52 8 1952
05/1433Z SEPT BEFH

OPERATOR'S RECORD AND DATE

MR MR 1952

OFFICIAL INITIALS

APPLICATION FOR LEAVE OF ABSENCE

COMMANDER, CG GROUP PHILADELPHIA
1015 Chestnut St.,
Philadelphia, Penna.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION	LEWES DEL.	23 JULY, 1952

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L)	CO; CG GROUP, PHILA.

No. days Compensatory absence	No. days REG Lv	Address while on leave	Phone No.
6	2		

Leonard D. Scott BM1(L)
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	23 JULY, 1952

[x] Granted Departed at 1100 this date.

This leave expires prior to 0800 1 AUG. 1952 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Quigley
CLYDE QUIGLEY BM1(L)
(Signature of OIC)

UNIT	DATE
LEWES LIFEBOAT STATION, LEWES, DELA.	1 AUGUST, 1952

Reported at 0730Q this date. Executed 6 Days Compensatory leave and 2 days (Reg-Lv)(ADV-Lv).

F.A. Massey
F.A. MASSEY BOSN. OinC
(Signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION	LEWES DEL.	26 JUNE, 1952

NAME	TO
SCOTT, LEONARD D. (109-31 49) BM1(L)	CG: CG GROUP, PHILA

1a. days compensatory absence	1b. days Reg.-Lv	Adress on Leave
6	2	

Leonard D. Scott BM1(L)
LEONARD D. SCOTT
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	26 JUNE, 1952

X Granted Departed at 1000 Q this date

This leave expires prior to 0800 Q 5 JULY, 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Quigley BM1(L)
(signature of OIC)

UNIT	DATE
LEWES LIFEBOAT STATION	5 JULY, 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

T.A. MASSEY BOSN.
(signature of OIC)

HQ

APPLICATION FOR
LEAVE OF ABSENCE

FROM	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION		30 MAY, 1952

FROM	TO
SCOTT LEONARD D. (109-314) BM1(L)	CO: CG GROUP, PHILA

No. days compensatory absence	No. days Reg-Lv	Address on Leave
6	2	

Leonard D Scott BM1(L)
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	30 MAY, 1952

[x] Granted Departed at 1100 Q this date

This leave expires prior to 0800 8 JUNE, 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Quigley BM1(L)
(signature of OIC)

UNIT	DATE
Lewes Lifeboat Station	08 June, 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg.Lv)(Adv.Lv)

F.A. MASSEY' BOSN.
(signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL L/S	TO	2 MAY, 1952

Leave commences	No. days Rep.-Lv	Address on leave
SCOTT, LEONARD D. (109-314) BM1(L)	CO CG GROUP, PHILA.	
6	2	

Leonard D. Scott
LEONARD. D. SCOTT
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL L/S	2 MAY, 1952

Granted Reported at this date

X

This leave expires prior to 1200 Q on board CG LIFEBOAT STATION, LEWES, DELAWARE

0500Q 5-11-52

Clyde Quigley BM1 CG
(signature of OIC)

UNIT	DATE
LEWES LIFEBOAT STATION	11 MAY, 1952

Reported at this date. Executed Days Compensatory

Leave and 0500Q Days (Rep.-Lv) (Adv.-Lv) 6

2

F.A. MASSEY BOSN.
(signature)

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAUL SHOAL LIGHT STATION		5 APRIL , 1952

FROM	TO
SCOTT LEONARD D. (109-3140 BM1 (L)	CO. CG GROUP, PHILA.

No. days compensatory absence	No. days Reg-Lv	Adress on Leave
6	2	REHOBOTH BEACH DELAWARE

Leonard D. Scott
LEONARD D. SCOTT
(signature of applicant)

UNIT	DATE
MIAH MAUL SHOAL LIGHT STATION	5 APRIL 1952

X Granted Departed at 1200 R this date

This leave expires prior to 0800 R 14 APRIL 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Quigley BMC (L)
(signature of OIC)

UNIT	DATE
LEWES LIFEBOAT STATION	14 APRIL, 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

F.A. Massey
F.A. MASSEY BOSN.
(signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

H.Q.

UNIT	ADDRESS	DATE
~~MIAH MAULL SHOAL L/S~~	LEWES LIFEBOAT STATION, LEWES, DEL.	08 MARCH, 1952

FROM	TO
SCOTT LEONARD D. (109-314) BM1(L)	CO CG GROUP, PHILADELPHIA PA.

No. days compensatory absence	No. days Reg-Lv	Adress on Leave
6	2	

Leonard D. Scott
LEONARD D. SCOTT
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	08 MARCH, 1952

(X) Granted Departed at 1100 R this date

This leave expires prior to 0800 R 17 MARCH, 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Tingley BM1c
signature of OIC

UNIT	DATE
Lewes Lifeboat Station	17 March, 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

F.A. Massey
F.A. MASSEY BOSN.
(signature of OIC)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

HQ

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION		25 FEBRUARY, 1952

FROM (REQUESTER):	TO	VIA:
SCOTT, Leonard D. (109-314)BM1(L)	CO, CG GROUP, PHILADELPHIA	OinC LEWES LIFEBOAT STA.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☐ REGULAR	☐ REENLISTMENT
5	25 FEBRUARY, 1952	☒ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Leonard D. Scott
LEONARD D. SCOTT

Ind.-1 Unit: LEWES LIFEBOAT STATION Date 25 February, 1952

Date current leave accounting period began 7-1-51

Balance brought forward beginning of present accounting period 13

Number days' leave used during current accounting period 14

Date of expiration of current enlistment 9-5-52

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

William G. Sing
WILLIAM G. SING BMC(L) OinC. (by direction)
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: GROUP PHILADELPHIA Date 25 February 1952

☒ Returned, GRANTED 5 days.

☐ Returned, NOT GRANTED, because

☒ ADVANCE ☐ ACCRUED EMERGENCY Leave.
(Reason for leave)

E. A. COFFIN, JR., CDR., USCG
EXECUTIVE
(Signature, rank, and title)

Ind.-4 Unit: Lewes Lifeboat Station Date 25 February, 1952

Departed at 0900, this date. This leave expires before 0900, 2 March, 1952

at Lewes Lifeboat Station, Lewes, Del. and is subject to the instructions on the reverse hereof.

F.A. MASSEY, BOSN
(Signature, rank, and title)

Ind.-5 Unit: Lewes Lifeboat Station Date 2 March, 1952

Reported at 0900, this date, having used 5 days emergency leave days leave.

F.A. MASSEY, BOSN
(Signature, rank, and title)

16—40220-3

(Over)

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
SCOTT, Lenord Dodd	109-314	BM1 (L)	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Lula Olive Scott — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Delaware

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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)*: Lula Olive Scott — ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Delaware

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
William Lenord Scott	Dewey Beach, ~~XXX~~ Rehoboth Beach Delaware		X	X		19

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Deceased — ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Deaceased — ADDRESS *(Number, street, city, zone, and State)*:

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Frank Scott — RELATIONSHIP: Brother

ADDRESS *(Number, street, city, zone, and State)*: 1630 S. Dealware Street, Paulsboro, N.J.

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: Lillie Scott — RELATIONSHIP: Niece

ADDRESS *(Number, street, city, zone, and State)*: 1630 S. Delaware St. Paulsboro, N.J.

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.
Continental American Life Ins. Co.	Wilmington, Del.	139654N-S

(Continue on reverse side)

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: Lula Olive Scott — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Del. — RECEIVE EACH MONTH % OF MY PAY.

MILITARY ADDRESS: ~~MAUS~~ COAST GUARD DEPOT, GLOUCESTER, N.J. — DATE SIGNED: 9-5-50 — SIGNATURE OF DESIGNATOR: Leonard D. Scott / Leonard D. Scott

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

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
SCOTT, Lenord Dodd	109-314	BM1 (LD	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Lula Olive Scott — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Delaware

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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, zone, and State)*
Lula Olive Scott	Dewey Beach, Rehoboth Beach, Delaware

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
William Lenord Scott	Dewey Beach, ~~Del~~ Rehoboth Beach Delaware		X	X		19

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, zone, and State)*
Deceased	

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, zone, and State)*
Deaceased	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Frank Scott — RELATIONSHIP: Brother

ADDRESS *(Number, street, city, zone, and State)*: 1630 S. Dealware Street, Paulsbore, N.J.

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: Lillie Scott — RELATIONSHIP: Niece

ADDRESS *(Number, street, city, zone, and State)*: 1630 S. Delaware St. Paulsbore, N.J.

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.
Continental American Life Ins. Co.	Wilmington, Del.	139654N-S

(Continue on reverse side)

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: Lula Olive Scott — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Del.

RECEIVE EACH MONTH ____ % OF MY PAY.

MILITARY ADDRESS: USCG COAST GUARD DEPOT, GLOUCESTER, N.J.

DATE SIGNED: 9-5-50

SIGNATURE OF DESIGNATOR: Leonard D. Scott
Leonard D. Scott

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

3-13

FILE C. P. M.

UNITED STATES COAST GUARD

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

20 November 1950
FILE: PMM 73

From: Commandant
To: Commanding Officer, CG Depot, Gloucester, N. J.
Via: Commander, 3rd CG District (p)

Subj: SCOTT, Leonard D. (109-314) EN1(L); good conduct awards, information relative to.
Ref: (a) Personnel Circular No. 33-49

1. In reply to your letter of 11 September 1950, file 670, you are informed that the subject man's record indicates his eligibility for good conduct awards for his active service is as follows:

FROM	TO	UNIT	REMARKS
9-1-29	8-31-34		Medal issued
9-1-34	8-31-37		Bar issued
9-1-37	8-31-40		Bar issued
9-1-40	8-31-43	Lewes Lifeboat Station	Bar due
9-1-43	8-31-46	Group, Lewes	Bar due
9-1-46	8-31-49	Group, Cape May	Bar due

(a) Creditable toward a good conduct award.
(b) Not creditable, low conduct marks.
(c) Not creditable, did not reenlist within three months.
(d) Not creditable until he reverts to his enlisted status.
(e) Not creditable, out of the service.
(f)

2. His marks in proficiency in rating and conduct from 1 September 1949 to the end of his enlistment 5 September 1949 are:

DATE	PROFICIENCY	CONDUCT	DATE	PROFICIENCY	CONDUCT
9-5-49	3.5	4.0			

3. SCOTT's record indicates he is entitled to wear gold rating badges and service stripes in accordance with Navy Uniform Regulations Article 9-80, Change No. 1, amended by Coast Guard Amendment #2. An entry to this effect should be made in his service record.

N. W. SPROW
By direction

B1790

Scott, Leonard D. (109-314)

EM 1(2).

Medal awarded dated 8-31-34
Bar " " 8-31-37
" " " 8-31-40

Bar due 1st Enl 9-1-29

8-31-43 2B Sta Re 9-1-37
~~Group~~ Lewis 4.0 4th 9-3-40
Bar due Re 9-4-40

8-31-46 4.0 4th 9-3-46
Group, Lewis Re 9-4-46
Bar due
4.0
8-31-49 4th 9-6-49
Group, Capodanno Re 9-6-49

9-5-49 PR 3.5 4.0

...RT OF CHANGE IN PERSONNEL

...EASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 175

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1(L)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CAPE MAY GROUP	Miah Maull Shoal Light Station	Lewes, Delaware
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
3RD CG DISTRICT	03-585	30 September, 1949

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 0900
DATE 30 September, 1949

TRANSFERRED TO: Group Philadelphia
FOR ADMINISTRATIVE PURPOSES

AUTH: CCGD3/D 292230Z(September, 1949)

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

A. F. PITTMAN, LCDR, USCG
(Commanding.)

PE-PR-21

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

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 2

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard Dodd	109-314	BM1(L)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CAPE MAY GROUP	Miah Maull Shoal Light Station	Lewes, Delaware
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
CA 3RD CG DISTRICT	03-585	6 September, 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)

6 September, 1949: Reenlisted (REGULAR ENLISTMENT) for a period of three (3) years as BM1(L) - Ent. to REENL ALLOW in the amount of $150.00 - Leave Balance this date 00 days due to CC on discharge on 9-5-49 -

DUTY CODE NO.
AUTH: Art. 553 Regs

C. W. Scharff
C. W. SCHARFF, LIEUTENANT, USCG
(Commanding)

rfp

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
10 2		099	092	

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
9-6-49			

RECORDS	
Posting	Coding

MACHINE ACCOUNTING	
Punched	CODED 10
Verified	

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1(L)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CAPE MAY GROUP	Miah Maull Shoal Light Station	Lewes, Delaware
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
3RD CG DISTRICT	93-585	5 September, 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)

3 September, 1949: Enlistment extended for a period of two (2) days due to EE on Saturday - Article 591(5c) Regulations

5 September, 1949: Issued HONORABLE DISCHARGE (form 2510) upon expiration of full term of enlistment and authorized extension thereof - Not ent. to TA - POD and PAFE the same, Lewes, Delawre-- Elects cash compenstation for sixty (60) days accumulated uuused leave remaining to credit on date of discharge -

DUTY CODE NO.
AUTH: Art. 591(5c) Regs
Art. 589(1) Regs.

C. W. Scharff
C. W. SCHARFF, LIEUTENANT, USCG
(Commanding)

rfp

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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

Orde
F.T.L

ADMINISTRATIVE REMARKS

SHIP OR STATION

COAST GUARD GROUP OFFICE, PHILADELPHIA, PENNA.

1400. . .4 May 1953 - TRANSFERRED from Miah Maull Shoal Light Station to Commander, CAPE MAY GROUP, Cape May, New Jersey for further transfer to Indian River Lifeboat Station for assignment to duty. Granted four (4) days PT & one (1) days TT enroute. AUTH: C3CGD/L dtd 15 April 1953, File P16-3/MM, Order No. 3367-53 to Cdr Phila Group.

E. A. COFFIN, JR.
Executive Officer.

PE-PR-17

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
4 May 1953	C3CGD/L dtd 4-15-53, P16-3/MM, Ord No. 3367-53 & Authorization No. 033885.		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
BM1l	4-47	E. A. COFFIN, JR.	COMMANDER, EXECUTIVE OFFICER

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CG GRP, Cape May, N.J.	5-9-53	J. A. HEIKEL, LCDR, USCG, Group Commander

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCOTT,	Leonard	Dodd	109-314

16—66780-1

COMMANDER, CG GROUP
PHILADELPHIA
1015 Chestnut Street
Philadelphia 7, Pa.

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MAIN MAULL SHOAL L/S	FROM [illegible] TO [illegible]	5 MARCH, 1953

No. Days Compensatory Absence	No. Days ALREG	Address while on leave
6	2	[illegible] MAIN MAULL SHOAL L/S

It is requested that I be granted permission to travel beyond a radius of fifty (50) miles from Lewes, Delaware while on Compensatory Liberty.

[illegible] SCOTT USCG
(SIGNATURE)

UNIT	DATE
MAIN MAULL SHOAL L/S	5 MARCH, 1953

(X) Granted Departed at 1100R this date.

This leave expires prior to 0730R 14 March, 53 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Permission (is)(is not) granted to travel beyond a fifty (50) mile radius from Lewes, Delaware while on Compensatory Liberty.

Leonard D. Scott
LEONARD D. SCOTT USCG
(SIGNATURE) Officer-in-Charge)

UNIT	DATE
LEWES LIFEBOAT STATION	14 MAR. 1953

Reported at 0700 R this date. Executed 6 days Compensatory Leave and 2 days Annual Leave.

[illegible]
F.A. MASON CDR USCG
(SIGNATURE) Officer-in-Charge)

PE-3
19 February, 1953
MM

From: Commandant
To: Commander, Philadelphia Group
Via: Commander, 3rd CG District (p)

Subj: SCOTT, Leonard D. (109-314) BM1(L); records, completion of

The corrected Service Record for subject man has been received at Headquarters without Form 3309 (Termination of Service) as requested in Headquarters letter dated 1 October, 1952. It is requested that this form be executed and forwarded to the Commandant (PE-3) promptly to complete SCOTT's records.

B. A. SHAW
By direction

BUCHAN: hif - return to 3-13

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA, PA.
1015 Chestnut St.,
Philadelphia, Pa.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL L/S	LEWES DEL.	2-5-53

FROM	TO
SCOTT, LEONARD D. (109-32 14) BM1(L)	CO, CG GROUP, PHILA.

No. Days Compensatory absence	No. Days ALREG	Address while on leave	Phone No.
6	2		

Leonard D. Scott
LEONARD D. SCOTT
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL L/S	2-5-53

[X] Granted Departed at 1015 E this date.

This leave expires prior to 0730 E 2-14-53 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Leonard D Scott BM1 (L)
(Signature of OIC

UNIT	DATE
Lewes Lifeboat Station	14 Feb. 1953

Reported at 0730 E this date. Execuried 6 days Compensatory leave and 2 ALREG.

William G. Sing
WILLIAM G. SING BMC(L)
(Signature of OIC) ACTING

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA, PA.
1015 Chestnut St.,
Philadelphia, Pa.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION	LEWES DEL.	10 DECEMBER, 1952

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L)	CG; CG GROUP, PHILA.

No. Days Compensatory absence	No. Days ALREG	Address while on leave	Phone No.
6	2		

Leonard D. Scott
LEONARD D. SCOTT
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	10 DECEMBER, 1952

X Granted Departed at 1000 R this date.

This leave expires prior to 0800 12-19-52 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Quigley BM1 USCG
(Signature of OIC

UNIT	DATE
Lewes Lifeboat Station, Lewes, Dela.	19 December, 1952

Reported at 0730R this date. Execuried 6 days Compensatory leave and 2 ALREG.

Edward T. Kassick BM2
EDWARD T. KASSICK BM2 (Acting)
(Signature of OIC)

PE-3
23 December, 1952
MM

From: Commandant
To: Commander, Philadelphia Group
Via: Commander, 3rd CG District (p)

Subj: SCOTT, Leonard D. (109-31) BM1(L); records return of

The Service Record of subject man was returned to you with Headquarters letter dated 1 October, 1952, for correction of his leave account. Headquarters has not received SCOTT's records to-date. It is requested that the corrected record be forwarded to the Commandant (PE-3) promptly.

B. A. SHAW
By direction

BUCHAN: hif - return to 3-13

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA, PA.
1015 Chestnut St.,
Philadelphia, Pa.

UNIT	ADDRESS	DATE
FROM: MAM MAIL SHOAL 1/8	LEWES DEL.	11-12-52

No. Days Compensatory absence	No. Days ALREG	Address: CG GROUP, PHILA.	Phone No.
6	2		

SCOTT, LEONARD D. (109-31-14) BM1(E)

Leonard D. Scott
(Signature of Applicant) LEONARD D. SCOTT

UNIT	DATE
MAM MAIL SHOAL 1/8	

X Granted Departed at 1830 R this date. 11-12-52

This leave expires prior to 0800 R 11-21-52 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Quigley BM1 USCG
(Signature of OIC

UNIT	DATE
LEWES LIFEBOAT STATION	21 NOVEMBER, 1952

Reported at 0800 R this date. Execuried 6 days Compensatory leave and 2 ALREG.

(Signature of OIC) LT. USCG

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION LEWES DEL.		15 OCT. 1952

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L) CO; CG GROUP, PHILA.	

No. days compensatory absence	No. days Reg-Lv.	Address on leave
6	2	

Leonard D. Scott
LEONARD D. SCOTT
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	15 OCT. 1952

X Granted Deported at 1130 R this date

This leave expires prior to 0800 R 24 OCT. 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Quigley
(signature of OIC)

UNIT	DATE
Lewes Lifeboat Station	24 Oct., 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

F.A. MASSEY BOSN.
(signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA, PA.
1015 Chestnut St.,
Philadelphia, Pa.

3-13

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION	LEWES DEL.	18 SEPT, 1952

FROM	TO
SCOTT LEONARD D. (109-314) BM1(L)	CO; CG GROUP, PHILA.

No. Days Compensatory absence	No. Days ALREG	Address while on leave	Phone No.
6	2	REHOBOTH BEACH DEL.	

Leonard D. Scott
LEONARD D. SCOTT BM1(L)
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	18 SEPT 1952

[X] Granted Departed at 1800 Q this date.

This leave expires prior to 0800 Q 27 SEPT, 1952 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Twigley BM1(L)
(Signature of OIC

UNIT	DATE
LEWES LIFEBOAT STATION	27 SEPTEMBER, 1952

Reported at 0900Q this date. Execuried 6 days Compensatory leave and 2 ALREG.

F.A. MASSEY BOSN.
(Signature of OIC)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

3-13 FILE

UNIT	ADDRESS	DATE
Miah Maull Shoal L/S Lewes, Delaware	Lewes, Delaware	10 September 1952

FROM (REQUESTER):	TO	VIA:
BM1(L) SCOTT, Leonard D. (109-314)	Commander, Philadelphia Group	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Six (6)	11 September 1952	☐ REGULAR ☒ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE Dewey Beach, Rehoboth Beach, Lewes, Delaware

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Leonard Dodd Scott
Leonard Dodd Scott

Ind.-1 Unit: CG GROUP OFFICE, PHILA., PA. Date 10 September 1952

Date current leave accounting period began 9-10-52	Balance brought forward beginning of present accounting period (0)
Number days' leave used during current accounting period (0)	Date of expiration of current enlistment 9 September 1955

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG GROUP OFFICE, PHILA., PA. Date 10 September 1952

☒ Returned, GRANTED 6 days.

☒ ADVANCE REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because ☐ ACCRUED

E. A. COFFIN, JR., CDR, USCG, XO
(Signature, rank, and title)

Ind.-4 Unit: CG GROUP OFFICE, PHILA., PA. Date 11 September 1952

Departed at 0900, this date. This leave expires before 0800, 18 September 1952

at Lewes Lifeboat Station, Lewes, Del. and is subject to the instructions on the reverse hereof.

E. A. COFFIN, JR., CDR, USCG, XO
(Signature, rank, and title)

Ind.-5 Unit: LEWES LIFEBOAT STATION Date 18 SEPT, 1952

Reported at 0800, this date, having used 6 days' leave.

WILLIAM G. SING BMC(L) USCG
(Signature, rank, and title)
ACTING

16—40220-3

(Over)

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

64

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1(L)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CAPE MAY GROUP	Miah Maull Shoal Light Station	Lewes, Delaware

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
3RD CG DISTRICT	03-585	31 January, 1949

TIME 1100
DATE 22 January, 1949

REPORTED FROM: Fenwick Island Light Station, Selbyville, Delaware
FOR Assignment to duty - PERMANENT CHANGE OF STATION

DUTY CODE NO. 30 AUTH: Comdr. 3rd CG Dist/L 1-7-49 (pmp) 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: C. W. Schaff
C. W. SCHAFF, LT, USCG
(Commanding)

rfp

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
102		03	2	
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
2	5	85	
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched CODED NO JC
Verified

MA-E 100

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

63

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1(L)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CAPE MAY GROUP	Fenwick Island Light Sta.	Del. Bay, Lewes Delaware

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE
3RD CG DISTRIT	03-575	31 January, 1949

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0700
DATE 22 January, 1949

TRANSFERRED TO: Miah Maull Shoal Light Station
FOR Assignment to duty - PERMANENT C ANGE OF STATION SELBYVILLE, DELAWARE TO LEWES, DELAWARE

AUTH: Comdr. 3rd CG District Ltr. 7 January, 1949 (pmp) CG-73-531

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

PEA-E 15

DUTY CODE NO.

AUTH:

C. W. SCHARFF, LT, USCG
(*Commanding*)

rfp

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. 6-45)

No. 78.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1(I)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
GROUP, CAPE MAY, Cape May, N.J.	Fenwick Island Light Station	Selbyville, Del.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	03-575	28 August, 1948.

TIME 0800 Q
DATE 8-28-48

REPORTED FROM: CG Moorings, Cape May, N.J.,
FOR assignment to duty.

DUTY CODE NO. 30-D AUTH: Ltr. of GRUCOM, CAPE MAY, NJ, 8-26-48 (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:

R. C. HALL, Boatswain
(Commanding) By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
102		03	2	

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
272			49

RECORDS	
Posting	Coding
44	

PE 3-6
CODED NO. 10

MACHINE ACCOUNTING
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D. (Name, surname first) | 109-314 (Service number) | BM1(L) (Rank or rating) | CG GROUP, CAPE MAY Cape May, N.J. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place USMH Baltimore, Maryland, Date 6 August, 19 48

To: CO - GROUP, CAPE MAY, NJ
(Coast Guard unit)

(Address)

FILE
I. Lee

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
Osteoarthritis, multiple	240-912	5/22/48	7/19/48
Mixed psychoneurosis	002-x0x	5/22/48	7/19/48
Anxiety state	002-981	5/22/48	7/19/48
Tonsillitis, acute, mild	634-100	5/22/48	7/19/48

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

Ten days sick leave recommended.

CONDUCT REPORT:

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

J. F. van ACKEREN, Medical Director
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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D. 109-314 BM1(L) GROUP, CAPE MAY CAPE MAY, N.J.
(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 Lewes, Delaware, Date 21 May, 19 48.

FILE T. LeB

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 Commanding Officer, Group, Cape May, N.J.

LEONARD D. SCOTT
(Signature of patient)

R. O. HALL, By dir. CO, GROUP, Cape May, NJ.
Boatswain U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Baltimore, Maryland, Date 24 May, 19 48

I CERTIFY that I have examined the above-named person and find him suffering from 240-1x0 - Arthritis, rheumatoid
(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 Indef. days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U.S. Marine Hospital Baltimore, Md., {*hospital / *~~office~~} on 22 May, 19 48

Ivan F. 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

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 115

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1 (L)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP	C.G. MOORINGS	Cape May, N.J.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-565		17 April, 1948

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)

1015-17 April, 1948 Admitted to Beebe Hospital, Lewes, Delaware while in an authorized liberty status. Recommended by U.S.C.G. Contract Physician, Lewes, Delaware. Auth: Art. 3002 and 3007, CG Regs.

PEA-E 15

DUTY CODE NO. 06 — AUTH:

H. LAND, Lt. Comdr., USCG
(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

PEA-E 15

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 19

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c (L)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP	C.G. MOORINGS	Cape May,N.J.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-565		23 March, 1948

TIME 1200
DATE 22 March, 1948

REPORTED FROM: Corsons Inlet Lifeboat Station, Strathmere, N.J.
FOR ASDU

DUTY CODE NO. 06

AUTH: CO,CG Moorings,Cape May,N.J./VO, 20 March, 1948.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

H. LAND, Lt.Comdr., USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
102		03	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
2	79	028	

Records	
Posting	Coding
	CODED NO.10

PEA-E 44

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D.	109-314	BMlc. (L)	LEWES, Del
(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

47

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Philadelphia, Pa., Date 6 May, 19

To: Medical Officer in Charge,
Baltimore, Md.

FILE
T. Leo

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 Commander 4th CG-District

Leonard D. Scott
(Signature of patient)

C. Newborne, CPhM
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, BALTIMORE, MD., Date 21 May, 1947, 19

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

Arthritis, 240-1x0
(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, BALTIMORE, MD. {*hospital / *~~office~~} on 6 May, 1947, 19

J.F. VAN ACKEREN, 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. 6-45)

No. 24

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c (L)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP	C.G.Moorings	Cape May, N.J.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-565		17 February, 1948

TIME 1815
DATE 14 February, 1948

REPORTED FROM: Fenwick Island Light Station, Selbyville,Del.
FOR ASDU

DUTY CODE NO. 06 AUTH: CCGD3/L (pmp) 1-9-48, File 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:

H. Land
H. LAND, Lt. Comdr., USCG
(~~Commdg~~) Executive

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
102		03	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
279		028	

Records	
Posting	Coding

PEA E 44

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

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

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c(L)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, LEWES, Lewes, Del.	Fenwick Island Light Station	Selbyville, Delaware.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-575	11 August, 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:

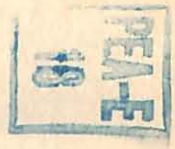
OTHER CHANGES (SPECIFY)

1205/31 July, 1947: Departed on ten (10) days Annual Leave,

0845/11 August, 1947: Returned fm ten (10) days Annual Leave, NOT AOL.

DUTY CODE NO. 30-D AUTH: ComdtCirc #3-47.

R. C. HALL
(*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

X-16

3-13 file

U.S. COAST GUARD HDQTRS.
MAIL & FILES SECTION
RECEIVED JUL 14 1947 (8)

Ind-1
Comdr.3rdCGD (pm)
8 July 1947

From: Chief, Medical Section
To: Commander, 3rd Coast Guard District (p)

Subj: SCOTT, Leonard Dodd (109-314) BMlc; Report of Board of Medical Survey.

1. This office concurs with the recommendation of the Medical Board that subject named man is fit for duty but recommend that he be assigned to a warmer climate where less recurrences of his arthralgia might be expected.

Walter G. Nelson
WALTER G. NELSON

fxd
Ind-2
New York, N. Y.

10 July, 1947

From: Commander, 3rd CG District (p)
To: Commandant (PM)

Forwarded. This office concurs with the recommendations of the medical board and the Chief, Medical Section, 3rd CG District that the subject-named man is fit for duty. No further action is recommended.

H. G. BRADBURY
Chief of Staff

RECEIVED
JUL 17 1947
COMMANDER
THIRD C. G. DISTRICT

Navmed—M
(1944)

To- CGHQ-3-(M)

REPORT OF MEDICAL SURVEY

Place U. S. Marine Hospital, Baltimore 11, Md. Date June 6, 1947
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.* Fourth Coast Guard District
For Transmission to the Bureau of Medicine and Surgery

Name SCOTT, Leonard Dodd Number 109-314 Rank or rate BM 1c USCG
(In full, surname first) (File or service No.)

Born: Place Chester, Pa. Date May 10, 1900
(Name of place and State or county)

Enlisted or appointed: Date September 1, 1929 Place Asbury Park, N. J.

Reported for active duty, USNR: Date September 1,1929 Place Monmouth Beach C.G.Station, N.J.

Total service: ~~Navy~~ Coast Guard 17 yrs., 9 mos., 6 days. Marine Corps none Army none

PRESENT HISTORY OF CASE

Admitted from USCG Lewes, Delaware Date May 6, 1947

Diagnosis 2418-912 Osteoarthritis, lumbosacral joint, chronic. Key letter ____ Specialty letter ____
(From navy nomenclature, under which carried on sick list)

Summary of case history:

The patient stated that approximately 10 years previously he first had swelling, redness, pain, and warmth in his knees. Since that time the patient stated he had had frequent episodes of joint disease affecting his feet and toes, fingers, ribs, hips, spine, and occasionally his elbows. He never had any involvement of his jaws. The lesions when acute were always painful, swollen, red, and warm. First one joint and then another was involved. The attacks were usually brought on by cold, wet, or changeable weather. They were more frequent in the winter than in the summer although they did occur in the summer at times. The patient stated he had about two attacks of joint pain per month. Usually only a few joints were involved with each attack but almost all joints have been involved at one time or another.

Physical examination revealed a well developed and fairly well nourished white male, 47 years of age, who appeared to be older than his stated age. Head and neck essentially negative. Lungs were clear and resonant. Heart size, sounds, rate, and rhythm were normal. Blood pressure 140/85. Abdomen essentially negative. Genital and rectal examinations essentially normal. Extremities showed no evidence of any swelling, redness or pain or limitation of motion of the joints. Neurological examination was negative.

Laboratory data: Hb. 15.5 grams. WBC 8,350. Kahn and Kline diagnostic tests were negative. Urinalysis was normal. Blood uric acid .85. Routine agglutinations essentially negative. Blood sedimentation rate 15 mm. in one hour. X-ray of the sinuses showed that they appeared clear. The left wrist region showed no significant bone or joint changes. X-ray of the lumbosacral region showed very slight evidence of

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 SCOTT, Leonard Dodd Number 109-314 Rank or rate BM 1c USCG
(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 USCG Lewes, Delaware Date May 6, 1947

Diagnosis 2418-912 Osteoarthritis, lumbosacral joint, chronic. Key letter _____ Specialty letter _____
(From navy nomenclature, under which carried on sick list)

Summary of case history:

some chronic arthritis. The knees showed the intercondyloid spines to be rather sharp and the bones of the area were a little low in density. X-ray of both mastoids showed dense sclerosis of the entire mastoid region which appeared to be of very long standing. Electrocardiographic tracing was normal and showed no change since October 23, 1945.

Hospital course: The patient continued to complain of vague indefinite pains in various parts of his body and joints during his stay in the hospital. At no time was there any evidence of swelling or redness. He was given some salicylates with little or no relief of his subjective symptoms. The patient was examined with the possibility of rheumatoid arthritis multiple in mind but was never proven to have this disease. He was treated symptomatically throughout his course of hospitalization and improved. However, he persisted to have subjective complaints of arthralgia which were somewhat decreased at the time of discharge. It is recommended that the patient be returned to duty and if possible be assigned to a warmer climate where less recurrences of his arthalgia might be expected. He was discharged June 6, 1947, no further hospitalization necessary, fit for duty.

The patient was informed of the Board's findings and stated that he did not wish to submit a statement in rebuttal. The patient will not be a menace to himself or to the public, and may be released in his own custody.

Information has been received in accordance with Personnel Bulletin 25-45. There is no disciplinary action pending.

ORIGIN: is not (Is or is not) the result of his own misconduct and was (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 Fit for duty. Probable future duration -

Recommendation: It is recommended that the patient be returned to duty and if possible be assigned to a warmer climate where less recurrences of his arthralgia might be expected.

John L. Wilson Virgil J. Dorset Luther L. Terry

John L. Wilson, Sr. Surgeon USPHS, USXXN. *Senior Member of Board.*
Virgil J. Dorset, Surgeon USPHS, USXXN. *Member.*
Luther L. Terry, Surgeon, USXXN. *Member.*

16—11583-2
VJD:HTG

1st Endorsement

Date 30 June, 1947

From: *Commanding Officer.*

To: Commander, 4th Coast Guard District
(Officer convening board)

R. O. HALL (Signature)

2d Endorsement

From: _____ Date _____

To: _____

_____ (Signature)

Endorsement

From: *Bureau of Medicine and Surgery.* Date 7/15/47

To: U.S.C.G. Hdqtrs Wash. D.C.

1. Forwarded: *Recommendation of Board Approved.*

Recommend assignment in a warmer climate, if practical.

W. H. Buddington, Surg
(Signature)

Endorsement

From: _____ Date _____

To: _____

_____ (Signature)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16—11583-2

Navmed—M
(1944)

REPORT OF MEDICAL SURVEY

Place U. S. Marine Hospital, Baltimore 11, Md. Date June 6, 1967
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.* Fourth Coast Guard District
For Transmission to the Bureau of Medicine and Surgery

Name SCOTT, Leonard Dodd (In full, surname first) Number 109-316 (File or service No.) Rank or rate BM 1c USCG

Born: Place Chester, Pa. (Name of place and State or county) Date May 10, 1900

Enlisted or appointed: Date September 1, 1923 Place Asbury Park, N. J.

Reported for active duty, USNR: Date September 1,1923 Place Monmouth Beach C.G.Station, N.J.

Total service: Navy ~~17 yrs., 9 mos.~~ Coast Guard Marine Corps none Army none

PRESENT HISTORY OF CASE

Admitted from USCG Lewes, Delaware Date May 6, 1967

Diagnosis 2418-912 Osteoarthritis, lumbosacral (From navy nomenclature, under which carried on sick list) Key letter ____ Specialty letter ____
joint, chronic.

Summary of case history:

The patient stated that approximately 10 years previously he first had swelling, redness, pain, and warmth in his knees. Since that time the patient stated he had had frequent episodes of joint disease affecting his feet and toes, fingers, ribs, hips, spine, and occasionally his elbows. He never had any involvement of his jaws. The lesions when acute were always painful, swollen, red, and warm. First one joint and then another was involved. The attacks were usually brought on by cold, wet, or changeable weather. They were more frequent in the winter than in the summer although they did occur in the summer at times. The patient stated he had about two attacks of joint pain per month. Usually only a few joints were involved with each attack but almost all joints have been involved at one time or another.

Physical examination revealed a well developed and fairly well nourished white male, 67 years of age, who appeared to be older than his stated age. Head and neck essentially negative. Lungs were clear and resonant. Heart size, sounds, rate, and rhythm were normal. Blood pressure 140/86. Abdomen essentially negative. Genital and rectal examinations essentially normal. Extremities showed no evidence of any swelling, redness or pain or limitation of motion of the joints. Neurological examination was negative.

Laboratory data: Hb. 15.6 grams. WBC 8,250. Kahn and Kline diagnostic tests were negative. Urinalysis was normal. Blood uric acid .86. Routine agglutinations essentially negative. Blood sedimentation rate 15 mm. in one hour. X-ray of the sinuses showed that they appeared clear. The left wrist region showed no significant bone or joint changes. X-ray of the lumbosacral region showed very slight evidence of

1st Endorsement

Date 30 June, 1947

From: *Commanding Officer*
Commander, 4th Coast Guard District

To: _____
(Officer convening board)

R. O. HALL (Signature)

2d Endorsement

From: _____ Date _____

To: _____

_____
(Signature)

Endorsement

Date _____

From: *Bureau of Medicine and Surgery.*

To: _____

1. Forwarded: *Recommendation of Board Approved.*

_____
(Signature)

Endorsement

Date _____

From: _____

To: _____

_____
(Signature)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16—11533-2

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

No. 11

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c(L)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, LEWES, Lewes, Del.	Fenwick Island Light Sta.	Selbyville, Del

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
04-075	1 July 1947.

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

PEA-E 18

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

0001/1 July,1947: Administrative transfer from FOURTH CG District, Philadelphia, Pa. to THIRD CG District, New York City, N.Y.

DUTY CODE NO. 30-D AUTH: AL COAST 59.

R. C. HALL
(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)

67 To be filed

No. 23.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c(L)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, LEWES, Lewes, Del.	Fenwick Island Light Station	Selbyville, Del.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
04-075	7 June, 1947.

TIME 2230
DATE 6-6-47

REPORTED FROM: US Marine Hospital, Baltimore, Maryland.
FOR resumption of regular duties.

DUTY CODE NO. 30-D

AUTH: CCGD4/L(p), dated 2 May, 1947, File: CG-73-701-531-703.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

R. O. HALL
(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—40365-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D. (Name, surname first) | 109-314 (Service number) | BM1c(L) (Rank or rating) | Lewes Del. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH, BALTIMORE, MD., Date 6 June, 1947

FILE
T. Le8

To: Commanding Officer
CG Group (Coast Guard unit)
Lewes, Del. (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
Arthritis, lumbosacral, joint, chronic	240-1x0	5-6-47	6-6-47

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

Board of Medical Survey held on patient on 6 June, 1947 recommended that he be returned to duty and if possible be assigned to a warmer climate where less recurrences of his arthralgia might be expected.

CONDUCT REPORT:

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

J. Van Ackeren

J.F. VAN ACKEREN, 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

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

No. 41.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c(L)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, LEWES, Lewes, Del.	Fenwick Island Light Station	Selbyville, Delaware.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
04-075	6 May, 1947.

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0700
DATE 5-6-47

TRANSFERRED TO: US Marine Hospital, Baltimore, Md.
FOR necessary treatment and Board of Medical Survey to determine fitness for general duty.

AUTH: Ltr of Comdr,4th CGDist(p),dated 2 May, 1947, File:CG-73-531-703; TO #041824.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

R. O. HALL
(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)

No. 70.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BMlc(L)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, LEWES, Lewes, Del.	Fenwick Island Light Station	Selbyville, Delaware.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
04-075	25 April, 1947.

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN ~~RANK~~ RATING FROM B. M. 1c. TO B. M. 1c (L) EFFECTIVE 25 April, 1947.

DUTY CODE NO. 30-D AUTH: HL(PE-C)3-31-47, File:CG-73 and CCGD4/L(p)4-23-47, File:CG-73.

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH:

R. O. HALL
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
102		04	2	
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
272	140		101
XI	XIV	XV	XVIII

Records	
Posting	Coding
PEA-E 44	CODED NO 1

Machine Accounting
Punched
Verified

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

Address reply to
CO, CG GROUP, Lewes, Dela.,
Refer to File - CG-73

Lewes, Delaware
14 March, 1947

From: SCOTT, Leonard D. (109-314) BM1c
To: The Commandant (PMP)

Via: 1. CO, CG GROUP, Lewes, Delaware
2. Commander, 4th CG District (pmp)

Subj: ALCOAST #16

1. In accordance with the contents of subject Alcoast it is requested that the designator (L) be added to my rating.

2. My reason for making this request is that I formerly held the Lifeboat Station designator (L) and would like to have same reinstated.

Leonard D. Scott
LEONARD D. SCOTT
(Signature)

Ind-1
CO, CG GROUP, Lewes, Dela.,
14 March, 1947

From: CO, CG GROUP, Lewes, Delaware.
To: The Commandant (PMP)
Via: Commander, 4th CG District (pmp)

Forwarded, approved.

R. O. HALL

Ind-2
COMDR4CGD (p)
Phila., Pa.

25 March, 1947

To: Commandant (PMP)

Forwarded, approved.

C. I. STEELE
By direction

AUTHORIZED
SEE HQ. letter MAR 27 1947 file CG-73

(PE-PR-18)
CG-73

20 February, 1947

From: Commandant
To: Commanding Officer, CG Group, Lewes, Deleware

Via: Commander, 4th CG District

Subj: SCOTT, Leonard D. (109-314) BMlc; return of records

Sheets numbered one and two of SCOTT's current service record, forwarded to HQ in error, are returned for your files.

M. K. HUTCHINSON
By direction

Incl:
Sheets 1 and 2 of SCOTT's service record.

U. S. COAST GUARD
MAIL SECTION
RECEIVED FEB 21 1947

JBC:pd Chillous 3-13

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

No.2

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, LEWES, DELAWARE	Lewes Lifeboat Station	Lewes, Delaware

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
04-071	4 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)

1000, 4 September, 1946: Reenlisted in the Regular Establishment of the U.S. Coast Guard as BM1c for a period of three (3) years.

DUTY CODE NO. 29-D
AUTH: Art. 551&556 CG Regs. PB 6-46

E.B. YORK, Ch. Bos'n, 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

4/a

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

No.1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, LEWES, DELAWARE	Lewes Lifeboat Station	Lewes, Delaware

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
04-071	4 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)

2350, 3 September, 1946: Discharged Honorable from the US Coast Guard with HD #B60139 upon expiration of enlistment and extension thereof.
POD: Lewes, Delaware

DUTY CODE NO. 29-D

AUTH: Art. 551 & 556 CG Regs. PB 6-46

E.B.YORK Chief Boatswain, 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

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

SCOTT, Leonard D.	BM1c	109-314
(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 56 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:

	Lula O.Scott	Wife
(If none, so state)	(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.

Leonard D. Scott
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Lewes Lifeboat Station
this 1st **day of** September, 1946.

(SEAL)

E.B. YORK, Ch.Bos'n, USCG
(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. B. YORK, Ch. Bos'n, USCG — *(Signature of Commanding Officer)*

CG Group, Lewes, Del. — *(Unit)*

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:

(Monthly pay (base and longevity))	*(Officer monthly rental allowance)*	*(Officer daily subsistence allowance)*

(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

(PEA-AD)
CG-73

4 December, 1945

To: DCGO, 4th Naval District

Subj: SCOTT, Leonard D. (109-314) BM1c; retention in service

In reference to the Report of Medical Survey, U. S. Marine Hospital, Baltimore, Maryland, dated 8 November, 1945, with two indorsements thereon, subject man will be retained for duties commensurate with his disability.

E. ZOOLE
By direction

U.S. COAST GUARD
MAIL SECTION (2)
MAILED DEC - 5 1945

BRL

LUDWIG:ds Return to 3-14

Navmed—M
(1013)

REPORT OF MEDICAL SURVEY

Place U. S. Marine Hospital, Baltimore, Maryland Date 8 November, 1945
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.* Coast Guard Group, Lewes, Del.
To: *Commanding Officer.* DCGO-4ND, Philadelphia, Penna.
For Transmission to the Bureau of Medicine and Surgery

Name SCOTT, Leonard Dodd Number 109-314 Rank or rate B.M.1c., USCG
(In full, surname first) (File or service No.)
Born: Place Chester, Penna. Date 10 May, 1900
(Name of place and State or county)
Enlisted or appointed: Date 1 September, 1929 Place Asbury Park, New Jersey
Reported for active duty, USCG: Date 1 Sept., 1929 Place Asbury Park, New Jersey
Total service: ~~Navy~~ Coast Guard 16 yrs. 2 mo. Marine Corps none Army none

PRESENT HISTORY OF CASE

Admitted from DCGO-4ND, Philadelphia, Penna. Date 23 October, 1945
Diagnosis Cerumen impactum. Key letter X75-616 Specialty letter
(From navy nomenclature, under which carried on sick list) Osteoarthritis, lumbosacral, chronic. 240-91
Summary of case history: Information has been received in accordance with Personnel Bulletin 25-45, and is attached hereto.

The patient was admitted to the hospital 23 October, 1945, with chief complaint, at this time, of pain in the left ankle, fingers and right elbow. He also says that he has pain in the lower cervical spine. Patient gives a history of first noting mild pain in his wrists and fingers approximately eight years ago. He did not pay much attention to it at that time. The pain was later noted in his ankles, back, elbows, hips and knees. The knees were the only joints that have ever been swollen and tender. The pain was never permanent, but jumped from joint to joint. He gives a history of tonsillitis one month ago with no other infections that he knows of. He did notice that his left second and third toes were swollen several years ago. He has pain that radiates from his right frontal area to his right ear. He has noticed this especially when he has colds. He has noticed aching in various joints during cold, damp weather. His systemic review showed that he has headaches in his temples, especially with a cold, that his ears get stopped up, that his right ear aches occasionally. The nose has an obstruction on the right side. He has noticed frequent sore throats in the last month. He has a moderate non-productive cough and claims to have lost eight to ten pounds in the last month. He says he has been constipated and has passed some blood with his stools. He has noticed nocturia one time and some difficulty in passing his urine. He has noticed some soreness in his chest when doing heavy lifting or exertion. He states that a week ago he had pain in his left shoulder and chest. It came on at night and was gone the next day. He has also had some pain in the back of his neck.

The physical examination was normal throughout, except for cerumen accumulation in the right ear, deviation of the nasal septum to the right.

ORIGIN: is not (Is or is not) the result of his own misconduct and was (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 fit for duty. Probable future duration indefinite.
Recommendation: Duty in a warm climate.

1st Endorsement

Date 23 November, 1945

From: *Commanding Officer.*

To: Commandant, U.S. Coast Guard
(Officer convening board)

Via: DCGO,4ND

Forwarded. Recommend board finding be carried into effect.

E. B. YORK, (Signature) Lt.Comdr.,USCG

2d Endorsement

From:

Date

To:

(Signature)

Endorsement

Date

From: *Bureau of Medicine and Surgery.*

To:

1. Forwarded: *Recommendation of Board Approved.*

(Signature)

Endorsement

Date

From:

To:

(Signature)

Navmed–M
(1914)

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 SCOTT, Leonard Dodd 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:

Normal prostate.

Laboratory data showed normal urinalysis. Sedimentation rate 9 mms. per hour; hematocrit 47. Serology negative. Complete blood count normal throughout. Blood uric acid 1.9 mgms.%. A repeat sedimentation rate, seven days later, 6 mms. per hour; hematocrit 42. X-ray examination of all joints showed no changes. The lumbosacral region showed a suggestion of some chronic arthritis. X-ray of sinuses revealed the antra and frontal sinuses to be very slightly hazy. Electrocardiogram was normal throughout. Eye, ear, nose and throat examination revealed only an impacted cerumen of the right ear, which was removed. The patient had a skin papilloma removed from his back on 2 November, 1945.

The patient presented many subjective complaints throughout his hospitalization. Patient was examined with the possibility of rheumatoid arthritis in mind, but was never proved to have such. As one source of complaints was eliminated, he presented others and finally, in personal interview, requested help to get release from service because he said that he was getting so old that he could not carry his part of the burden in service. He was treated symptomatically throughout his course of hospitalization and improved, but persisted to have his subjective complaints of arthralgia although they were decreased when discharged from the hospital.

As no positive findings for diagnosis of a disabling nature were found, it was recommended that he be returned to duty and, if possible, be assigned to a warmer climate where less recurrences of his arthralgia might be expected.

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

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

Present condition _____ Probable future duration _____

Recommendation:

Leo Waitzkin	John L. Wilson	John K. McBane
LEO WAITZKIN	JOHN L. WILSON	JOHN K. McBANE
Surgeon (R), USPHS	Sr. Surgeon, USPHS	P. A. Surgeon, USPHS
_____, U. S. N.	Clinical Director, U. S. N.	_____, U. S. N.
16—11583-2 *Senior Member of Board.*	*Member.*	*Member.*

1st Endorsement

Date _____

From: *Commanding Officer.*

To: _____
(Officer convening board)

_____
(Signature)

2d Endorsement

From: _____ Date _____

To: _____

_____
(Signature)

1st Endorsement DCGO 4ND (m)

Date: 26 November, 1945

~~[redacted]~~

To: The Commandant (PM)

Via: DCGO 4ND (p)

1. Forwarded: ~~[redacted]~~ It is recommended that subject-named man be ordered to appear before a Coast Guard Retiring Board.

M. A. D'ALESSANDRO
District Coast Guard Medical Officer

_____
(Signature)

2nd Endorsement DCGO 4ND (p)

Date 27 November, 1945

To: ~~[redacted]~~ The Commandant (PM)

~~[redacted]~~

~~Discharge~~ Forwarded for HQ's consideration, concurring with the recommendation of the District Medical Director, that subject man be ordered to appear before a Coast Guard Retiring Board.

R. J. MAUERMAN
Assistant District Coast Guard Officer

12-3-45

Recommend return on duty in limited duty status Retain ltr. regarding P.C. showing

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16—11583-2

UNITED STATES COAST GUARD

Commanding Officer
CG Group 73 (p)
REFER TO FILE

Lewes, Del.

16 November, 1945

To: Medical Officer, USMH, Baltimore, Md.

Subj: SCOTT, Leonard D. (109-314) BMlc; medical board survey; information on

1. In order to help ascertain subjects status in reference to retention in the service and in accordance with Personnel Bulletin 25-45, the following information is forwarded herewith:

Personnel Bulletin 25-45, Par. 3, (a) to (d)

(a) Continuous complaints and necessity for treatment.
(b) No disciplinary action in this case.
(c) Medical record applies
(d) Disease is either real or imaginary and reoccurrence of complaint makes man available only for short periods and appears to imagine that he is unfit to perform duty. Not dependable for more that a few days at a time.

2. Enlisted USCG, 1 September, 1939 at Asbury Park, N.J. Subject was born in Chester, Pa., 10 May, 1900 and has a total service in the USCG of 16 years and 2 months.

E. B. YORK

Navmed—M
(7944)

REPORT OF MEDICAL SURVEY

Place U. S. Marine Hospital, Baltimore, Maryland Date 8 November, 1945
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.* Coast Guard Group, Lewes, Del.

To: *Commanding Officer.* DCGO-4SD, Philadelphia, Penna.
For Transmission to the Bureau of Medicine and Surgery

Name SCOTT, Leonard Dodd (In full, surname first) Number 109-314 (File or service No.) Rank or rate S.M.1c., USCG

Born: Place Chester, Penna. (Name of place and State or county) Date 10 May, 1900

Enlisted or appointed: Date 1 September, 1939 Place Asbury Park, New Jersey

Reported for active duty, USNR: Date 1 Sept., 1939 Place Asbury Park, New Jersey

Total service: Navy Coast Guard 16 yrs. 2 mo. Marine Corps none Army none

PRESENT HISTORY OF CASE

Admitted from DCGO-4SD, Philadelphia, Penna. Date 25 October, 1945

Diagnosis Cerumen impactum. Key letter X75-616 Specialty letter
(From navy nomenclature, under which carried on sick list) Osteoarthritis, lumbosacral, chronic. 240-01

Summary of case history: Information has been received in accordance with Personnel Bulletin 25-45, and is attached hereto.

The patient was admitted to the hospital 25 October, 1945, with chief complaint, at this time, of pain in the left ankle, fingers and right elbow. He also says that he has pain in the lower cervical spine. Patient gives a history of first noting mild pain in his wrists and fingers approximately eight years ago. He did not pay much attention to it at that time. The pain was later noted in his ankles, back, elbows, hips and knees. The knees were the only joints that have ever been swollen and tender. The pain was never permanent, but jumped from joint to joint. He gives a history of tonsillitis one month ago with no other infections that he knows of. He did notice that his left second and third toes were swollen several years ago. He has pain that radiates from his right frontal area to his right ear. He has noticed this especially when he has colds. He has noticed aching in various joints during cold, damp weather. His systemic review showed that he has headaches in his temples, especially with a cold, that his ears get stopped up, that his right ear aches occasionally. The nose has an obstruction on the right side. He has noticed frequent sore throats in the last month. He has a moderate non-productive cough and claims to have lost eight to ten pounds in the last month. He says he has been constipated and has passed some blood with his stools. He has noticed nocturia one time and some difficulty in passing his urine. He has noticed some soreness in his chest when doing heavy lifting or exertion. He states that a week ago he had pain in his left shoulder and chest. It came on at night and was gone the next day. He has also had some pain in the back of his neck.

The physical examination was normal throughout, except for cerumen accumulation in the right ear, deviation of the nasal septum to the right.

ORIGIN: Is not (Is or is not) the result of his own misconduct and was (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 fit for duty. Probable future duration indefinite.

Recommendation: Duty in a warm climate.

1st Endorsement

Date 23 November, 1945

From: *Commanding Officer.*

To: Commandant, U.S. Coast Guard (Officer convening board)

Via: DCGO,4ND

Forwarded. Recommend board finding be carried into effect.

E. B. YORK, (Signature) Lt.Comdr.,USCG

2d Endorsement

From: _____ Date _____

To: _____

_____ (Signature)

Endorsement

Date _____

From: *Bureau of Medicine and Surgery.*

To: _____

1. Forwarded: *Recommendation of Board Approved.*

_____ (Signature)

Endorsement

Date _____

From: _____

To: _____

SCOTT, Leonard Dodd

Normal prostate.

Laboratory data showed normal urinalysis. Sedimentation rate 9 mms. per hour; hematocrit 47. Serology negative. Complete blood count normal throughout. Blood uric acid 1.9 mgms.%. A repeat sedimentation rate, seven days later, 6 mms. per hour; hematocrit 42. X-ray examination of all joints showed no changes. The lumbosacral region showed a suggestion of some chronic arthritis. X-ray of sinuses revealed the antra and frontal sinuses to be very slightly hazy. Electrocardiogram was normal throughout. Eye, ear, nose and throat examination revealed only an impacted cerumen of the right ear, which was removed. The patient had a skin papilloma removed from his back on 2 November, 1945.

The patient presented many subjective complaints throughout his hospitalization. Patient was examined with the possibility of rheumatoid arthritis in mind, but was never proved to have such. As one source of complaints was eliminated, he presented others and finally, in personal interview, requested help to get release from service because he said that he was getting so old that he could not carry his part of the burden in service. He was treated symptomatically throughout his course of hospitalization and improved, but persisted to have his subjective complaints of arthralgia although they were decreased when discharged from the hospital.

As no positive findings for diagnosis of a disabling nature were found, it was recommended that he be returned to duty and, if possible, be assigned to a warmer climate where less recurrences of his arthralgia might be expected.

LEO WAITZKIN
Surgeon (R), USPHS

JOHN L. WILSON
Sr. Surgeon, USPHS
Clinical Director

JOHN K. McRANK
P. A. Surgeon, USPHS

1st

DCGO 4ND (m)
26 November, 1945

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

The Commandant (PM)
Via: DCGO 4ND (p)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX It is recommended that subject-named man be ordered to appear before a Coast Guard Retiring Board.

M. A. D'ALESSANDRO
District Coast Guard Medical Officer

2nd

DCGO 4ND (p)
27 November, 1945

To:
XXXXX The Commandant (PM)

XXXXXXXRXXXXXXXXXXXXXXXXXXXXXXX

Discharge Forwarded for HQ's consideration, concurring with the recommendation of the District Medical Director, that subject man be ordered to appear before a Coast Guard Retiring Board.

R. J. MAUERMAN
Assistant District Coast Guard Officer

Address Reply To:
Commanding Officer
Coast Guard Group
Lewes, Delaware
Refer To File: 73-783 (p)

17 November, 1945

SCOTT, Leonard D.	109-314	BMlc
Name	Service No.	Present Rating

In accordance with the provisions of ALCOAST 143, 1945, the above named man is professionally qualffied in all respects to hold the permanent rating of

BMlc.

E. B. YORK, Lt.Comdr.USCG
Commanding

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	1099314	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group		Lewes, Del.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 11/17/45

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)

Permanent Rating BM1c

EXAMINED PCA 4-30

DUTY CODE NO.
AUTH: Alcoast 143, 1945

E. B. YORK, Lt.Comdr.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 _____

67

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

NC[illegible]522

FOLLOW INSTRUCTIONS ON BACK

DCGO-4ND

SCOTT, Leonard Dodd (Name, surname first) | 109-314 (Service number) | B.M.1c. (Rank or rating) | Philadelphia, Pa. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Baltimore, Maryland, Date 9 November, 1945

To: ~~COMM~~* MEDICAL EXAMINING OFFICER
(Coast Guard examining officer)
3rd and Spruce Streets
Philadelphia, Penna.
(Address)

The above-named patient was discharged from {*inpatient / ~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Cerumen impactum.	X 75-616	10/23/45	11/7/45
Osteoarthritis, lumbosacral, chronic.	240-912	10/23/45	11/7/45

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

Medical survey written recommending an assignment in a warmer climate if possible.

CONDUCT REPORT:

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

J. K. McBane

J. K. McBANE
P. A. Surgeon ..... *U. S. Public Health Service.*

16—27156-1

JCG-2522

Rheumatoid Arthritis

68

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D. (109-314) BMlc, USCG DCGO, 4ND, Phila. Pa.
(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 Philadelphia, Pa., Date 23 October, 1945

To: MOC, USPH Relief Station

225 Chestnut Street, Phila., Pa.

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 Examining Office, 3rd & Spruce Sts. Phila., Pa.

Leonard D. Scott
(Signature of patient)
Leonard D. Scott

L. N. Prince
L. N. PRINCE, Surg. USPHS(R)
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

U.S. Marine Hosp., Baltimore, Md. OCT 23 1945

Place ____, Date ____, 19

I CERTIFY that I have examined the above-named person and find him suffering from Rheumatoid arthritis
(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 ____ {*hospital / *~~office~~} on OCT 23 1945, 19

John L. Wilson
JOHN L. WILSON SR. SURGEON
CLINICAL 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

11 136

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP	LEWES LB STATION	LEWES, DEL.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
04-084	11 September, 1945

EXAMINED FOR RELEASE

TIME 1800
DATE 4 September, 1945

REPORTED FROM: CG Receiving Station, Phila. Pa.
FOR assignment to duty.

Lewis Sta (8)

DUTY CODE NO. AUTH: Art. 710, 711 Regulations.

TIME
DATE

TRANSFERRED TO:
FOR

Brk (25)

AUTH: 12

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

E. B. YORK, Lieut., USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201	2	04	2	29
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)

63

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG RECEIVING STATION		Philadelphia 6, Pa.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
04-002	5 September, 1945

TIME 1800
DATE 1 September, 1945
REPORTED FROM: COTP Regiment, San Francisco, Calif.
FOR assignment to duty.

DUTY CODE NO. 37-D AUTH: DCGO 12ND/L 8/23/45

TIME 1300
DATE 4 September, 1945
TRANSFERRED TO: Group, Lewes, Del.
FOR assignment to permanent duty.

AUTH: DCGO 4ND/L 9/4/45 783-531

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

R. F. Madden
R. F. MADDEN, Lt(jg)USCGR
By direction (Commanding)

tb

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)

413

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COTP		S.F.Calif.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
12-025	29 August, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 1330
DATE 8-28-45
TRANSFERRED TO: DCGO, 4ND, Phila, Pa.
FOR Assignment to duty

AUTH: DCG012ND/L 8-23-45, Order No. 9758

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH:

B. W. SICKLER, Lieut., USCGR
By direction (Commanding)
mls

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—40355-2

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

236

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	EM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG RecSta (Transient)		S.F., Cal.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
12-035	20 Aug., 1945

TIME 0800 REPORTED FROM: CG R/S, Phil.,Pa.
DATE 18 Aug.,1945 FOR fur. tr. to COTP, SF, Cal.

DUTY CODE NO. 37-D AUTH: CG R/S, Phil.,Pa/L 8-13-45 (73-783-531)

TIME 1540 TRANSFERRED TO: COTP, SF, Cal.
DATE 18 Aug.,1945 FOR assgn. to Port Sec. duty.

AUTH: DCG12ND(R/S,SF)/Ind-2 8-18-45 (73)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

W. T. Simpson
W. T. SIMPSON
(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

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

179

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	S2c USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
RECEIVING STATION	-	Philadelphia 6, Pa.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
04-002	13 August, 1945

TIME 0800
DATE 8/13/45
REPORTED FROM: CG GROUP, Lewes, Del.
FOR further assign to duty.

DUTY CODE NO. 37-D AUTH: DCG04ND/D 071914 (Aug 1945)

TIME 1630
DATE 8/13/45
TRANSFERRED TO: DCG012ND.
FOR assign to Port Security duty.

AUTH: H/L 7/27/45 CG-701-531 (PEA-A)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 1z AUTH:

R. F. Madden
R. F. MADDEN, Lt.(jg) USCGR
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
NO POSTING REQUIRED PEA-E-	

Machine Accounting
Punched _____
Verified _____

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


6'
5'9"
5'6"
5'3"
5'
6'
5'9"
5'6"
5'3"
5'
109 3 14
109 3 14

12

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
SCOTT, Leonard D.	109-314	BM1c, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP	REHOBOTH BEACH LB STATION	REHOBOTH BEACH, DEL.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE 12 August, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1600
DATE 12 August, 1945

TRANSFERRED TO: DCGO,4ND,Phila.Pa.
FOR assignment to duty.

AUTH: DCGO,4ND TWX 071914

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

E. B. MORK, Lieut.,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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Rehoboth L B Sta.

SCOTT, Leonard D. (Name, surname first) | 109-314 (Service number) | B M 1/c (Rank or rating) | REHOBOTH, Del. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Philadelphia, Penna., Date July 31, 1945, 19

To: MOIC, CG Infirmary
(Coast Guard unit)

Rehoboth, Del.
(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
Observation; X-rays taken		June 30, 1945	June 30, 1945

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.}

H. Tulsky a

H. TULSKY, Surg. (R) *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

49

SCOTT, Leonard D (1090314) B.M.1c Rehoboth L B Sta. Rehoboth, Dela.
(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~~
~~X*SPECIAL~~
~~X*TEMPORARY~~
~~X*RESERVE~~
(Enlistment status)

Place CG Infirmary, Rehoboth, Del., Date 29 June, 1945

To: Medical Officer in Charge
USPHS Relief Station
225 Chestnut St., Phila, Pa.

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 in Charge
CG Infirmary, Rehoboth, Delaware

Leonard D Scott
(Signature of patient)

Herman Miller
P.A.Surg., USPHSR U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Philadelphia, Penna, Date July 31, 1945

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

Observation; ~~X~~rays taken.
(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 this station {~~*hospital~~ / *office} on June 30, 1945, 19

H. Tulsky

H. TULSKY, Surg. (R) U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

1943 SEP 11 AM 10 42

LEWES, DELAWARE

SECTION COAST GUARD OFFICE
LEWES SECTION

Refer to File: 73
783
701
531

10 September, 1943.

To: SCOTT, Leonard D. (109-314) B.M.1c.

Subj: Orders; transfer; travel.

1. In accordance with the DCGO, 4th Naval District letter of 8 September, 1943, file 73-783-701-531, you are directed to proceed with and in charge of the below named men to Philadelphia, Pa., and upon arrival report to the Commanding Officer, CG BARRACKS, Third & Spruce Streets, that city. The below named men will be assigned to permanent duty with the CAPTAIN OF THE PORT, Phila., Pa. Upon completion of this duty, you (SCOTT) will return to your regular station and duty:

AYRE, Jack (578-950) Sea.1c., USCGR.
BURCIN, William (546-703) Sea.1c., USCGR.
CONLON, Edward P. (239-877) Sea.2c., USCGR.
DRZEWIECKI, Emil P. (524-850) Sea.1c., USCGR.
FITZPATRICK, Paul G. (232-788) Sea.1c., USCGR.
HAAKE, Arthur L. (551-904) Sea.1c., USCGR.
HEALY, George F. (541-778) Sea.1c., USCGR.
HOROWITZ, William (578-970) Sea.1c., USCGR.
JOYCE, Thomas J. (551-921) Sea.1c., USCGR.
MARSHAL, Edward (615-481) Sea.1c., USCGR.
WORTH, Thomas F. (581-443) Sea.1c., USCGR.

2. Travel in connection with these orders will performed by government conveyance, in U. S. Coast Guard Truck No. 1645.

3. Travel hereunder is required by the public interests. Allowances for subsistence and quarters as prescribed by Article 219, P&SI, are applicable.

4. Delivered and departed this unit at 0700, this date.

H. W. STEELE?
By direction.

cc:

cc: Headquarters
COTP, Phila., Pa.
DCGO, 4th Navd.
Pay Office
Personnel
File.

FIRST SERVICE No.

U. S. Coast Guard

ENLISTED SERVICE RECORD

Paul M. o.f.
100.00

CAUTION

No information may be divulged from this record except to persons properly and directly concerned; this policy, by long usage, has acquired the effect of law. Questionable cases will be referred to the Commanding Officer for decision. The inviolability of the enlisted personnel service record and information therefrom has long been recognized by the United States Coast Guard in view of the confidential nature of such records.

TREASURY DEPARTMENT — U. S. COAST GUARD CG 3300 (4-52)

INSTRUCTIONS

This side of the service record is for all official and unofficial correspondence concerning the individual, such as: Transfer Orders, official requests, personal documents, i. e., Discharge Certificates, Training Course Certificates, original of Citations or Commendations, etc.

Upon separation from the Coast Guard, all personal documents should be removed and returned to the individual concerned. Obtain a receipt for papers so delivered and file with the remaining correspondence in the service record.

Eliminate correspondence which has served its purpose and arrange remaining papers in chronological order, latest dated papers on top. Forward with closed-out service record to Commandant (PE).

Identification Card No. _____

CONTENTS CHECKED FOR ACCURACY

(REQUIRED: 1. WHEN REPORTING ABOARD. 2. WHEN TRANSFERRED. 3. ON DISCHARGE OR RETIREMENT)

DATE	STATION	BY (NAME AND GRADE)	INITIALS
8-15-52	CG 6 Group, Phila., Pa.	E. A. COFFIN, JR., CDR, USCG	EAC

COMMANDANT
U. S. COAST GUARD HEADQUARTERS
WASHINGTON 25, D. C.

OFFICIAL BUSINESS
PERMIT No. 1069

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300

IF FOUND, PLACE IN NEAREST MAIL BOX FOR RETURN BY OFFICIAL MAIL

To: COMMANDANT (PE)
U. S. COAST GUARD HEADQUARTERS
WASHINGTON 25, D. C.

U. S. COAST GUARD (2)

REC'D MAR 27 1942

File E0.H

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

P-73.

HEADQUARTERS

UNITED STATES COAST GUARD

WASHINGTON

FEB 20 1942

From: Commandant.
To: Commanding Officer, LEWES STATION.

Subject: SCOTT, Leonard D. (109-314), Surf., Lewes Lifeboat Station; good conduct medal and bars.
Reference: (a) Your 1st indorsement, 5 September, 1941 (73-670).

Inclosure: (A) Good conduct medal.
X Good conduct medal and bars.
Good conduct bar.

1. In compliance with the recommendation contained in reference (a), inclosure (A) is forwarded for delivery to the subject-named man.

2. This award should be noted in the man's current service record and, if practicable, should be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of this inclosure by indorsement hereon.

J. R. HINNANT,
By direction.

P-73 - Lewes Station
FOURTH NAVAL DISTRICT.

1st Indorsement.

Lewes, Delaware,
23 February, 1942.

1. Received, this date.

C. A. OSBORNE.

FOR DEFENSE
BUY UNITED STATES SAVINGS BONDS AND STAMPS

73-670

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U.S. COAST GUARD RECEIVED SEP 9 1941 PHILA. DISTRICT

U. S. COAST GUARD (4)
REC'D SEP 10 1941

Lewes Station
Philadelphia District

Lewes, Delaware
5 September, 1941

From: SCOTT, Leonard D. (109-314) Surfman - LEWES LB STATION.
To: Commandant.
Via: Commanding Officer, Lewes Station and Commander, Philadelphia District.

Subject: Good Conduct Medal and Bars; request for.

Reference: (a) Article 5162 Personnel Instructions.
(b) Article 2841 Regulations.

1. In accordance with references (a) and (b), it is requested that I be issued a Good Conduct Medal and Bars for completion of twelve (12) years of continuous Coast Guard Service on 31 August, 1941.

no card record

Leonard D. Scott
LEONARD D. SCOTT

LEWES STATION
PHILADELPHIA DISTRICT
73-607

1st Indorsement

Lewes, Delaware
5 September, 1941

From: Commanding Officer, Lewes Station.
To: Commandant.
Via: Commander, Philadelphia District.

1. Forwarded, approved. Scott was last discharged from the U. S. Coast Guard on 3 September, 1940 with a mark in conduct of 4.0.

C. A. OSBORNE

medal due
8-31-34
Cape Henlopen Sta

Bar due
8-31-37
Lewes Sta

Bar due
8-31-40
Lewes LB Sta

Enl 9-1-29 4.0 yes
HD 8-31-31
cont
Re 9-1-31 4.0 yes
HD 8-31-32
cont
Re 9-1-32 4.0
HD 8-31-34
cont
Re 9-1-34 4.0
HD 8-31-37

U. S. COAST GUARD (4)
REC'D SEP 10 1941

73

2nd Indorsement

PHILADELPHIA DISTRICT
Philadelphia, Pa.,
9 September, 1941.

73-670

From: Commander, Philadelphia District.
To: Commandant.

Subject: SCOTT, Leonard D. (109-314) Surfman - LEWES STATION; request for good conduct medal and bars.

1. Forwarded approved.

By direction,

S. F. Gray

S. F. GRAY,
Personnel Officer.

P-73.

FEB 20 1942

From: Commandant.
To: Commanding Officer, LEWES STATION.

Subject: SCOTT, Leonard D. (109-314), Surf., Lewes Lifeboat Station; good conduct medal and bars.
Reference: (a) Your 1st indorsement, 5 September, 1941 (73-670).

Inclosure: (A) Good conduct medal.
X Good conduct medal and bars.
Good conduct bar.

1. In compliance with the recommendation contained in reference (a), inclosure (A) is forwarded for delivery to the subject-named man.

2. This award should be noted in the man's current service record and, if practicable, should be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of this inclosure by indorsement hereon.

J. R. HINNANT,
By direction.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD RECEIVED JAN 14 1942 PHILA. DISTRICT

FILE CG

SCOTT, Leonard D. (109-314) Surfman Lewes Station (Lewes LB Station)
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Lewes Del, Date 10 Jan, 1942

To: _____
(Coast Guard unit)

_____
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		From	To
Influenza	0868	9 Dec	10 Jan

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

Off duty 9 Dec. to 6 Jan

CONDUCT REPORT:

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

E L Stamburgh
Asst. Surg. U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

_____
U. S. Public Health Service.

* Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (6)
DEC 17 1941

Scott, Leonard D. (Name, surname first) 109-314 (Service number) Surfman (Rank or rating) Lewes Station (Lewes LB Station) (Unit)

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

*REGULAR
~~*SPECIAL~~
~~XTEMPORARYXX~~
(Enlistment status)

U. S. COAST GUARD
DEC 16 1941
PHILADELPHIA, PA.

Place Lewes, Delaware., Date 9 December, 1941.

To: Dr. E. L. Stambaugh, A.A. Surgeon
Beebe Hospital, Lewes, Delaware.

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, Lewes Lifeboat Station, Lewes, Delaware.

Leonard D. Scott (Signature of patient)
Leonard D. Scott

C. A. OSBORNE, Ch. Bos'n (L). U. S. Coast Guard.

OFFICE
APR 2 - 1942

RETURN MEDICAL CERTIFICATE

Place Lewes Del, Date 9 Dec, 1941

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

Influenza 0861
(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 7 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Relief Stat
{*~~hospital~~ / *office} on 9 Dec, 1941

E. L. Stambaugh
Asst Surg. U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)
U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

REPORT OF CHANGE IN PERSONNEL

SCOTT, (Surname) Leonard (First name) D. (Middle initial) 109-314, (Service No.) Surfman. (Rank or rating)

Lewes Station (Lewes Lifeboat Station). (Unit) Lewes, Delaware. (Place) 9 December, 1941. (Date)

U.S. COAST GUARD
RECEIVED
DEC 16 1941
PHILA. DISTRICT

1700 - Departed, this time, and date, placed in an "absent on account of sickness status" at his home under the care of E. L. Stambaugh, A.A.Surgeon, USPHS (Not own misconduct).

Diagnosis: Influenza 0868.

AUTHORITY: Article 508 (3), Personnel Instr.

C. A. OSBORNE, (Commanding) Ch.Bos'n (L).
Commanding Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D. (109-314) Surfman Lewes Station (Lewes LB Station)
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Lewes, Del, Date 18 Nov., 1941

To: _____
(Coast Guard unit)

_____
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Subacute arthritis - lt. knee		18 Nov.	

DEC 20 1941
RECEIVED
COAST GUARD

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.}

E R Stambaugh
_____
a Surg. *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

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

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

Form 2523
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

NOV 28 1941

SCOTT, Leonard D. (109-314) Surfman Lewes Station (Lewes LB 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~~
(Enlistment status)

Place Lewes, Delaware, Date 18 November, 19 41

To: Dr. E. L. Stambaugh, A. A. Surgeon, USPHS

Beebe Hospital, Lewes, Delaware

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, Lewes Station, Lewes, Delaware

Leonard D. Scott
(Signature of patient)
LEONARD D. SCOTT

Rupert O. Hall
RUPERT O. HALL, By direction B.M.1c U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Lewes Del., Date 18 Nov., 19 41

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

Subacute Arthritis - st. lenee
(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 Relief Station {*~~hospital~~ / *office} on 18 Nov, 19 41

E. L. Stambaugh
A A Surg U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

MAR 5 1941

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D. (Name, surname first) | 109-714 (Service number) | Surfman (Rank or rating) | Lewes L-B Station (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Relief Station, Lewes, Del., Date February 4, 1941

U. S. COAST GUARD
REC'D MAR 7 1941 BY
MEDICAL SECTION

To: Lewes, Lifeboat Station
(Coast Guard unit)

Lewes, Delaware
(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
Otitis Media, Chronic.	1206	Jan. 26, 1941	Feb. 4, 1941

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.}

E. S. Stanbaugh

A. A. Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for
(Diagnosis)

_____ since _____, 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.

2—663

MAR 5 1941

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD

SCOTT, Leonard D. (Name, surname first) 109-314 (Service number) Surfman (Rank or rating) Lewes L-B Station (Unit)

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

U. S. COAST GUARD

RECD MAR 7 1941 BY

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

Place Lewes, Delaware, Date 26 January, 19 41.

TO THE COAST GUARD OFFICER:

To: Dr. E. L. Stambaugh, A. A. Surgeon, USPHS
Beebe Hospital, Lewes, Delaware

MEDICAL SECTION

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, Lewes Lifeboat Station, Lewes, Delaware

Leonard D. Scott
(Signature of patient)
LEONARD D. SCOTT

C. A. OSBORNE
Ch. Bos'n (L) *U. S. Coast Guard.*

RETURN MEDICAL CERTIFICATE

Chg. title under

Place Relief Station, Lewes, Del., Date 26 January, 1941

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

Otitis Media, Chronic 1206
(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 ---------- {*~~hospital~~ / *office} on 26 January, 19 41

E. L. Stambaugh
A. A. Surgeon *U. S. Public Health Service.*

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

---------- *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD
RECD JAN 29 1941

U. S. COAST GUARD
RECEIVED
JAN 28 1941
PHILA. DISTRICT

REPORT OF CHANGE IN PERSONNEL

SCOTT	Leonard	D.	(109-314)	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Lewes Station	Lewes, Delaware	26 January, 1941
(Unit)	(Place)	(Date)

26 January, 1941

0800 - this date - Departed Overfalls Lightship, temporary duty terminated due to dizziness as a result of blowing of fog signal apparatus. (Ruptured drum). Relieved by STERLING, Robert F. (212-018) Surfman.

0930 - same date - Reported to Lewes Lifeboat Station for assignment to duty.

AUTHORITY: Dc/L 20 January, 1941 (73-701-531)

C. A. OSBORNE (Commanding) Ch. Bos'n (L)
Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE o 10935

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

LEWES COAST GUARD STATION,
NEW YORK DISTRICT.
(Unit)

SCOTT, Leonard R.
(Name in full—surname to the left)

4 September, 1940.
(Date)

209-314
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for THREE years)	1937 (Year)	9 (Month)	1 (Day)			
Date of discharge (HONORABLE) (Character of discharge)	1940 (Year)	9 (Month)	3 (Day)			
Total time of last enlistment period				3	0	3

ABSENT TIME DURING PERIOD (inclusive dates to be shown)

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

Total absence (0 days)

Creditable time served during last enlistment period — 3 | 0 | 3

From: Commander, New York District.
To : Pay Officer.

1. The above-named man reenlisted this date for a period of three (3) years in the REGULAR ESTABLISHMENT.

P. E. Smith,
By direction.

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.

P. E. Smith,
(Rank) Lieutenant Commander, U.S.C.G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE: 2—16278

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILED
U.S.C.G.

SCOTT, Leonard D. (Name, surname first) | 109-314 (Service number) | Surfman (Rank or rating) | Lewes Station (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Lewes, Delaware, Date 21 April, 1939

To: Lewes Coast Guard Station
(Coast Guard unit)
Lewes, Delaware.
(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
Psoriasis	1445	Mar. 9, 1939	Mar. 9, 1939

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

U. S. COAST GUARD
MAY 5 1939 BY
MEDICAL SECTION

CONDUCT REPORT:

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

E S Stanley
aasurg U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

* Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D. (Name, surname first) 109-314 (Service number) Surfman (Rank or rating) Lewes Station (Unit)

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

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

Place Lewes, Delaware, Date 9 March 1939, 193

To: A. A. Surgeon, E. L. Stambaugh.
Lewes, Delaware.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, Lewes Station, Lewes, Delaware.

Leonard D. Scott
LEONARD D. SCOTT.
(Signature of patient)

Clem E. Levendoski
Clem E. Levendoski, Acting,
Officer in Charge U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Lewes, Delaware, Date 9th March, 1939

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

Psoriasis - 1445
(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 {*~~hospital~~ / *outpatient} treatment at Relief Station Lewes, Del. {*~~hospital~~ / *office} on 9th March, 193 9

E L Stambaugh
A A Surg. U. S. Public Health Service.

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

..... (Patient's signature)

WITNESS:

..... (Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

RECD MAY 5 1939 U. S. COAST GUARD MEDICAL SECTION BY

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D.	109-314	Surfman	Lewes C.G. Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Lewes, Delaware, Date 29 Aug, 1939

Officer in Charge,
To: Lewes C. G. Station
(Coast Guard unit)
Lewes, Delaware
(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
Antityphoid Inoculation	0122	10 Aug	29 Aug

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

~~XX~~

CONDUCT REPORT:

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

E. L. Standard
A. A. Surg U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD 4
REC'D SEP 2 - 1938 By

SCOTT, Leonard D. | 109-314 | Surfmen | Lewes C.G. 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
X TEMPORARY
(Enlistment status)

Place Lewes, Delaware, Date 10 August, 1938

To: Dr. E. L. Stambaugh, A.A. Surgeon, U.S.P.H.S.,
Lewes, Delaware

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, Lewes Coast Guard Station, Lewes, Delaware.

Leonard D. Scott
LEONARD D. SCOTT
(Signature of patient)

Harry M. Derrickson
HARRY M. DERRICKSON
Ch. Bos'n (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Lewes, Del., Date 29 Aug, 1938

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

Antityphoid Inoculation 0122
(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 {*~~in~~patient / *outpatient} treatment at Relief Stat. {*~~hospital~~ / *office} on 10 Aug, 1938

E. L. Stambaugh
A. A. Surg. U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

REC'D SEP 2 1938
MEDICAL SECTION

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE E.M.O.R.

SCOTT, Leonard D.	(109-314)	Surfman	Lewes C. G. Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Lewes, Delaware, Date Apr. 12, 1938

To: Officer in Charge,
Lewes C. G. Station
(Coast Guard unit)
Lewes, Delaware
(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
Anti-, inoculation for small pox	0II9	2 Apr	7 Apr

U. S. COAST GUARD
REC'D APR 18 1938 By
MEDICAL SECTION

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

CONDUCT REPORT:

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

E. L. Stanbaugh
A. A. Surg. U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

REC'D APR 18 1938 By

SCOTT, Leonard D. (109-314) Surfman Lewes C.G. 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
(Enlistment status)

Place Lewes, Delaware, Date 2 April, 1938

To: E. L. Stambaugh, A. A. Surgeon, USPHS.,
Lewes, Delaware

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, Lewes C. G. Station, Lewes, Delaware.

Leonard D. Scott
LEONARD D. SCOTT
(Signature of patient)

Harry M. Derrickson
HARRY M. DERRICKSON
Boatswain(L) U. S. Coast Guard.

REC'D APR 18 1938 By MEDICAL SECTION

RETURN MEDICAL CERTIFICATE

Place Lewes, Del., Date April 12, 1938

I CERTIFY that I have examined the above-named person and find him suffering from
Anti- inoculation for small pox 0II9
(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.} XXX Fit for duty? {*Yes. / *No.} XXX 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.} XXX Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} XXX 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 {*hospital / *outpatient} XXX treatment at Lewes Relief Stat. {*hospital / *office} on April 2, 1938

E. L. Stambaugh
A.A. Surg
U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

PR-73
701

30 November, 1937.

From: Commandant.
To: Commander, Sixth District.

Subject: SCOTT, Leonard D. (109-314) Surfman, Lewes Station - Service.

Reference: (a) Letter, subject-named man, dated 10 November, 1937, with indorsements 1 to 3, inclusive, thereon.

Inclosure: 1. Statement of Service for Surfman Scott.

1. Receipt is acknowledged of Reference (a). Inclosure (1) contains the information requested in Reference (a).

By direction,

E. T. OSBORN,
Chief, Enlisted Personnel Section.

MAILED
a
NOV 30 1937
MAIL DESK

B. A. S. Mm

U. S. COAST GUARD (9)
REC'D : NOV 13 1937 By
ANS,

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

NOV 11 1937

LEWES
COAST GUARD STATION

Sixth
DISTRICT

Lewes, Delaware.
(POST OFFICE ADDRESS)

10 November, 1937.

RECEIVED
NOV 12 1937
OFFICE COMMANDER
NORFOLK DIV.

From: SCOTT, Leonard D. (109-314) Surfman.
To: Commandant (via Officer in Charge, Lewes Station, Commander, Sixth District and Norfolk Division).

Subject: Continuous Service Certificate; request for.

1. It is requested that I be furnished with a continuous Service Certificate. This certificate is needed so I will be able to furnish the Norfolk Division a complete record of my service for their index card system.

Leonard D. Scott.
LEONARD D. SCOTT,

73
Lewes Station,
Sixth District.

First Indorsement.

Lewes, Delaware.
10 November, 1937.

1. Forwarded, approved.

Harry M. Derrickson
HARRY M. DERRICKSON

---

73 - SIXTH DISTRICT.

Second Indorsement.

Chincoteague, Va.
11 November, 1937.

1. Forwarded.

Ira Andrews.
IRA ANDREWS
Acting.

73
NORFOLK DIVISION

Third Indorsement.

12 November, 1937.
Norfolk, Virginia.

1. Forwarded.

J. H. Cornell
J. H. CORNELL,
By direction.

NOV 3 0 1937

UNITED STATES COAST GUARD

Washington, D. C.

STATEMENT OF SERVICE IN THE U. S. COAST GUARD OF ~~SCOTT, Leonard Dodd,~~ (109-314) Surfman.

To and including 9-1-37, date of last enlistment.

Enlisted or Entered	Discharged or Resigned	Kind of Discharge	Vessel or Station	Rank or Rating	Remarks-Transfers, Change of Ratings, etc.
					~~(SPECIAL TEMP. ENL.~~
9-1-29			MONMOUTH BCH(5)	Surfman	(Orig. Enl. for 2 years.
10-10-29			MONMOUTH BCH(5)	Surfman	Tr.
	8-31-31	HONORABLE	SOUTH BRIGANTINE (5)	Surfman	Expiration of Enlistment. PROF.SOBR.COND.ABILITY 2.9 4.0 4.0 2.1
9-1-31		SOUTH	BRIGANTINE (5)	Surfman	Re. for 1 yr. REGULAR ENL.
	8-31-32	HONORABLE	SOUTH BRIGANTINE (5)	Surfman	Expiration of Enlistment. PROF.SOBR.COND.ABILITY HEALTH 3.44 4.0 4.0 3.0 4.0
9-1-32		SOUTH	BRIGANTINE (5)	Surfman	Re. for 2 years.
4-7-33		SOUTH	BRIGANTINE (5)	Surfman	Tr.
4-22-33			FENWICK ISL.(5)	Surfman	Tr.
7-1-34		CAPE	HENLOPEN (6)	Surfman	Sta.tr. from 5th to 6th Dist.
	8-31-34	HONORABLE	CAPE HENLOPEN (6)	Surfman	Expiration of Enlistment. PROF.SOBR.COND.ABILITY HEALTH 3.38 4.0 4.0 2.78 4.0
9-1-34		CAPE	HENLOPEN (6)	Surfman	Re. for 3 years.
9-13-34		CAPE	HENLOPEN (6)	Surfman	Tr.
1-15-35			METOMKIN INLET (6)	Surfman	Tr.
1-29-35			COBB ISLAND (6)	Surfman	Tr.
9-4-35			NORTH BEACH (6)	Surfman	Tr.
	8-31-37	HONORABLE	LEWES (6)	Surfman	Expiration of Enlistment. PROF.SOBR.COND.ABILITY HEALTH 3.29 4.0 4.0 2.99 3.99
9-1-37			LEWES (6)	Surfman	Re. for 3 yrs., REGULAR ENL.

--- o 0 o ---

Qualified as a good swimmer on August 29, 1929.

--- o 0 o ---

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D	(109-314)	Surfman	Lewes Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Lewes, Delaware, Date 20 Aug, 1936

To: Lewes C. G. Station
(Coast Guard unit)
Lewes, Delaware
(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
Infected seamen	0837	18 Aug	20 Aug.

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

not off duty.

CONDUCT REPORT:

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

E. L. Stambaugh
aa Surg U. S. Public Health Service.

RECD AUG 23 1936 MEDICAL SECTION

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

SCOTT, Leonard D. (109-314) Surfman Lewes 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
~~RESERVE~~
~~TEMPORARY~~
(Enlistment status) Place Lewes, Delaware, Date 18 August, 1936

To: A.A. Surgeon, E. L. Stambaugh
Lewes, Delaware

SIR: You are requested to examine the above-named {~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, Lewes C. G. Station, Lewes, Delaware.

Leonard D. Scott
LEONARD D. SCOTT
(Signature of patient)

Harry M. Derrickson
HARRY M. DERRICKSON
Boatswain(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Lewes Del., Date 18 Aug, 1936

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

Impacted Cerumen 0837
(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 Relief Stat. {*~~hospital~~ / *office} on 18 Aug, 1936

E L Stambaugh
A A Surg U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD REC'D SEP 15 1934

U. S. Coast Guard Rec'd SEP 14 1934

SCOTT, Leonard D. (109-314) Surfman. Cape Henlopen Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

ANSWER

FILE M. B.

FINAL MEDICAL CERTIFICATE

Commander, Sixth District

Place Lewes, Delaware., Date 12 Sep., 1934

To: Cape Henlopen Station.
(Coast Guard unit)

Rehoboth Beach, Del., Box # 486.
(Address)

U. S. COAST GUARD
REC'D SEP 15 1934 By
MEDICAL SECTION.

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
Vaccination typhoid	8123	Aug 16	30 Aug 1934

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.}

E. L Stamburgh
asSurg U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ (Diagnosis) since _____, 193 , has been

transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

* Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD REC'D SEP 15 1934 FILE A. J. McL.

SCOTT, Leonard D. (109-314) Surfman. Cape Henlopen Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

U. S. Coast Guard ANS'D

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

Rec'd SEP 14 1934 Office of Commander, [illegible]

Place Rehoboth Beach, Del., Date 14 August, 1934.

U. S. COAST GUARD REC'D SEP 15 1934 By MEDICAL SECTION.

To: Dr E. L. STAMBAUGH, A.A.Surgeon., USPHS.
Lewes, Delaware.

SIR: You are requested to examine and Inoculate 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 Cape Henlopen Station.

Leonard D. Scott
(Signature of patient)

JOHN W. HUDSON, Bos'n (L)
Officer in charge. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Lewes Del., Date 16 Aug, 1934

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

Vaccination typhoid Antityphoid Inoculation 0123
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Relief Station {*hospital / *office} on Aug 16, 1934

E L Stambaugh
A A Surg. U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard

U. S. COAST GUARD
REC'D SEP 11 1934

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Rec'd SEP - 8 1934

Office of
Commander, Sixth District

Cape Henlopen Station, (Unit) Rehoboth Beach, Delaware. (Place)

1 September, 1934. (Date)

FROM: Leonard D. Scott, (109-314) surfman.
Officer in charge, Comdr Sixth District
TO: COMMANDANT (via Norfolk Division.)

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:

Lula Olive Scott, (Full name of wife; if not married, so state)	Rehoboth Beach, Delaware. (Address of wife)
William Leonard Scott, (Full name of child; if none, so state)	Rehoboth Beach, Delaware. (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:

Frank Scott, (Full name of relative)	Brother (Relationship)	Paulsboro, New Jersey. (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)

Copy to:
2- ~~Headquarters.~~
1- Norfolk Division.
1- ~~Sixth District.~~
1- Station files.

WITNESSED BY: John W. Hudson
JOHN W. HUDSON,
Rank or Rating Boatswain (L)

SIGNED: Leonard Dodd Scott
Leonard Dodd Scott,
Rank or Rating Surfman.

U. S. COAST GUARD
REC'D SEP 10 1934
NORFOLK DIVISION.

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1925

U. S. COAST GUARD
REC'D JUN 9 1933 By
MEDICAL SECTION

Med-73 South Brigantine Station. Scott, Leonard D. (109-314) Surfman. Form 2522; return and final certificate.

Med-73
South Brigantine Station
Fifth District.

Third Indorsement.

Brigantine, N.J.
June 6, 1933.

U. S. COAST GUARD
REC'D JUN 9 1933

From: Officer in Charge, South Brigantine Station.
To: Commandant, (Via Commander, Fifth District).

1. Returned. In reply to the basic communication, you are informed that the subject named man was not admitted to outpatient treatment, 30 August, 1932, by A.A.Surgeon, Carl A. Surran, Atlantic City, N.J., but was examined for discharge due to the expiration of his enlistment in lieu thereof.

Joseph Mazzotta
Joseph Mazzotta, BMlc(L)
Officer in Charge.

Fourth Indorsement.

73.
Fifth District. Asbury Park, N.J., 8 June, 1933.

From: Commander, Fifth District.
To : Commandant.

1. Forwarded for Headquarters' information.

Loren Tilton
Loren Tilton,
Acting.

ja.

Med-73 South Brigantine Station Scott, Leonard D. (109-314) Surfman.
Form 2522; return and final certificate.

Med-73 Third Indorsement.
South Brigantine Station Brigantine, N.J.
Fifth District. June 6, 1933.

U. S. COAST GUARD
REC'D JUN 9 1933
MEDICAL SECTION.

From: Officer in Change, South Brigantine Station.
To: Commandant, (Via Commander, Fifth District).

1. Returned. In reply to the basic communication, you are informed that the subject named man was not admitted to outpatient treatment, 30 August, 1933, by A.A.Surgeon, Carl A. Surran, Atlantic City, N.J., but was examined for discharge due to the expiration of his enlistment in lieu thereof.

Joseph Mazzotta, BMlc(L)
Officer in Charge.

- -

Fourth Indorsement.

73.
Fifth District. Asbury Park, N.J., 8 June, 1933.

From: Commander, Fifth District.
To : Commandant.

1. Forwarded for Headquarters' information.

Loren Tilton,
Acting.

ja.

U. S. COAST GUARD

U. S. Coast Guard
Rec'd JUN 8 1933
Fifth District

REC'D JUN 3 1933 By

MEDICAL SECTION.

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS

WASHINGTON 24 May, 1933.

U. S. COAST GUARD
RECEIVED
MAY 27 1933
NEW YORK DIVISION
NEW YORK, N.Y.

U. S. COAST GUARD
REC'D JUN 9- 1933

From: Commandant.
To: Officer in Charge, South Brigantine Station, Fifth District.
Subject: Form 2522; return and final medical certificates.

1. Reports to Headquarters show that Leonard Scott,(109-314) Surfman, was admitted to outpatient treatment, 30 August, 1932, ~~at~~ by A. A. Surg. Carl A. Surran, Atlantic City, N.J.

2. Headquarters copies of the return and final medical certificates in this case have not been received.

3. It is requested that the return and final medical certificates be obtained and forwarded to Headquarters.

By direction,

L.T. CHALKER,
Chief, Personnel Section.

NEW YORK DIVISION 73-Med. 1st Indorsement. New York, N. Y., 29 May, 1933.

1. Forwarded.

G. H. PFANNMILLER,
By direction.

Fifth District-Med.-73. 2nd. Indorsement. Asbury Park N.J. 1, June 1933.

1. Forwarded for compliance.

K. M. Redgrave
K. M. Redgrave
By direction.

U. S. COAST GUARD
RECD FEB 7 - 1933
ANS'D

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

FILE
A. J. McL.

SCOTT, Leonard D. (109-314) Surfman So. Brigantine Station.
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Brigantine, N.J., Date 27 January, 1933

To Carl A. Surran, A. A. Surg.
Atlantic City, N.J.

U. S. COAST GUARD
REC'D FEB 7 1933

SIR:

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

Joseph Mazzotta
Joseph Mazzotta, C.B.M.(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Leonard D. Scott Age

Height 5'9" Nativity N.B. Color of hair Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Atlantic City, N.J., Date 27 January, 1933

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

A. Bronchitis
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *~~is not~~} communicable; and which {*is / *~~is not~~} an incident of the service. He {*~~is~~ / *is not} absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug. He {*~~is~~ / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*~~is~~ / *is not} now fit for duty. He will require approximately ..... days {*office / *hospital} treatment. He was admitted to Q Trs hospital on Jan 27, 1933.

Carl A. Surran
A.A. Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

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

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

Remarks: .....

*Strike out words not applicable

2—663

(Attending physician)

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

U. S. COAST GUARD

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—March, 1930.

R. C'D FEB 7 - 1933

ANS'D

FILE
A. J. McL.

FINAL MEDICAL CERTIFICATE

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

Place Atlantic City, N.J., Date Jan 30th, 193

To the {*Officer in Charge, / *~~Commanding Officer~~,}

South Brigantine Station.

(Name and address of Coast Guard unit)

U. S. COAST GUARD

REC'D FEB 7 1933 B.

The following patient on Jan 30th, 193 , was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Leonard D. Scott (109-314)	So. Brigantine Station	A. Bronchus	1/27/33

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

Carl [illegible] Surgeon

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

FINAL COAST GUARD CERTIFICATE

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

Left his duty 2.00 {~~a. m.~~ / p. m.} 1/27, 1933

Returned to duty 2.00 {~~a. m.~~ / p. m.} 1/30, 1933

Joseph Mazzotta

Joseph Mazzotta, C.B.M (L)

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

Forwarded FEB 6 1933, 193

E. R. Sands

*~~Division Commander~~ *~~District Superintendent~~ District Commander

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 193

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

____, for continued treatment.

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

2—663

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

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

(Not to be used by Attending Physician)

U. S. GOVERNMENT PRINTING OFFICE: 1930

TREASURY DEPARTMENT
U. S. PUBLIC HEALTH SERVICE

U.S. COAST GUARD FILE A.J. McL.
REC'D JAN 30 1933
ANS'D

73 FILE M. B.

From: Carl A. Surran, A. A. Surg., U.S.P.H.S.
To: Commandant, U. S. Coast Guard, (Via Officer in Charge, South Brigantine Station and Commander, Fifth District).

Subject: SCOTT, Leonard D. (109-314) Surfman, Vaccination of.

Reference: (a) Article 2161 Coast Guard Regulations.

1. I hereby certify that the above named man was vaccinated against small pox on 23 January, 1933.

Surran

Carl A. Surran, A.A. Surg. U.S.P.H.S.

1st. Indorsement.

73.
South Brigantine Station
Fifth District.

Brigantine, N.J.
23 January, 1933

From: Officer in Charge, South Brigantine Station.
To: Commandant, (Via Commander, Fifth District).

1. Forwarded.

Joseph Mazzotta

Joseph Mazzotta, C.B.M.(L)
Officer in Charge.

---

73. Second Indorsement. Asbury Park, N. J.
Fifth District. 28 January, 1933.

From: Commander, Fifth District.
To : Commandant.

1. Forwarded for the information and records of Headquarters.

S. R. Sands

S. R. SANDS

U. S. COAST GUARD

U. S. COAST GUARD
REC'D DEC 15 1932

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June, 1928

DEC 14 1932 (SEE INSTRUCTIONS—FIRST PARAGRAPH)

FILE
A. McL.

SCOTT, Leonard D. (109-314) SURFMAN So. Brigantine Station
(Name) (Rank or rating) (Coast Guard unit)

FIFTH DISTRICT

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Brigantine, N.J., Date 12 December, 19 32

To C. A. Surran, M.D.
Atlantic City, N.J.

SIR:

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

Joseph Mazzotta, C.B.M.(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Leonard D. Scott Age 32

Height 5'9" Nativity NB. Color of hair Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Atlantic City, N.J., Date 12 December, 19 32

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

A Arthritis
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {~~*is~~ / *is not} communicable; and which {*is / ~~*is not~~} an incident of the service. He {~~*is~~ / *is not} absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {~~*is~~ / *is not} now fit for duty. He will require approximately 10 days {*office / ~~*hospital~~} treatment. He was admitted to 4th Sta hospital on Dec 12, 1932

Carl A. Surran
A.A. Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

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

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

Remarks: .....

.....

.....

*Strike out words not applicable

.....
(Attending physician)

2—663

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

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—Jan., 1928

U. S. COAST GUARD
REC'D DEC 20 1932

FILE
A. J. McL.

FINAL MEDICAL CERTIFICATE

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

Place Atlantic City, N.J., Date 14 December, 19 32

To the {*Officer in Charge, / ~~*Commanding Officer,~~}
So. Brigantine Station, Brigantine, N.J.
(Name and address of Coast Guard unit)

U. S. COAST GUARD
REC'D DEC 15 1932 By

The following patient on December 14, 19 32, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Leonard D. Scott (109-314)	So. Brigantine Station	Spr. Knee	12/12/32

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

Carl A. Surran,
A.A. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

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

Left his duty 2.00 {~~x.m.~~ / p. m.} 12 December, 19 32

Returned to duty 4.00 {~~x.m.~~ / p. m.} 12 December, 19 32.

Joseph Mazzotta
Joseph Mazzotta, C.P.M.(L)
*~~Commanding Officer~~ *~~Division Superintendent~~ *Officer in Charge

Forwarded DEC 17 1932, 19

S. R. SANDS
District Commander
*~~Division Commander~~ *~~District Superintendent~~

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 19

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

____, for continued treatment.

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

2—663

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

GOVERNMENT PRINTING OFFICE

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

PA11-73.

FILED
W. C. H.

19 September, 1932.

From: Commandant.

To: Commander, Fifth District.

Subject: SCOTT, Leonard Dodd (109-314) Surf.; enlistment allowance.

References: (a) Article 35(1), Amendment 49, Pay and Supply Instructions.

(b) Statement of service.

Inclosure: 1. Reference (b)

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

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

W. H. WEBB,
By direction

MEMORANDUM TO PAY AND ALLOWANCES OFFICER-U. S. COAST GUARD

Name SCOTT, Leonard Dodd (109 314) Date 9-13-32

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Reenl.	9-1-31	Reg.	One	Surfman	South Brigantine Station (5).

ABSENCE NOT CREDITABLE				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
None					

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	8-31-32	South Brigantine Sta.	Surfman	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
9-1-32	Reg.	Two	Surfman	South Brigantine Station (5).

S. R. MORGAN
In charge of Personnel Records Section.

Rel + DR/P

U. S. COAST GUARD

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

REC'D SEP 3 1932

UNITED STATES COAST GUARD

FIFTH DISTRICT

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

FILE R.S.A.

South Brigantine Station (Unit.) — Brigantine, New Jersey. (Place.)

September 1, 1932. (Date.)

FROM: Surfman Leonard Dodd Scott, (109-314)

TO: COMMANDANT (via Commander, Fifth 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:

Lula Olive Scott (Full name of wife; if not married, so state.)	Rehoboth Beach, Delaware. (Address of wife.)
William Leonard Scott (Full name of child; if none, so state.)	Rehoboth Beach, Delaware. (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:

Frank Scott (Full name of relative.)	Brother (Relationship.)	Paulsboro, New Jersey. (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: Joseph Mazzotta
Joseph Mazzotta

SIGNED: Leonard Dodd Scott
Leonard Dodd Scott

Rank, C.B.M.(L)

Rank or rating, Surfman.

2—10348

U. S. GOVERNMENT PRINTING OFFICE: 1930

8J-38393

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—March, 1930

FILE
W. W. K.

FINAL MEDICAL CERTIFICATE

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

Place Atlantic City, N.J., Date 20 July, 1932

To the {*Officer in Charge, / *~~Commanding Officer~~,
South Brigantine Coast Guard Station.
(Name and address of Coast Guard unit)

U. S. COAST GUARD
REC'D AUG 9 1932 By

The following patient on 20 July, 193 , was returned to the Coast Guard fit for duty. He has ~~not~~ been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Leonard D. Scott	So. Brigantine	Powder Burns	4 July, 1932

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

Earl A. Murray
A.A. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

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

Left his duty 2.00 {~~a.m.~~ / p. m.} 4 July, 193 2

Returned to duty 3.00 {~~a.m.~~ / p. m.} 4 July, 193 2

John C. Salter
John C. Salter.
~~*Commanding Officer~~ ~~*Superintendent~~ *Officer in Charge

Forwarded AUG - 3 1932, 193

S. R. SANDS
~~*Division Commander~~ District Commander ~~*District Superintendent~~

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place , Date , 193

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

, for continued treatment.

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

2—663

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

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

U. S. GOVERNMENT PRINTING OFFICE: 1930

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

FILE W. W. K

SCOTT, Leonard D. (1090314) Surfman South Brigantine Station
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Brigantine, N.J., Date 4 July, 1932

To Dr. Carl A. Surran
Atlantic City, N.J.

REC'D AUG 9

SIR:

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

John C. Salter
John C. Salter, B.M.1c (L), U. S. C. G.
Acting Officer in Charge.
(Commanding officer signs here)

Signature of applicant Leonard D. Scott Age 32 Yrs.

Height 5'9" Nativity N.B. Color of hair Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Atlantic City, Date July 4, 193

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

Powder Burn - R index & middle fingers
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *is not} an incident of the service. He {*is / *is not} absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*is / *is not} now fit for duty. He will require approximately 10 days {*office / *hospital} treatment. He was admitted to ..... hospital on ....., 193

Carl A. Surran
A. A. Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

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

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

Remarks: .....

*Strike out words not applicable

(Attending physician)

2—663

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

Form 2519
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June, 1939

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD

U S COAST GUARD
REC'D DEC 23 1931
FIFTH DISTRICT

U. S. COAST GUARD
REC'D DEC 29 1931 By

Vessel ~~xxx~~ South Brigantine

~~xxxxxxxxxx~~ Station, ~~Fifth~~ District,

Date ~~22 December 1931~~

From: Leonard D. Scott (109-314) Surfman.
To: Commander, Fifth District.
Via: Officer in Charge, So. Brigantine Station.

Subject: Leave of absence.

1. I request ~~5~~ days' leave of absence to commence ~~25 December 1931~~
2. My reason for the above request is ~~to visit my home~~

[a]3. I have had ~~10~~ days' leave of absence during my current enlistment—during the current fiscal year.

4. I certify that I have sufficient funds in my possession to cover transportation to the place or places which I will visit while on leave and for return from such place or places to the unit to which I am now attached; further, that I will not apply to any recruiting officer or any other officer of the Coast Guard for transportation to return to my unit. I fully understand that in the event I am over leave, due to the lack of funds, I will be subject to disciplinary action.

Leonard D. Scott Surfman
(Signature)

1st Indorsement

[a]Leave account certified correct.
Forwarded, approved.
[b]~~Forwarded, disapproved~~
~~Forwarded, granted as emergent.~~

Jesse W. Gaskill Boatswain (T)
Commanding—Executive Officer—Officer in Charge.

2d Indorsement

[a]~~Forwarded, approved.~~
Returned, granted.
~~Returned, not granted~~
~~Forwarded, granted as emergent.~~
[b]~~Forwarded, disapproved~~

S. R. Sands,
~~Division Commander~~—District Commander—Commanding.

3d Indorsement

Coast Guard Headquarters,
Washington, D. C. (Date)

[a]1. Returned, granted.
2. Returned, not granted

Commandant.

NOTE.—[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

[OVER]

2—10322

Head

Form 2519
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June, 1930

U. S. COAST GUARD
REC'D NOV 12 1931 By

U. S. COAST GUARD
REC'D NOV 4 1931
FIFTH DISTRICT

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

~~Vessel~~ South Brigantine

~~Station~~, Fifth District,

Date 3 November 1931

From: Leonard D. Scott. (109-314) Surfman.
To: Commander, Fifth District.
Via: Officer in Charge.

Subject: Leave of absence.

1. I request 10 days' leave of absence to commence 7 November 1931

2. My reason for the above request is To move my family

[a]3. I have had 0 days' leave of absence during my current enlistment—during the current fiscal year.

4. I certify that I have sufficient funds in my possession to cover transportation to the place or places which I will visit while on leave and for return from such place or places to the unit to which I am now attached; further, that I will not apply to any recruiting officer or any other officer of the Coast Guard for transportation to return to my unit. I fully understand that in the event I am over leave, due to the lack of funds, I will be subject to disciplinary action.

Leonard D Scott Surfman
(Signature)

1st Indorsement

[a]Leave account certified correct.
Forwarded, approved.
[b]~~Forwarded, disapproved~~
~~Forwarded, granted as emergent.~~

Jack W. Gaskill B.M.1c.(L)
~~Commanding—Executive Officer~~—Officer in Charge.

2d Indorsement

[a]~~Forwarded, approved.~~
Returned, granted.
~~Returned, not granted~~
~~Forwarded, granted as emergent.~~
[b]~~Forwarded, disapproved~~

S. R. Sands,
~~Division Commander—District Commander~~—Commanding.

3d Indorsement

Coast Guard Headquarters,
Washington, D. C. (Date)

[a]1. Returned, granted.
2. Returned, not granted

Commandant.

NOTE.—[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

[OVER]

2—10322

Head

U. S. COAST GUARD
RECD SEP 2 1931
FIFTH DISTRICT

U. S. COAST GUARD
REC'D SEP 5 1931 BY
ANS.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

South Brigantine Station (Unit.) — Brigantine, N.J. (Place.)

September 1st. 1931 (Date.)

FROM: Surfman Leonard D. Scott (109-314)

TO: COMMANDANT (via Commander, Fifth 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:

Lula Olive Scott, (Full name of wife; if not married, so state.)	Rehoboth Beach, Delaware (Address of wife.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

SHS - 851
U. S. Coast Guard
RECEIVED

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:

Frank Scott (Full name of relative.)	Brother (Relationship.)	Paulsboro, N.J. (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: James S. Tumes

Rank, Boatswain (L)

SIGNED: Leonard D. Scott

Rank or rating, Surfman

2—10348

U. S. GOVERNMENT PRINTING OFFICE: 1930

9-38-393

PA11-73

FILE W.C.K.

14 September, 1931.

From: Commandant.

To: Commander, Fifth District.

Subject: SCOTT, Leonard Dodd (109-314) Surf.; enlistment allowance.

References: (a) Your letter 2 September, 1931 (73).

(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 50.00, if same has not previously been paid.

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

J.S.LATHAM.
W. H. WEBB.
By direction

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

ASBURY PARK, N.J.

September 2, 1931.

OFFICE OF
DISTRICT COMMANDER
FIFTH DISTRICT

IN REPLY REFER TO NO. (73).

U. S. COAST GUARD
REC'D SEP 5 1931 BY
ANS. SEP 1 - 1931
9-14-31
Pay

From: Commander, Fifth District.
To : Commandant.

Subject: Request for enlistment allowance statement.

Reference: (a) Headquarters' letter, 3 November, 1928 (PA-11-521).

1. Scott, Leonard Dodd, (109-314), Surfman South Brigantine Station, was discharged from a Two year enlistment on August 31, 1931. He reenlisted at the South Brigantine Station for a period of One years on September 1, 1931. Request enlistment allowance statement in his case.

E. T. OSBORN.

$50 2nd enl all
PA 11

STATEMENT REQUESTED

9/8/31

MEMORANDUM TO PAY AND ALLOWANCES SECTION

Name SCOTT, Leonard Dodd (109-314) Date 11 September, 1931

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Enl.	9-1-29	Spec Temp	Two	Surf.	Monmouth Beach (5)

ABSENCE NOT CREDITABLE				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
None					

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	8-31-31	South Brigantine (5)	Surf.	2	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
9-1-31	Reg.	One	Surf.	South Brigantine (5)

mcs J.H.P.

S. R. MORGAN
In charge of Personnel Records Section.

73-701

MBH

29 August, 1931.

From: Commandant.
To : Commander, Fifth District.

Subject: SCOTT, Leonard D. (109-314) Surfman, South Brigantine Station; discharge and reenlistment.

Reference: (a) Letter, Officer in Charge, South Brigantine Station, 13 August, 1931, and your indorsement thereon.
(b) Headquarters letter, 18 August, 1931 (73-701) and indorsements thereon.

1. Replying to reference (a), you are authorized to discharge subject man upon expiration of his current enlistment and reenlist him in the regular establishment. Report adtion on Form 2599.

F. C. BILLARD

L. T. CHALKER,
Chief, Personnel Section.

MBH

U. S. COAST GUARD
AUG 22
Rec'd
U. S. COAST GUARD
AUG 19 1931
FIFTH DISTRICT

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.
73-701

HEADQUARTERS

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON 18 August, 1931.

U. S. COAST GUARD
REC'D AUG 26 1931 By
A. S. 8/29/31

From: Commandant.
To : Commander, Fifth District.

Subject: SCOTT, Leonard D. (109-314), Surfman, South Brigantine Station; physical status.

Reference: (a) Your first indorsement, 14 August, 1931, on letter, Officer in Charge, South Brigantine Station, 13 August, 1931.

Inclosure: 1. Form 2502, Report of Physical Examination, subject man.

1. Inclosure returned herewith for completion of spaces indicated in red crayon, after which it will be resubmitted to Headquarters.

F. C. BILLARD.

L.T. CHALKER,
Chief, Personnel Section.

---

73. First Indorsement. Asbury Park, N.J.,
Fifth District. 19 August, 1931.

From: Commander, Fifth District.
To : Officer in Charge, SOUTH BRIGANTINE Station.

1. Forwarded for immediate compliance. Return at once.

E. T. OSBORN

Fifth District Second Indorsement. Brigantine.N.J.
South Brigantine Station. Aug. 20,1931

From:Officer in Charge,So.Brigantine Sta.
To. Commander,Fifth District.

1. Forwarded:

William H. Willis

William H.Willis. Acting.

U. S. COAST GUARD
REC'D AUG 26 1931 By
A. S.

73

73. Third Indorsement. Asbury Park, N.J.,
Fifth District. 25 August, 1931.

From: Commander, Fifth District.
To : Commandant.

Subject: SCOTT, Leonard D. (109-314) Surfman, So. Brigantine Station, physical status.

1. Basic communication and the inclosure are returned herewith corrected as directed in basic communication.

E. T. OSBORN

U. S. COAST GUARD
AUG 14 1931

Form 2502
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1928

U. S. COAST GUARD
REC'D AUG 15 1931 BY
ANS.

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Atlantic City NJ (Place where examination is held) Aug 12. 31 (Date)

STATEMENT OF APPLICANT

Name Leonard D. Scott (Surname) (Christian name) Age: Years 21 months 3/12 Color white

Examined for ~~Seaman~~ Re enlistment (Cas)
(State whether for special temporary or regular enlistment, commission, or promotion)

*For what grade or rating ~~Seaman~~ Re. Cl.

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular

*When were you discharged from your last enlistment in the Coast Guard? ~~To be discharged~~ Aug. 31. 31 To be Discharged.

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

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? no If so, state cause:

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.)

no

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.)

not any.

I certify that the above statement is true to the best of my knowledge and belief.

Leonard D. Scott
(Signature of applicant)

PHYSICAL EXAMINATION

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

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/20; left eye, 20/20; with glasses, right eye, No; left eye, No

Is applicant color-blind? No Were eyes tested with lantern, woolen skeins, or both? Book.

Test Book Color Blindness

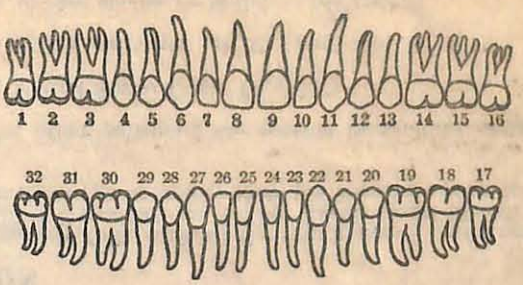
*Not for officers already commissioned

Hearing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? yes; left ear yes?

Whispered speech, 15 feet, with right ear? yes; left ear yes?

Teeth: Enumerate, by number, the teeth that are missing:

none (Cas)



Enumerate, by number, the teeth that are replaced by plate or bridge work. none.

Enumerate, by number, the teeth that have unfilled cavities:

none

Condition of gums good

General appearance: Medium.

Height (without shoes) 5 feet 8 3/4 inches. **Weight,** stripped, 150 pounds.

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

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

Skin: (Diseases, etc.) NO

Important scars (give location, condition, and cause) NO

Distinguishing marks NO

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

Post-occipital NO Cervical NO Femoral NO.

Epitrochlear NO Inguinal NO

Head: (Abnormalities, etc.) None

Hair and scalp None

Face: (Abnormalities, etc.) NO

Eyes and eyelids: (Abnormalities, etc.) NO

Pupillary reflex (Argyll-Robertson pupil) equal. Active.

Ears: (Abnormalities, etc.) NO

Mastoid disease? NO Condition of external canal good Of drum normal

Nose: Deflection of septum NO Obstruction NO Chronic nasal catarrah NO

Mouth: (Abnormalities, etc.) NO

Condition of tonsils Large Do they interfere with speech or swallowing? NO Is applicant a mouth breather? NO

Has he any defect of speech? (State nature and degree.) NO

Neck: Goiter NO Other conditions NO

Chest: Inspection well Developed Respiratory rate 18

Measurement: Inspiration 38 inches; expiration 35 inches.

Lungs: Palpation normal

Percussion normal

Auscultation normal

Heart: Palpation normal

Percussion normal

Auscultation normal

Pulse rate 78 Temperature 98.4 Blood pressure: Systolic _____ Diastolic _____
(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise good

Abdomen: Circumference at umbilicus 34 Any evidence of disease of abdominal organs? no

Inguinal rings (large or small) small Impulse on coughing? no

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

Hernia no Other conditions none

Genito-urinary organs: Any symptoms of disease of the urinary tract?

no reg

Scrotum: Has applicant varicocele that is painful? no

That interferes with locomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Undescended no Other conditions none

Penis: Epispadias no Hypospadias no

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

Spine: Mobility normal Curvature no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistula no Other conditions none

Upper extremity: Missing fingers no

Other conditions none

Joint movements good

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? no

Knock knees? no Varicose veins (degree) no

Flat or weak foot (degree) no

Bunions no Hammertoe no Corns (painful) no

Other conditions none

Joint movements good

Muscles: Development good Coordination of muscular movement good

Romberg no Patellar reflex equal Defects of gait no

Agility good Habit spasms no Chorea no

Urine: (Chemical examination of urine should always be made.)

Color Amber (Cas) Reaction Acid (Cas) Sp. gr. 1018 (Cas)

Albumin no (Cas) Sugar no (Cas) Shreds no (Cas)

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

Epithelial cells Blood cells

Pus cells Casts

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. White corpuscles per c. mm. Malarial parasites

Hemoglobin, per cent Other conditions

Result of Wassermann test

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

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

Against typhoid fever within four years? yes

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

Evidence of drug addiction? no

Is applicant suffering from any general disease? no

Do you consider the applicant mentally sound? yes

REMARKS

(Describe here any disqualification for which space is not provided elsewhere, or which require fuller description than the space provided permits. Also any remark the medical examiner desires to make)

CERTIFICATE

We / I certify on honor that we / I have carefully examined Leonard D Scott and find—

That he is physically qualified for Surfman
(Enlistment, reenlistment, appointment, or promotion.)

That he is physically qualified to perform all the duties of Surfman
(Rank or rating for which examined)

That he is not physically ~~qualified~~ for

in the Coast Guard, for the following reasons:

In my ("Our" or "my") judgment these defects are no (If not, so state) incident to service.

Carl A Murray
Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

WAIVER

I recommend a waiver of the physical defects noted in this case as in my judgment they will not interfere with the performance of his duties in the Coast Guard.

Surgeon, U. S. Public Health Service.

INDORSEMENT

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, Aug. 28, 1931

The finding of the medical board is approved.

The finding of the medical board is not approved for the following reasons:

The waiver recommended by the medical board is approved.

The waiver recommended by the medical board is not approved for the following reasons:

By direction of the Surgeon General.

W. W. King
Surgeon, U. S. Public Health Service.
Medical Director.

U. S. GOVERNMENT PRINTING OFFICE: 1927 2—3850

73-701

JLG

18 August, 1931.

From: Commandant.
To : Commander, Fifth District.

Subject: SCOTT, Leonard D. (109-514), Surfman, South Brigantine Station; physical status.

Reference: (a) Your first indorsement, 14 August, 1931, on letter, Officer in Charge, South Brigantine Station, 13 August, 1931.

Inclosure: 1. Form 2502, Report of Physical Examination, subject man.

1. Inclosure returned herewith for completion of spaces indicated in red crayon, after which it will be resubmitted to Headquarters.

F. C. BILLARD.

E. H. P.

L. T. CHALKER,
Chief, Personnel Section.

U. S. COAST GUARD AUG 14 1931 FIFTH

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

South Brigantine
COAST GUARD STATION

Fifth
DISTRICT

Brigantine, N.J.
(POST OFFICE ADDRESS)

13 August 1931. 192

U.S. COAST GUARD
REC'D AUG 15 1931 BY
ANS.

From: Officer in Charge, South Brigantine Station.
To: Commander, Fifth District.

Subject: Physical Examination for Reenlistment of Surfman Leonard D.Scott (109-314)

Reference: (a) Fifth District letter 12 May 1931,(73-701)
(b) Article 4343 Personnel Instructions.

Inclosure: 1. Report of Physical Examination.

1. In accordance with the above references the inclosure is being forwarded for approval.

2. The reason Surfman Scott has not been vaccinated against small pox,within the last two years,he has two deep pitted scars.

Jesse W. Gaskill

Jesse W.Gaskill,

73. First Indorsement. Asbury Park, N.J.,
Fifth District. 14 August, 1931.

From: Commander, Fifth District.
To : Commandant.

1. Forwarded with the request that this office be advised as to the eligibility of subject named man to reenlist in the Regular Establishment of the Coast Guard.

E. J. Osborn
E. T. OSBORN

Form 2519
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June, 1930

U. S. COAST GUARD
REC'D AUG 26 1931
A. S. By

U S COAST GUARD AUG 15 FIFTH DISTRICT

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

Vessel ---- South Brigantine ----

---- Station, Fifth ---- District,

Date ---- 14 August 1931 ----

From: Leonard D. Scott (109-314) Surfman.
To:
Via: Commander, Fifth District.
Via. Officer in Charge, So. Brigantine Station.

Subject: Leave of absence.

1. I request ---- 6 ---- days' leave of absence to commence ---- 22 August 1931 ----
2. My reason for the above request is ---- To visit my people ----

[a]3. I have had ---- 12 ---- days' leave of absence during my current enlistment—during the current fiscal year.

4. I certify that I have sufficient funds in my possession to cover transportation to the place or places which I will visit while on leave and for return from such place or places to the unit to which I am now attached; further, that I will not apply to any recruiting officer or any other officer of the Coast Guard for transportation to return to my unit. I fully understand that in the event I am over leave, due to the lack of funds, I will be subject to disciplinary action.

---- Leonard D. Scott ---- Surfman
(Signature)

1st Indorsement

[a]Leave account certified correct.
Forwarded, approved.
[b]Forwarded, disapproved ----
~~Forwarded, granted as emergent.~~

---- Jack W. Gaskill ---- B.M.1c. (L)
Commanding—Executive Officer—Officer in Charge.

2d Indorsement

[a]~~Forwarded, approved.~~
Returned, granted.
~~Returned, not granted~~ ----
~~Forwarded, granted as emergent.~~
[b]~~Forwarded, disapproved~~ ----

---- P. J. Olsen.
Division Commander—District Commander—Commanding.

3d Indorsement

Coast Guard Headquarters,
Washington, D. C. (Date) ----

[a]1. Returned, granted.
2. Returned, not granted ----

---- *Commandant.*

NOTE.—[a]Strike out phrases not applicable.
[b]State reasons for disapproval.

[OVER]

2—10322

Head

ASSIGNMENT OF SERVICE NUMBER

SCOTT, Leonard Dodd	Surf	SO Brigantine (5)
Name	Rating	Unit

The following service number has been assigned to subject man:

109-314

This service number will be inserted on all records of subject man and will appear on all forms and in all correspondence pertaining to the man indicated.

The following form will be followed in setting forth a man's name, service number and rating in the subject of a letter: i.e.

SMITH, John E. (100-000) Sea 2c

In the event subject man has been transferred the service number will be inserted on all records at your unit and this form transmitted immediately to the unit to which transfer was effected.

B. M. CHISWELL
Captain
Assistant Commandant.

For Headquarters use:
Information:
Pay and Allotment Section ✓
Medical Director ✓
Identification Section ✓
Personnel Records

Form 2519
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June, 1930

U. S. COAST GUARD MAR 27 1931 FIFTH DISTRICT

FILE COPY U. S. COAST GUARD REC'D APR 3 1931 By AN

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

Vessel _____

So. Brigantine Station, Fifth District,

Date March 26, 1931.

From: Leonard D. Scott (109-314) Surfman.
To: Commander, Fifth District.
Via: Officer in Charge.

Subject: Leave of absence.

1. I request 6 days' leave of absence to commence April 2, 1931.

2. My reason for the above request is annual leave

---

[a]3. I have had 6 days' leave of absence during my current enlistment—during the current fiscal year.

4. I certify that I have sufficient funds in my possession to cover transportation to the place or places which I will visit while on leave and for return from such place or places to the unit to which I am now attached; further, that I will not apply to any recruiting officer or any other officer of the Coast Guard for transportation to return to my unit. I fully understand that in the event I am over leave, due to the lack of funds, I will be subject to disciplinary action.

Leonard D. Scott
(Signature)

1st Indorsement

[a]Leave account certified correct.
Forwarded, approved.
[b]~~Forwarded, disapproved~~ _____
~~Forwarded, granted as emergent.~~

Clarence C. Price
~~Commanding—Executive Officer~~—Officer in Charge. Acting

2d Indorsement

[a]~~Forwarded, approved.~~
Returned, granted.
~~Returned, not granted~~ _____
~~Forwarded, granted as emergent.~~
[b]~~Forwarded, disapproved~~ _____

E. J. Osborn.
Division Commander—District Commander—Commanding.

3d Indorsement

Coast Guard Headquarters,
Washington, D. C. (Date) _____

[a]1. Returned, granted.
2. Returned, not granted _____

_____
Commandant.

NOTE.—[a]Strike out phrases not applicable.
[b]State reasons for disapproval.

[OVER]

2—10322

Heed

U. S. COAST GUARD
rec'd JUL 23 1930
FIFTH DISTRICT

TREASURER DEPARTMENT
U.S.PUBLIC HEALTH SERVICE

U. S. COAST GUARD
REC'D JUL 25 1930 By
ANS.

73

Atlantic City N.J.

From: Dr. C.A.Surran,A.A.Surgeon,U.S.Public Health Service.
To : Commandant,U.S.Coast Guard,Washington DC.
Via : Officer in Charge,So. Brigantine Station and
Commander,Fifth District.

Subject: Leonard D. Scott, surfman, inoculation against typhoid fever.

Reference: (a) Art (2162) Reg.

1. I hereby certify that above subject surfman received his last third and inoculation against typhoid fever on July 5,1930

C.A.Surran

1st. Indorsement.

So. Brigantine Station
Fifth District.

Brigantine N.J.
19 July 1930.

From: Officer in Charge.
To : Commandant.
Via : Commander, Fifth District.

1. Forwarded.

Clarence A. Price
Acting

73-Fifth District. 2nd Ind. Asbury Park, N.J.,
24 July, 1930.

From: Commander, Fifth District.
To : Commandant.

1. Forwarded for the information and records of Headquarters.

IRWIN B. STEELE,
Acting.

FILE 73
P. G. H.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Rehoboth Beach
COAST GUARD STATION

Rehoboth Beach, Delaware
(POST OFFICE ADDRESS)

Sixth
DISTRICT

August 29, 1929

U. S. COAST GUARD
REC'D SEP 17 1929
ANS

From: Officer in Charge, Rehoboth Beach Station.
To: Commandant.
Via: District Commander, Sixth District.

Subject: Swimming test, of L.D. Scott.

1. I hereby certify that Leonard D. Scott took the swimming test in accordance with Article 83 (1) Instructions for Coast Guard Stations, 1922.

(a) ---------- Passed
(b) ---------- Passed
(c) ---------- Passed
(d) ---------- Passed

Joseph H. Miller
C.B.M. (L)

Fifth District - 73 1st. Indorsement. Asbury Park, N. J.
16 September, 1929.

From: Commander, Fifth District.
To : Commandant.

1. Forwarded for Headquarter's information and record.

Frank Nichols
FRANK NICHOLS,
Acting.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2502-B—Revised March, 1925

Rec'd SEP 4 1929
FIFTH DISTRICT

RECORD OF PHYSICAL EXAMINATION, U. S. COAST GUARD

FOR SPECIAL TEMPORARY ENLISTMENT

Lewes Delaware (Place) August 30, 1929 (Date)

Name Leonard Dodd Scott Age, 29 years, 3 months.

Examined for Special Temporary Enlistment (Rating) Lieutenant

Citizenship Native born Married or single Married

Have you ever had any of the following: Unconsciousness, convulsions, gonorrhea, syphilis, sore on penis, blood spitting, rheumatism? State which None of them

Have any of your family been insane or suffered from any nervous ailment? No

Have you ever had any disease, acquired or inherited, which you have not mentioned to the examining physician? No

Have you served a previous enlistment in the Coast Guard or Navy? No

If so, for what were you discharged? —

Do you have headaches? Seldom. Have you been rejected by any service for physical reason? No

Have you been discharged from any service for physical reason? No. Are you willing to be vaccinated against smallpox and typhoid and have your dental work done at your own expense? Yes

Leonard Dodd Scott (Signature of applicant)

EXAMINATION

Height, 68 inches; weight, stripped, 139 pounds. General appearance Healthy

Adenitis No

Complexion Dark Hair Brown Skin disease No Scars None

Glands Normal. Eyelids Normal

Eyes, acuity O.D. 20/20 ???. O.S. 20/20 Color vision Normal.

Ears Normal Hearing Good Nose Normal.

Teeth Full set, all in good condition Gums Normal.

Tonsils Normal. Goiter No

Chest Normal.

Lungs Normal

Heart Normal.

Pulse rate 80 Temperature 37° Abdomen Normal.

Liver Normal Spleen Normal.

Hernia No Varicocele No Genitalia Normal.

Hemorrhoids No Fistula No Spine Normal.

Patellar reflexes, equal, exaggerated, diminished equal.

Rhombergs sign No Light reaction on pupil Normal.

Extremities Normal.

Muscular development Good Gait Normal.

Urine: Albumen None, sugar None, Sp. gr. 1026, reaction Acid

Has he been vaccinated against smallpox in four years? No

Has he been vaccinated against typhoid in four years? No

Do you consider him mentally sound? Yes

REMARKS: (Cause of rejection)

I CERTIFY that I have carefully examined the above applicant and believe that he is *{fit / unfit} for duty in the Coast Guard for one year.

It *{is / is not} recommended that the disabilities enumerated above be waived. They {will / will not} interfere with his duties in the Coast Guard.

U. S. COAST GUARD MEDICAL SECTION SEP 13 1929 RECD ANS'D

H. Mason
a. a. Surgeon, U. S. Public Health Service.

* Strike out one.

GOVERNMENT PRINTING OFFICE 2—5441

Standard Form No. 1034a—Revised
Form prescribed by
Comptroller General, U. S.
September 1950
(Gen. Reg. No. 51, Supp. No. 11)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. 403 1750

Bu. Vou. No. 03 5953

U. S. TREASURY******COAST GUARD
(Department, bureau, or establishment)

Voucher prepared at NEW YORK, NEW YORK, 24 SEPTEMBER, 1952
(Give place and date)

THE UNITED STATES, Dr., *Payee's Account No.* .....

To LEONARD D. SCOTT
(Payee)

Rehoboth Beach (Address) Delaware (City) (State)

PAID BY
PAUL D. BANNING
CHIEF
DISBURSING OFFICER
OCT - 3 1952
(For use of Paying Office)
1375

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		FOR INITIAL MUSTERING OUT PAYMENT (SEE S&A FORM 550 ATTACHED)				100	00
		Discharged 9/19/52 TOTAL PAY GROUP #85					
		Use continuation sheet(s) if necessary			Total	100	00

PAYMENT:
Complete ☐
Partial ☒
Final ☐

Shipped from to Weight Government B/L No.

(Payee must NOT use this space)
Differences .....

24 Sept.1952 SEE FORM S&A 550 ATTACHED

Account verified; correct for 100 00
(Signature or initials) .....

Contract No. Date Req. No. Date Invoice Rec'd.

100.00

J. W. ALEWINE, BOLA, USCG
Authorized Certifying Officer

MEMORANDUM

24 September, 1952

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n. or Proj't. Amount	Appropriation Amount
20X0201	Operating Expense, Coast Guard		100.00

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
03-13-53			02999900		1210	100.00

Paid by { Check No. ..... dated ....., 19....., for $..... } on Treasurer of the United States in favor of payee named above.
{ Cash, $....., on ....., 19..... }

Comdt (PE)

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

109-314	SCOTT,	LEONARD	D.	PM1 (L)	USCG
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)	

9-10-52	CG GROUP PHILADELPHIA, PHILA, PA.	60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)	(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:

(Sign original only)

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. 1952

E. A. COFFIN, JR., CDR, USCG

(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

1952

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
"Since 6-26-50"
(Enter Yes or No)

(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

Dewey Beach,
(Number) *(Street)*

Rehoboth Beach, Sussex Co., Delaware
(City) *(Zone)* *(State)*

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 403 1750 550,544 OCT - 3 1952
(Public voucher) *(Check number)* *(Date)*

BERNARD HOGAN, PAY CLERK, USCG
ASSISTANT DISBURSING OFFICER
(Type name and symbol No. of disbursing officer making initial payment)

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

TRIPLICATE

U S COAST GUARD
RECEIVED
MAR 17 1953
PERSONNEL OFFICE
NEW YORK, N. Y.

UNITED STATES COAST GUARD

ADDRESS REPLY TO
COMMANDER,
CG GROUP PHILADELPHIA
REFER TO FILE
1015 Chestnut St.,
Philadelphia 7, Penna.

1953 MAR 19 11 19

16 March 1953
File: P20-2/MM

PEA-A

From: Commander, CG Group, Philadelphia
To: Commandant (PE-3)
Via: Commander, 3rd CG District (p)

Subj: SCOTT, Leonard D. (109-314) BML1; Form CG-3309, forwarding of

Ref: (a) Your letter dated 19 Feb 1953, PE-3,MM

1. Forwarded herewith are copies of Form CG-3309 on subject named man as requested in reference (a).

2. The original of form CG-3309 was forwarded to Headquarters on or about 10 September 1952.

E. A. COFFIN, JR.
By direction

Encl: Orig &1
CG-3309

Copy to: File (less encl)

FIRST ENDORSEMENT

p
18 March 1953

From: Commander, 3rd Coast Guard District
To: Commandant (PE)

Forwarded.

S. L. BROWN
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
3RD COAST GUARD DISTRICT
80 LAFAYETTE ST.
NEW YORK 13, N. Y.

.f
24 October, 1952
L16-2

From: Commander, 3rd CG District
To: Commandant (PE-3)

Subj: SCOTT, Leonard D. (109-314)BM1(L); adjustment of pay

Ref: (a) Headquarters letter 1 October, 1952(MM)(PE-3)

1. In compliance with paragraph 1 of reference (a), Headquarters is informed that the pay record of subject man opened 1 July, 1952, has been adjusted to show an additional credit for payment of fourteen (14) days unused leave on discharge in the amount of $148.59. Since subject man was previously credited on the same pay record for two (2) days unused leave, this additional credit makes a total of 16 days for which SCOTT has been paid.

2. By copy hereof, the Commander, CG GROUP, Philadelphia, Pa., is requested to take necessary action to insure compliance with paragraph 2 of the reference cited above.

P D Shost
P. D. SHOST
By direction

CC: Commander, CG GROUP,
Philadelphia, Pa.

PE-3
MM
1 October, 1952

From: Commandant
To: Commander, CG Group, Philadelphia, Pennsylvania
Via: Commander, 3rd CG District (p)

Subj: SCOTT, Leonard D. (105-314) BM1(L); correction of records

1. The service record of subject man is returned for verification of his leave account. It is indicated on Form 3305 that SCOTT was entitled to compensation for 16 days unused leave remaining on date of discharge. There are two (2) statements by the Authorized Certifying Officer indicating he was paid for 2 days and 16 days. It is requested that the necessary corrections be made and that the Authorized Certifying Officer advised of any correction that will affect his pay account.

2. It is also noticed that Form CG 3309 (Termination of Service) was not included in the service record. It is requested that his form properly executed be inserted in his record and after corrections have been completed the record be returned to the Commandant (PE-3).

B. A. SHAW
By direction

Encl: Service Record
(SCOTT)
cc- Sta. 6-12

Followup ltr 12/12

BUCHAN: hif - return to 3-13

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCOTT, Leonard Dodd	BM1(L)	109-314
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Rehoboth Beach, Del.	REENLISTMENT IN USCG	26 Aug 1952

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
MALE	CAUCASIAN	025	0	USCG	PHILA. GROUP, PHILA., PA.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
10 May 1900	Chester, Penna.	William L. Scott (son) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS DISP., 225 Chestnut St., Phila., Pa.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 72)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

RECEIVED
SEP 2 9 55 AM 1952
CDR. C.G. GROUP,
PHILA. PA.

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth /.—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures (6 X 8).—Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

QUALIFIED

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.015			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG.	NEG.	NEG.	NEGATIVE	VDRL NEGATIVE
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NFA	NFA		NONE	

10—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69	150	Grey	Blue		98.4°

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 130 DIAS. 80	RECUMBENT	SYS. 130 DIAS. 74	STANDING (3 min.)	SYS. 120 DIAS. 70	58. PULSE (*Arm at heart level*) SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
						88	120	92	84	92

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 70	CORR. TO 20/ 20	BY	S. NFA CX	CORR. TO	BY
LEFT 20/ 70	CORR. TO 20/ 30	BY	S	CORR. TO NFA	BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° NFA R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I. PLATES NORMAL	NFA	UNCORRECTED
			CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING	71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT WV 15/15 SV 30/30	RIGHT				NFA				NFA
LEFT WV 15/15 SV 30/30	LEFT								

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No serious illnesses since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS IS QUALIFIED FOR REENLISTMENT IN USCG
☐ IS NOT

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
H. WOOD, S.A.SURG., USPHS(R)	H Wood
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
H. SWERDLOW, S.A.D.SURG., USPHS	H Swerdlow
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCOTT, Leonard Dodd	BM1(L)	109-314
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Rehoboth Beach, Del.	REENLISTMENT IN USCG	26 Aug 1952

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
MALE	CAUCASIAN	02Y		USCG	PHILA. GROUP, PHILA., PA.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
10 May 1900	Chester, Penna.	William L. Scott (son) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS DISP., 225 Chestnut St., Phila., Pa.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 75*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—Restorable teeth *X.—Missing teeth* *(6 X 8).—Fixed bridge, brackets to include abutments*
/.—Nonrestorable teeth *XXX.—Replaced by dentures*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

QUALIFIED

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.015			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG.	NEG.	NEG.	NEGATIVE	VDRL NEGATIVE
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NFA	NFA		NONE	

16—62258-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
68	180	Grey	Blue	☐ / ☐ / ☒ / ☐	98.4°

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 130 / DIAS. 80	RECUMBENT	SYS. 130 / DIAS. 74	STANDING (3 min.)	SYS. 120 / DIAS. 80		

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
88	120	92	84	92

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 70	CORR. TO 20/ 20	BY	S. CX	CORR. TO	BY
LEFT 20/ 70	CORR. TO 20/ 20	BY	S. NFA CX	CORR. TO NFA	BY

62. HETEROPHORIA: (*Specify distance*) ES° EXS NFA R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I. PLATES NORMAL	NFA	UNCORRECTED / CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 15 SV 20/20
LEFT WV 15 15 SV 20/20

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 3896	4000 4096	8000 8192	
RIGHT				NFA				
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No serious illnesses since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS IS QUALIFIED FOR REENLISTMENT IN USCG
☐ IS NOT

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE
H. WOOD, S.A.SURG., USPHS(R) — H. Wood

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE
H. SHERDLOW, S.A.D.SURG., USPHS — H. Sherdlow

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

From compensation of

APPLICATION FOR ALLOTMENT

SCOTT, Leonard D. (109-31A[illegible] MI(L)

"Q allotment"

PAYABLE TO

Monthly allotment in the amount

One hundred forty seven dollars fifty cents (Words) ($ 147.50 (Figures)) Dollars.

If payable to a bank, business institution, or individual, for credit of*—

Name Lula O. Scott (Wife)

Name

Street and No. Dewey Beach,

Reason for allotment Basic Allowance for Quarters for Dependents (one)

Post office Rehoboth Beach *State* Del.

First payment: Month November, 19 50

I hereby request and authorize allotment, chargeable to my pay, as above.

Leonard D. Scott

Leonard D. Scott

Rank or rating BM1(L) U. S. C. G.

20 October, 1950

Approved, allotment granted.

L.O. WILKIE, LTJG, USCG,

Commanding Pers.Off., Phila Gp.Rydr

Commander, *District.*

Witnessed and registered 6 Nov., 1950

W.G. SCHAEFER, CPCLK

Pay officer, ACO (1375) 3000

16—12642—1

Please insert this copy in man's service record in accordance with Art. 260 P&SI

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer

EHG

DO NOT FOLD—MAIL FLAT

* Allotter or member immediate family

N. A. V. C. G. -2528-A

ALLOTMENT STOPPAGE

From compensation of

SCOTT, Leonard D. (109-314) BM1(L)

PAYABLE TO

(Wife)

Name Lula O. Scott

Street and No. Dewey Beach, Rehoboth Beach, Del

Post office State

Amount $ 40.00

Stop allotment after payment

for the month of October 19 50

for which checkage has been made.

REASON FOR STOPPAGE: To start Basic Allowance for Quarters (one)

Leonard D. Scott

Leonard D. Scott
(Signature of Allotter)

Rank or rating BM1(L)

APPROVED:

L. O. WILKIE, LTJG, USCG, By direction
Personnel Officer, Philadelphia Opn.

Commanding or
Commander District

STOPPAGE REGISTERED, Date 6 November, 1950

U. S. C. G.

Pay Officer

Please insert this copy in man's service record in accordance with Art. 260 P&SI

DO NOT

WRITE IN THIS

SPACE

APPLICATION FOR LEAVE OF ABSENCE

RECEIVED

AUG 5 9 44 AM 1952

COMMANDER, CG GROUP PHILADELPHIA
1015 Chestnut St.,
Philadelphia, Penna.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION	LEWES DEL.	23 JULY, 1952

FROM: SCOTT, LEONARD D. (109-314) BM1(L)

TO: CDR. C.G. GROUP. PHILA. PA. CO: CG GROUP, PHILA.

No. days Compensatory absence	No. days REG Lv	Address while on leave	Phone No.
6	2		

Leonard D. Scott BM1(L)
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	23 JULY, 1952

☒ Granted Departed at 1100 this date.

This leave expires prior to 0800 1 AUG. 1952 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Quigley
CLYDE QUIGLEY BM1(L)
(Signature of OIC)

UNIT	DATE
LEWES LIFEBOAT STATION, LEWES, DELA.	1 AUGUST, 1952

Reported at 0730Q this date. Executed 6 Days Compensatory leave and 2 days (Reg-Lv)(ADV-Lv).

F.A. Massey
F.A. MASSEY BOSN. OinC
(Signature of OIC)

SK

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION		30 MAY, 1952

FROM	TO
SCOTT LEONARD D. (109-314) BM1(L)	CO: CG GROUP, PHILA

No. days compensatory absence	No. days Reg-Lv	Adress on Leave
6	2	

Leonard D. Scott BM1(L)
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	30 MAY, 1952

X Granted Departed at 1100 Q this date

This leave expires prior to 0800 8 JUNE, 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Quigley BM1 USCG
(signature of OIC)

UNIT	DATE
Lewes Lifeboat Station	08 June, 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

F.A. MASSEY BOSN.
(signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL L/S		2 MAY, 1952

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L)	CO CG GROUP, PHILA.

No. days compensatory absence	No. days Reg-Lv	Adress on Leave
6	2	

Leonard D. Scott
LEONARD. D. SCOTT
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL L/S	2 MAY, 1952

[X] Granted Departed at 1200 Q this date

This leave expires prior to 0800Q 5-11-52 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Lloyde Quigley BM1 CG
(signature of Off.)

UNIT	DATE
LEWES LIFEBOAT STATION	11 MAY, 1952

Reported at 0800Q this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

F.A. Massey BOSN.
(signature of Off.)

S/R

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION	LEWES DEL.	26 JUNE, 1952

FROM	TO
SCOTT, LEONARD D. (109-31 40 BM1(L)	CO: CG GROUP, PHILA

No. days compensatory absence	No. days Reg.-Lv	Address on Leave
6	2	

Leonard D. Scott BM1 (L)

LEONARD D. SCOTT
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	26 JUNE, 1952

x Granted Departed at 1000 Q this date

This leave expires prior to 0800 Q 5 JULY, 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Quigley BM1 (L)
(signature of CO)

UNIT	DATE
LEWES LIFEBOAT STATION	5 JULY, 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg.-Lv)(Adv.-Lv)

F.A. MASSEY BOSN.
(signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION		5 APRIL , 1952

NAME	TO
SCOTT LEONARD D. (109-3140 BM1 (L)	CO. CG GROUP, PHILA.

No. days compensatory absence	No. days Reg-Lv	Adress on Leave
6	2	REHOBOTH BEACH DELAWARE

Leonard D. Scott
LEONARD D. SCOTT
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	5 APRIL, 1952

[X] Granted Departed at 1200 R this date

This leave expires prior to 0800 R 14 APRIL 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Quigley BM1 (L)
(signature of OIC)

UNIT	DATE
LEWES LIFEBOAT STATION	14 APRIL, 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

F.A. MASSEY BOSN.
(signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL L/S	LEWES LIFEBOAT STATION, LEWES, DEL.	08 MARCH, 1952

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L)	CO CG GROUP PHILADELPHIA, PA.

No. days compensatory absence	No. days Reg-Lv	Adress on Leave
6	2	

Leonard D. Scott
LEONARD D. SCOTT BM1 (L)
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL L/S	08 MARCH 1952

[X] Granted Departed at 1100R this date

This leave expires prior to 0800R 17 MARCH 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

[illegible] (BM1 (L))
(signature of OIC)

UNIT	DATE
Lewes Lifeboat Station	17 March, 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

F.A. Massey
F.A. MASSEY BOSN.
(signature of OIC)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

SK

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION		25 FEBRUARY, 1952

FROM (REQUESTER):	TO	VIA:
SCOTT, Leonard D. (109-314)EM1(L)	CO, CG GROUP, PHILADELPHIA	OinC LEWES LIFEBOAT STA.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☐ REGULAR	☐ REENLISTMENT
5	25 FEBRUARY, 1952	☒ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Leonard D. Scott
LEONARD D. SCOTT

Ind.-1 Unit: LEWES LIFEBOAT STATION Date 25 February, 1952

Date current leave accounting period began 7-1-51

Balance brought forward beginning of present accounting period 13

Number days' leave used during current accounting period 14

Date of expiration of current enlistment 9-5-52

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

William G. Sing
WILLIAM G. SING BMC(L) OinC.
(Signature, rank, and title) (by direction)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: GROUP PHILADELPHIA Date 25 February 1952

☒ Returned, GRANTED 5 days.

☒ ADVANCE EMERGENCY Leave.
☐ ACCRUED
(Reason for leave)

☐ Returned, NOT GRANTED, because

E. R. COFFIN, JR., CDR., USCG
EXECUTIVE
(Signature, rank, and title)

Ind.-4 Unit: Lewes Lifeboat Station Date 25 February, 1952

Departed at 0900, this date. This leave expires before 0900, 2 March, 1952

at Lewes Lifeboat Station, Lewes, Del. and is subject to the instructions on the reverse hereof.

F.A. Massey
F.A. MASSEY, BOSN
(Signature, rank, and title)

Ind.-5 Unit: Lewes Lifeboat Station Date 2 March, 1952

Reported at 0900, this date, having used 5 days emergency leave days leave.

F.A. Massey
F.A. MASSEY, BOSN
(Signature, rank, and title)

16—40220-3

(Over)

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION		06 JAN. 1952

FROM	TO
SCOTT, Leonard D. (109-314) BM1(L)	OinC MIAH MAULL SHOAL LIGHT STATION

No. days compensatory absence	No. days Reg-Lv	Adress on Leave
6	2	REHOBOTH BEACH DEL.

Leonard D. Scott BM1 (L)
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	06 JAN. 1952

[X] Granted Departed at 1100 R this date

This leave expires prior to 0800 1-15-52 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Quigley BM1 (L)
(signature of OIC)

UNIT	DATE
LEWES LIFEBOAT STATION	15 JANUARY 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

F.A. MASSEY BOSN.
(signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL L/S	LEWES LIFEBOAT STATION, LEWES, DELA.	9, DECEMBER 1951

FROM	TO
LEONARD D. SCOTT (109-314) BM1(L)	CO, CG GROUP PHILADELPHIA, PENNA.

No. days compensatory absence	No. days Reg-Lv	Adress on Leave
6	2	DEWEY BEACH, REHOBOTH BEACH, DELAWARE

LEONARD D. SCOTT BM1(L)
(signature of applicant)

UNIT	DATE
CG GROUP, PHILADELPHIA, PENNA.	9 DECEMBER 1951

X Granted Departed at 1600R this date

This leave expires prior to 0800R 18, DEC. 1951 on board CG LIFEBOAT STATION, LEWES, DELAWARE

CLYDE QUIGLEY BM1(L)
(signature of OIC)

UNIT	DATE

Reported at _____ this date. Executed _____ Days Compensatory Leave and _____ Days (Reg-Lv)(Adv-Lv)

(signature of OIC)

Ltr rtd 12-18-51

Date 10 October, 1950
Unit Miah M 1 Shoal L/S
Location Lewes, Del.

From: SCOTT, Leonard D. (109-314) BM1(L)
To : Commandant (PMM).

Via : 1. Commanding Officer, CG GROUP, Philadelphia, Pa.
2. Authorized Certifying Officer, 3rd CGD.

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & Place of marriage; divorce, etc; date birth of children, custodianship: other data.
Lula O. Scott Dewey Beach, Rehoboth Beach, Del.	Wife	Married 24 December, 1928 Lewes, Del.

2. I hereby consent to chêckage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents are not (insert "are" or "are not") in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
Lula O. Scott	November	$ 147.50
		$
*		$
	Total allotments. . .	$ 147.50

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent 1 August, 1950 Leonard D. Scott (Name of Member)

Address Dewey Beach, Rehoboth Beach, Del.

Leonard D. Scott
(Signature of member) (ALL COPIES)

Ind-1
From: Commanding Officer,
To : Commandant (PMM)(via Authorized Certifying Officer, 3rd CGD).

Forwarded.

L. O. WILKIE, LTJG, USCG, By direction
(Signature of Comdg. Officer).

Ind-2 Date:

From: Authorized Certifying Officer, 3rd CGD.
To : Commandant (PMM).

Allotment(s) totalling $_____ registered, effective 1st payment_____

W. G. SCHAEFER
By direction

(Submit in triplicate)
(Reverse side hereof may be used for additional dependency information)

Commander, CG Group
PHILADELPHIA, PA.

20 February 1950
File: CG-73

From: Commander, CG Group, PHILADELPHIA, PA.
To: SCOTT, Leonard D. (109-314) EM1(L)
Miah Maull Shoal Light Station

Subj: Assignment to duty as officer-in charge

1. By authority of Part 10, Art. 8-10-1 Coast Guard Regulations, effective upon receipt hereof you are designated Officer-in-Charge, Miah Maull Shoal Light Station, relieving Henry W. Turner, Civilian Keeper.

2. No travel is indicated, none is authorized.

E. JORDAN

cc
C30GD(p)
C30GD(can)

SCOTT, Leonard D.	109-314	BM1(L)
CG GROUP, PHILADELPHIA	Miah Maull Shoal L/S	Lewes, Dela.
03-506	03-585	17 January 1950

(a) 2
(b) LBS or L/S Duty vicinity. LBS duty preferred.

DC#49-89 L. O. WILKIE, LTJG, USCG

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP, Philadelphia, (Unit) ~~(Mich Knoll Shoal Light Station~~ ~~Lewes, Delaware~~ (Place)

1 January 1950 (Date)

FROM: SCOTT, Leonard D. (109-314) BM1(L)

TO: COMMANDANT (via ~~Commander, 3rd CG District(f-s)~~)

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:

~~Lula O. Scott~~ (Full name of wife; if not married, so state)	~~Dewey Beach, Rehoboth, Delaware~~ (Address of wife)
~~William L. Scott (b. 16 July 1931)~~ (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:

~~Frank F. Scott~~ (Full name of relative)	~~Brother~~ (Relationship)	1623 Delaware St. ~~Paulsboro, N.J.~~ (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:

~~Lillie Scott~~ (Full name of relative)	~~Niece~~ (Relationship)	1623 Delaware Street. ~~Paulsboro, N.J.~~ (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this

1st day of January, 19 50

~~L. C. Wilson, LTJG, USCG~~ (Signature)

Personnel Officer, Group Philadelphia (Rank or title)

(Signature)
Leonard D. Scott
BM1(L)
(Rank or rating)

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

SCOTT, Leonard D.	109-314	BM1(L)
CAPE MAY GROUP	Miah Maull Shoàl Light Station	Lewes, Delaware
3RD CG DISTRICT	03-585	30 September, 1949

0900
30 September, 1949

Group Philadelphia
ADMINISTRATIVE PURPOSES

CCGD3/D 292230Z(September, 1949)

A. F. PITTMAN, LCDR, USCG

rfp

SCOTT, Leonard Dodd	109-314	BM1(L)
CAPE MAY GROUP	Miah Maull Shoal Light Station	Lewes. Delaware
CA 3RD CG DI TRICT	03-585	6 September,1949

6 September, 1949: Reenlisted (REGULAR ENLISTMENT) for a period of three (3) years as BM1(L) - Ent. to RETNL ALLOW in the amount of $150.00 - Leave Balance this date 00 days due to CC on discharge on 9-5-49 -

Art. 553 Regs C. W. SCHARFF, LIEUTENANT, USCG

rfp

COAST GUARD GROUP, CAPE MAY, NEW JERSEY

75-50

COAST GUARD PERSONNEL

1949

109-314	SCOTT	Leonard	D.	9-3-49: Enlistment extended for a period of two (2) days in accord. with Article 591(5c)	9-3
				9-5-49: HD(EXT) eff. 5th Expiration of enlistment and extension thereof - Article 589(1) Regs - Elects Cash Compensation for 60 days accumulated unused leave remaining to credit on date of discharge - CC at the rate of $1.25 per day for QTRS and $.70 per day for SUBS - Dependent Substantiated MAQ(W) in effect - 2529 attached Plus Pay and Longevity - Not entitled to TA- PAFE AND POD the same	9-5
				9-6-49: REENL (REG ENL) for a period of three (3) yrs as EM1(L) Ent. to REENL ALLOW in the amount of $150.00 - Article 553 Regs -	9-6

C. W. SCHARFF, LIEUTENANT, USCG

COMMANDING

rfp

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(GROUP, CAPE MAY, NEW JERSEY)
MIAH MAULL SHOAL LIGHT STATION (Unit) — Lewes, Delaware (Place)

6 September, 1949 (Date)

FROM: SCOTT, Leonard D. (109-314) BM1(L)

TO: COMMANDANT (via Commander, 3rd CG Dist. (fd))

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:

LULE OLIVE SCOTT (Full name of wife; if not married, so state)	Dewey Beach Rehoboth Beach, Delaware (Address of wife)
William Leonard Scott (Full name of child; if none, so state)	SAME AS ABOVE (Address of child)
(Full name of child: if none, so state)	(Address of child)
(Full name of child: if none, so state)	(Address of child)

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

Frank F. Scott (Full name of relative)	BROTHER (Relationship)	1623 Delaware Street Paulsboro, New Jersey (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:

NONE (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

6TH day of SEPT., 1949

C. W. S. CHARFF, LIEUTENANT, USCG
(Signature)

COMMANDING OFFICER
(Rank or title)

Leonard D. Scott
Leonard D. Scott
(Signature)

BM1(L), USCG
(Rank or rating)

16—25758-1

NAVCG-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

(CAPE MAY GROUP)
MIAH MAULL SHOAL LIGHT STATION, Lewes, Delaware
(Unit)

SCOTT, Leonard Dodd
(Name in full—surname to the left)

5 September, 1949
(Date)

109-314
(Service number)

BM1(L)
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for (3) years)	1946	9	4
Enlistment extended (for 2 Da. years from) Art. 991(5c)			
Date of discharge (HONORABLE) (Character of discharge)	1949	9	5
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
3	0	2

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		

Paid $150 Reen. Allow. on 9/6/49 by PAUL D. BANNING, CDO, Symbol No. 1375 on Vo. No. 403-2978, Pay Roll No. 403-151

W. G. SCHAEFER
Authorized Certifying Officer

Total Absence (00 days)

Creditable time served during last enlistment period	3	0	2

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.

C. W. SCHARFF

Date 5 September, 1949

(Rank) LIEUTENANT, U. S. C. G.
Commanding officer.

Last Credited REENL ALLOW on 4 Sept., 1946

REENLISTMENT OR EXTENSION OF ENLISTMENT

(CAPE MAY GROUP)

Date 6 September, 1949

MIAH MAULL SHOAL LIGHT STATION, Lewes, Del.
(Unit and place)

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

a period of THREE (3) years from this date.

C. W. SCHARFF

(Rank) LIEUTENANT, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

N. C. G.-2529
(Rev. 9-2-41) ELECTS TO REC[illegible] MAG(N) IN LIEU OF FAMILY ALLO[illegible]CES

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP, CAPE MAY, N.J.
(Mish Mull Shoal Light Station)
(Unit)

Lewes, Delaware.
(Place)

1 August, 1949.
(Date)

FROM: SCOTT, Leonard D. (109-314) SM1(L), USCG

TO: COMMANDANT (via Commander, 3rd 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:

Lula O. Scott (Full name of wife; if not married, so state)	Rehoboth Beach, Delaware. (Address of wife)
William L. Scott (b. 16 July, 1931) (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:

Frank Scott (Full name of relative)	Brother (Relationship)	1625 Delaware Street, Paulsboro, N. J. (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:

Lillian Scott (Full name of relative)	Niece (Relationship)	1625 Delaware Street, Paulsboro, N. J. (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this

1st day of August, 1949

C. M. SCHANFT
(Signature)

LIEUTENANT, USCG
(Rank or title)

LEONARD D. SCOTT
(Signature)

SM1(L), USCG
(Rank or rating)

16—25758-1

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

Print or Type—
Do Not Use Pencil

SCOTT, Leonard D. (Name—Surname to left) | BM1c (Rank or rating 31 Aug. 1946) | 109-314 (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 56 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) | Lula O.Scott (Name of dependent) | Wife (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.

Leonard D. Scott
Leonard D. Scott (Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Lewes Lifeboat Station this 1st day of September, 1946.

(SEAL)

E. B. YORK, Ch.Bos'n, USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451–1

DISTRIBUTION SHEET

PAGE	TITLE	NUMBER OF COPIES	DISTRIBUTION INSTRUCTIONS
1	ENLISTMENT CONTRACT	2	Original to Commandant (PE), copy to SR.
1a	CERTIFICATE OF OBLIGATED SERVICE	2	Original to Commandant (PE), copy to SR.
1b	EXTENSION OF ENLISTMENT	4	Original to Commandant (PE), copy to SR, 2 copies to ACO.
2	RECORD OF EMERGENCY DATA (DD FORM 93)	3	Original and 1 to Commandant (PE), copy to SR.
3	CLASSIFICATION TRAINING & RATING SHEET	2	Retain in SR in duplicate. Upon discharge and immediate reenlistment, or transfer to the Reserve, forward duplicate with closed out SR and transfer original to new SR. Upon separation from the service forward duplicate with closed out SR and deliver original to member being separated.
4	COURT MEMORANDUM	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
5	LEAVE RECORD	1	Keep current in SR.
6	MARKS	1	Keep current in SR.
7	ADMINISTRATIVE REMARKS	2	Retain in SR in duplicate. If sheet becomes filled send duplicate to Commandant (PE) and start a new sheet. Upon transfer, when received at ultimate destination, complete and send duplicate to Commandant (PE) and start new sheet.
8	MOTOR VEHICLE OPERATOR'S RECORD		Upon receipt, place in SR and keep current in accordance with existing instructions.
9	RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH	See Chart for Distribution	
10	REPORT OF SEPARATION (DD FORM 214)	8	As indicated at bottom of each copy.
11	DESERTION SHEET	4	All copies to ACO who will sign and complete the disbursing data and return the original and 1 copy to be inserted in SR before it is forwarded to the Commandant (PE).
12	INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
13	VACANT		NOTE: Abbreviations—SR: Service Record. ACO: Authorized Certifying Officer.
14	VACANT		

ACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Trans. to Res., Retired, Deceased	3	1		2
Rel. from Active Duty	4	1	1	2

INACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Deceased, or Retired	1	1		

U. S. GOVERNMENT PRINTING OFFICE 16—66645-1

SERVICE RECORD SIGNATURES

GENERAL

(*a*) The purpose of signatures in the service record is to show that the entries are made by proper authority as represented by the person signing them. The signing of the service record also keeps the cognizant officers aware of the correctness of record maintenance and helps to guard against erroneous entries. It is therefore incumbent upon commanding officers to assure that service record entries are signed only by authorized personnel. The grade and title of the officer signing is required.

(*b*) Signatures shall be made in permanent black or blue-black ink only, except as shown below in the case of DD Form 214 which shall be signed with indelible pencil.

(*c*) Contents Checked for Accuracy (inside front cover of service record) shall be initialed by the executive officer or personnel officer each time the contents are checked for accuracy. The check for accuracy shall be made by the officer who initials it for the purpose of determining that all entries have been made in accordance with current instructions; that duplicate sheets have been forwarded to other activities as required; and that all pages are filed in proper order. The following items shall be given particular attention: Name, service number, rating, any special designator, leave record, record of emergency data, remarks, special qualifications, qualifications for advancement, training courses, pay status including cumulative years, and completeness of pages. Any discrepancies, other than misfiled material, shall be reported to the Commandant (PE) by letter.

---

1. THE ENLISTMENT CONTRACT.—The signature of the person being enlisted or reenlisted and the signature of the enlisting officer are required on the enlistment contract at the time of enlistment. Both the original and carbon copy must be signed. (See Sec. 12–3–34, Regulations.)

1a. CERTIFICATE OF OBLIGATION (For original enlistment of persons under 26 years of age).—The signatures of the person being enlisted and the recruiting officer are required as indicated and shall appear on both copies.

1b. THE AGREEMENT TO EXTEND ENLISTMENT must be signed, at the time the agreement is made, by the enlisted person and by the commanding officer. The signature of the enlisted person and the commanding officer are required at the time the extension becomes effective. All copies shall be signed.

2. DD FORM 93 (Record of Emergency Data).—The signature of the enlisted person executing the DD Form 93 is required on each of the three completed copies.

3. CLASSIFICATION TRAINING AND RATING SHEET.—The authorizing officer's signature shall be that of the commanding officer, executive officer or personnel officer. Signatures for service school attendance shall be made by the officer at the school who is authorized to sign such entries or in event the service record is maintained at another unit during attendance at a school, by the commanding officer, executive officer or personnel officer thereof upon receipt of official information for the required entries.

4. COURT MEMORANDUM.—The signature of the commanding officer is required on the Court Memorandum. All copies shall be signed.

5. LEAVE RECORD.—The signature of either the commanding officer or executive officer is required after each entry on the Leave Record and the record of deductible time.

6. MARKS.—The signature of the commanding officer is required after each entry of assigned marks; however, commanding officers of large units (whose duties are such that they should not be required to give the time incident to signing service records) may request authorization from Headquarters to designate an appropriate officer to sign such entries. Such authorization shall be in writing.

REPORT SYMBOL. (N) BB-1

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 - RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
SCOTT, Leonard Dodd	109-314	BM1(L) 4-47	USCG

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
		9	September	52	DISCHARGED

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
12-3-42 A (1) CG Regs.	Coast Guard Group Office, Phila., Penna.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
10	May	1900	Chester, Penna.	M	Caucasian	Dk. Brn.	Blue	69"	160

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: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1(L)

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)
6	Sept	49	Lewes, Delaware	Rehoboth Beach, Delaware

STATEMENT OF SERVICE FOR PAY PURPOSES

	A. YEARS	B. MONTHS	C. DAYS
21. NET (Coast Guard) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	20	00	05
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	03	00	04
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	00	00	00
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	23	00	09

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

26. FOREIGN AND/OR SEA SERVICE: YEARS | MONTHS | DAYS

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
Miah Maull Shoal Light Station	

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(S) 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
$28.69	$7.86	BERNARD HOGAN, 1375

AUTHENTICATION

38. REMARKS (Continue on reverse)

RECOMMENDED FOR REENLISTMENT

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

E. A. COFFIN, JR.

NAME, GRADE AND TITLE (Typed)

Commander
Executive Officer
Philadelphia Group Office

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 ☐ NO	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
X	Married	8	0	0		

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)	48. SIGNATURE OF PERSON BEING SEPARATED
Rehoboth Beach, Delaware	LEONARD DODD SCOTT

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

DD FORM 214

☆ G.P.O.: 1950-917007

HEADQUARTERS COPY

Army and 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.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

Coast Guard Group Office, Philadelphia Pa (Ship or station) (Location) On 9 September 1952 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [X] Continued on active duty

Normal date of expiration of enlistment 5 (Day) September (Month) 1952 (Year)

Reason Expiration of enlistment

Type discharge certificate HONORABLE

Authority: 12-3-42 A (1) CG Regs.

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Miah Maull Shoal Light Station, Lewes Del. (Place) ON 6 September, 1949 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from Lewes, Delaware (Place) ON 6 September, 1949 (Date)

Home address at time of enlistment, induction, or order to active duty Dewey Beach, Rehoboth Beach, Delaware

TRAVEL DATA

I hereby elect travel allowance to Lewes, Delaware (Location)

Place of RECORD (See travel instructions)

SIGNATURE Leonard Dodd Scott

MISCELLANEOUS DATA

[X] Reenlisted on board [X] Elected cash settlement for Sixteen (Words) 16 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter cl.eckage for ____ Days excess leave From ____ To ____

Completed 23 years service for pay purposes on 31 August, 1952 Payment of discharge gratuity [ ] Is directed [ ] Is not directed

REMARKS

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
E. A. COFFIN, JR.	COMMANDER, EXECUTIVE OFFICER	90-53

DISBURSING DATA

Travel allowance credited, $ 7.86 Cash settlement for unused accrued leave (2 days) $ 21.23

NAME OF A. C. O. J. N. ALEWINE

Computation: LSL (BP&L) for 2 days $17.33
LSL (ALLOW) for 2 days 3.90
MA fm Phila., Pa. to Rehoboth Beach, Delaware
distance of 131 miles @ .06 per mile $7.86

DUE AT DISCHARGE, $ 29.09

PERSONAL FUNDS, $ XXXXXXXXXX

GRATUITY CREDITED, $ XXXX

Ship or station MIAH MAULL LIGHT STATION, LEWES, DELAWARE

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCOTT	LEONARD	DODD	109-314	BM1(L)

16—66654-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

Coast Guard Group Office, Philadelphia Pa. (Ship or station) (Location) on 9 September 1952 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [X] Continued on active duty

Normal date of expiration of enlistment 5 (Day) September (Month) 1952 (Year)

Reason Expiration of enlistment **Type discharge certificate** HONORABLE

Authority: 12-3-42 A (1) CG Regs.

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Miah Maull Shoal Light Station, Lewes Del. (Place) ON 6 September, 1949 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from Lewes, Delaware (Place) ON 6 September, 1949 (Date)

Home address at time of enlistment, induction, or order to active duty Dewey Beach, Rehoboth Beach, Delaware

TRAVEL DATA

I hereby elect travel allowance to Lewes, Delaware (Location)

Place of RECORD (See travel instructions)

SIGNATURE Leonard Dodd Scott

MISCELLANEOUS DATA

[X] Reenlisted on board [X] Elected cash settlement for Sixteen (Words) 16 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

Completed 23 years service for pay purposes on 31 August, 1952 Payment of discharge gratuity [ ] Is directed [ ] Is not directed

REMARKS

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
E. A. COFFIN, JR.	COMMANDER, EXECUTIVE OFFICER	90-53

DISBURSING DATA

Travel allowance credited, $ 7.86 Cash settlement for unused accrued leave (2 days) $ 21.23

NAME OF A. C. O. J. N. ALEWINE

Computation:
LSL (BP&L) for 2 days $17.33
LSL (ALLOW) for 2 days 3.90
MA fm Phila., Pa. to Rehoboth Beach, Delaware
distance of 131 miles @ .06 per mile $7.86

DUE AT DISCHARGE, $ 29.09

PERSONAL FUNDS, $ XXXXXXXXX

GRATUITY CREDITED, $ XXXX

Ship or station
MIAH MAULL LIGHT STATION, LEWES, DELAWARE

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCOTT	LEONARD	DODD	109-314	BM1(L)

16—66654-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
9-9-52	Disch	BM1(L)	3.7	3.5	4.0	CG GROUP OFFICE PHILADELPHIA, PA.	E.A.COFFIN,JR,CDR,XO.
AVERAGE			3.57		4.0	CG GROUP OFFICE PHILADELPHIA, PA.	E.A.COFFIN,JR,CDR,XO.

NAME (Last) SCOTT (First) LEONARD (Middle) DODD SERVICE NO. 109-314

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 8-15-52 — Credit brought forward from previous record 10 DAYS — AUTHENTICATED BY E. A. COFFIN, JR., CDR, USCG.

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
			HD	9-9-52	6	16	CG GROUP OFF. PHILA. PA.	E.A.COFFIN,JR., CDR. XO.
							Elects to receive cash compensation for 16 days unused leave remaining to credit on date of discharge.	
							E. A. COFFIN, JR, CDR, USCG. EXECUTIVE OFFICER.	
REENLISTED - - - -			IC	9-10-52	0	00	CGGROUP PHILA	E. A. COFFIN,JR.CDR, USCG

ACO: EXCEPTION: PAID FOR (2) DAYS UNUSED LEAVE IN LIEU OF (16):

J.N. ALEWINE, Pay Clerk, USCG
Authorized Certifying Officer

Paid $21.30 cash compensation for 2 days October subs; qtrs on 9/16/52 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 402-1325 Pay Roll No. 03-PR-142

J.N. ALEWINE, Pay Clerk, USCG
Authorized Certifying Officer

IN ACCORDANCE WITH H/L DATED 1 OCTOBER, 1952 ADJUSTMENT OF (14) DAYS LEAVE) HAS BEEN MADE ON PAY RECORD OPEN 7/1/52 ON PAY ROLL AS SHOWN BELOW:

P.D. SHOST, CPCLK, USCG
AUTHORIZED CERTIFYING OFFICER

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
				Paid $148.59 cash compensation for 14 days lv: subs; qtrs on 10-21-52 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 403-1953; Pay Roll No. 03-PR-158	
				P.D. SHOST, CHPCLK, USCG AUTHORIZED CERTIFYING OFFICER	

NAME (Last) SCOTT (First) LEONARD (Middle) DODD — SERVICE NO. 109-314

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER
36	45	21	45	26	47				

HIGHEST SCHOOL LEVEL ATTAINED
1 year High School

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
SCOTT	LEONARD	DODD		109-314		BM1(L)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER
36	45	21	45	26	47				

HIGHEST SCHOOL LEVEL ATTAINED

1 year High School

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
SCOTT	LEONARD	DODD		109-314		BM1(L)

CG 2500-C
(Rev. 4-49)

RECORD OF SCOTT, Leonard D. 109-314
(Full name, surname to the left) (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
	Months	Days		Hour	Date	Hour	Date				
				LEAVE BALANCE CARRIED FOR'D FROM OLD SHEET.						24 -10	C. S. GRAEFF By direction
				0800	4-11-52	0800	4-14-52	ADV REG	2	-12	C. S. GRAEFF By direction
				0800	5-8-52	0800	5-11-52	ADV REG	2	- 14	E. A. COFFIN JR. By direction
				0800	6-5-52	0800	6-8-52	ADV REG	2	-16	E. A. COFFIN JR. By direction
ANCR 6-30-52	12	0	30							14	E.A.COFFIN JR.,CDR XO, PhilaGrpOffice
BBF 7-1-52										14	E.A.COFFIN JR.,CDR XO, PhilaGrpOffice
				0800	7-2-52	0800	7-5-52	ALREG	2	12	E.A.COFFIN,JR.,CDR XO, PhilaGrpOffice
				0800	7-29-52	0800	8-1-52	ALREG	2	10	E.A.COFFIN,JR.,CDR XO, PhilaGrpOffice

Paid $ 21.30 cash compensation for 2 days lv subs; qtrs on 7/11/52 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 103/32 Pay Period No. 13-52

J. N. ALBRINE, Pay Clerk

Authorized Certifying Officer

Leave Now Due Thru

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From— (Inclusive dates)	To—	Reason	Months	Days	Signature and Unit

16—9676-3

CG 2560-C
(Rev. 4-49)

RECORD OF SCOTT, Leonard D. (Full name, surname to the left) 109-314 (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days	Balance due 13	SIGNATURE AND UNIT
	Months	Days		Hour	Date	Hour	Date				
				0800	7-23-51	0800	7-26-51	REG ACC	2 3	11	E.A. COFFIN, JR. CDR By direction
				0800	8-20-51	0800	8-23-51	REG ACC	2 6	9	E.A. COFFIN, JR. CDR By direction
				0800	9-16-51	0800	9-19-51	REG ACC	2 7	7	E.A. COFFIN, JR. CDR By direction
				0800	10-15-51	0800	10-18-51	REG ACC	2 9	5	E.A. COFFIN, JR. CDR By direction
				0800	11-14-51	0800	11-17-51	REG ACC	2 11	3	E.A. COFFIN, JR. CDR By direction
				0800	12-15-51	0800	12-18-51	REG ACC	2 13	1	E.A. COFFIN, JR. CDR By direction
				0800	1-12-52	0800	1-15-52	ACC-ADV REG	2 15	-1	E. A. COFFIN, JR. CDR By direction
				0900	2-9-52	0900	2-12-52	ADV REG	2 17	-3	E. A. COFFIN JR. By direction
				0800	2-25-52	0900	3-2-52	EM ADV	5 22	-8	E. A. COFFIN JR. By direction
				0800	3-14-52	0800	3-17-52	ADV REG	2 24	-10	E. A. COFFIN JR. By direction

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From— (Inclusive dates)	To— (Inclusive dates)	Reason	Months	Days	Signature and Unit

16—9676-3

CG 2500-C
(Rev. 4-49)

RECORD OF SCOTT Leonard D. 109-314
(Full name, surname to the left) (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
	Months	Days		Hour	Date	Hour	Date				
				1430	9-7-50	0800	9-10-50	ACC LV	2	3	L.O.WILKIE,LTJG
				1400	10-7-50	0800	10-10-50	ACC LV	2	1	L.O.WILKIE,LTJG
				1400	11-7-50	0800m	11-10-50	ACC ADV	2	-1	L.O.WILKIE,LTJG
				0730	12-7-50	0800	12-10-50	ADV REG	2	-3	L.O.WILKIE,LTJG
				0800	12-28-50	0800	12-31-50	ADV REG	2	-5	L.O.WILKIE,LTJG
				1400	1-25-51	0800	1-28-51	ADV REG	2	-7	L.O.WILKIE,LTJG
				1400	3/4/51	0800	3/7/51	ADV REG	2	-9	L.O.WILKIE,LTJG
				1400	3/31/51	0800	4/3/51	ADV REG	2	-11	L.O.WILKIE,LTJG
				1400	4/28/51	0800	5/1/51	REG ADV	2	-13	J.H.BYRD, CAPT Grp Cdr, Phila Pa.
				1400	5/~~22~~ 28/51	~~1400~~ 0800	5/~~28~~ 31/51	REG ADV	2	-15	L.R.DAVISON, LT
				1400	6/26/51	0800	6/29	REG ADV	2	-17	L.R.DAVISON, LT
ANCR 6-30-51	12	0	30							13	L.R.DAVISON,LT,XO Group Phila.Pa.
BBF 7-1-51										13	L.R.DAVISON,LT,XO Group Phila. Pa.

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From— (Inclusive dates)	To—	Reason	Months	Days	Signature and Unit

16—9676-3

SCOTT, Leonard Dodd 109-514
(Full name, surname to left) (Service No.)

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE	CO's SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM (Inclusive dates)	TO	TYPE OF LEAVE	REASON FOR LEAVE	No. DAYS	No. DAYS	
Paid $468.00 cash compensation for 60 days lv; subs; qtrs on 9/5/49 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 103-2978; Pay Roll No. 163-151 W. G. SCHAEFER Authorized Certifying Officer									
REENL	9-6-49	00	REENL REG ENL (3)		YRS - - -		00	00	C.W.SCHARFF, LT, CO CAPE MAY GROUP
			9-8-49	9-9-49	ADV	REG	2	-2	A.P.PITTMAN, LCDR, CO CAPE MAY GROUP
		2	10/7/49	10/10/49	ADV	REG	2	-4	L.O.WILKIE, LTJG, By directi
		2	11/7/49	11/10/49	ADV	REG	2	-6	L.O.WILKIE, LTJG, By dir
		2	12/7/49	12/10/49	ADV	REG	2	-8	L.O.WILKIE, LTJG, By di
		2	1/7/50	1/10/50	ADV	REG	2	-10	L.O.WILKIE, LTJG, USCG
		2	2/7/50	2/10/50	ADV	REG	2	-12	L.O.WILKIE, LTJG, USCG
		2	4/7/50	4/10/50	ADV	REG	2	-14	L.O.WILKIE, LTJG, USCG
		2	5/7/50	5/10/50	ADV	REG	2	-16	L.O.WILKIE, LTJG, USCG
ANCR	6/30/50	25						9	L. O. WILKIE, LTJG, USC
BBF	7/30/50	9						9	L. O. WILKIE, LTJG
			7/8/50	7/9/50	ACC	REG	2	7	L. O. WILKIE, LTJG,
			8/8/50	8/9/50	ACC	REG	2	5	L. O. WILKIE, LTJG

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM (Inclusive dates)	TO	REASON	NO. DAYS	CO's SIGNATURE AND UNIT

RECORD OF SCOTT, Leonrd Dodd (Full name, surname to the left) 109-314 (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
CG GROUP, CAPE MAY	00	NO DEDUCTIBLE TIME WHILE	ATTACHED		A. F. PITTMAN, LCDR, CO

10. TRIALS BY COURTS MARTIAL

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

CG 2500-C
(Rev. June 1942)

Sheet 1

SERVICE RECORD

RECORD OF SCOTT, Leonard Dodd (109-314)
(Full name, surname to the left) (Service number)

1. TRANSFERS

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

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF SCOTT, Leonard Dodd 109-314
(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 as leader of men	Conduct	Signature
6-30-52	BM1(L)	3.5	3.5		3.5	4.0	E. A. COFFIN JR., CDR, USCG, XO Philadelphia Group
9-8-52 DISCHARGED	BM1(L)	3.7			3.5	4.0	E. A. COFFIN, JR., CDR, USCG, XO PHILADELPHIA GROUP
AVERAGE	X X X X	3.57				4.0	E. A. COFFIN, JR., CDR, USCG, XO

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

GPO. 83-0302B5

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
	REENLSTED (REG ENL)		Three(3)Group,CapeMayNJ	9-6-49	C.W.SCHARFF,LT,CO
GROUP,Cape May NJ (ADMINISTRATIVE)	9-30-49	A.F.PITTMAN,LCDR,CO	GROUP,Phila.Pa. (ADMINISTRATIVE)	10/1/49	L.O.WILKIE, LTJG, By dir.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CG Group,CapeMay	CR BM1 to BM1(L) eff. HL(PE-C) 3-31-47 CG-73 and CCGD4/L (p) 4-23-47 CG-73	4-25-47	C. W. SCHARFF, LT, CO

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
Group, Cape May NJ	1-22-49		Miah Maull Light Station	

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF SCOTT, Leonard Dodd (Full name, surname to the left) 109-314 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—						Signature
		GCT	AR	MAT	RD	EK	MK	
CG Group, Lewes, Del.	11-30-44	36	21	45	26	47	45	

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
9-6-49	BM1(L)	REENL	REG ENL (3)		YRS	4.0	C. W. SCHARFF, LIEUTENANT, USCG
9-21-49	BM1(L)	3.5	3.3		3.4	4.0	C.W.SCHARFF,LT,USCG,CO
9-30-49	BM1(L)	LESS THAN ONE MONTH				4.0	A.F.PITTMAN,LCDR,USCG,CO
12/31/49	BM1(L)	3.5	3.3		3.5	4.0	[illegible], LTJG, USCG, By dir.
3/31/50	BM1(L)	3.6	3.4		3.6	4.0	[illegible], USCG
6/30/50	BM1(L)	3.7	3.4		3.6	4.0	[illegible] WILKIE, LTJG, USCG
9-30-50	BM1(L)	3.7	3.4		3.6	4.0	[illegible], USCG
12-31-50	BM1(L)	3.7	3.4		3.6	4.0	[illegible] WILKIE, LTJG, USCG
3-31-51	BM1(L)	3.5	3.5		3.5	4.0	[illegible] WILKIE, LTJG, USCG, By dir.
6-30-51	BM1(L)	3.5	3.5		3.5	4.0	[illegible] DAVISON, LT., USCG, XO Group Philadelphia, Pa.
9-30-51	BM1(L)	3.5	3.5		3.5	4.0	E.A. COFFIN, JR., USCG, XO, GROUP PHILA.
12-31-51	BM1(L)	3.5	3.5		3.5	4.0	E. A. COFFIN, JR., CDR., USCG, XO GROUP PHILADELPHIA
3-31-52	BM1(L)	3.5	3.5		3.5	4.0	E. A. COFFIN JR., CDR, USCG, XO GROUP PHILADELPHIA
AVERAGE	X X X X						

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS
S. Brigantine Sta.	8-31-32	Honorable Discharge Button Issued
Lewes Station	2-21-42	Good Condut Medal and Bars HAS SERVED OUTSIDE CONTINENTAL UNITED STATES OR IN ALASKA /s/ C. A. OSBORNE, Lt. Comdr.
Lewes Station	1-15-46	Entitled to American Theatre Ribbon /s/ E.B.YORK,Ch.Bos'n,CG
Lewes Station	1-15-46	Entitled to World War Two Victory Medal/s/E.B.YORK, " "
Lewes Station	8-1-47	Issued World War II and American Defense Service Medals /s/ R. O. HALL, Bos'n, CO
		CERTIFIED TO BE A TRUE COPY FROM PREVIOUS RECORD: C.W.SCHARFF,LT

16—9676-2

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
SCOTT, Lenord Dodd	109-314	BM1 (LD	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. 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)*: Wife

Lula Olive Scott

ADDRESS *(Number, street, city, zone, and State)*

Dewey Beach, Rehoboth Beach, Delaware

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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, zone, and State)*
Lula Olive Scott	Dewey Beach, Rehoboth Beach, Delaware

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
William Lenord Scott	Dewey Beach, ~~Del~~ Rehoboth Beach Delaware *(Continue on reverse side)*		X	X		19 21

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, zone, and State)*
Deceased	
9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*	**ADDRESS *(Number, street, city, zone, and State)***
Deaceased	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Brother

Frank Scott

ADDRESS *(Number, street, city, zone, and State)*

1630 S. Dealware Street, Paulsbero, N.J.

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: Niece

Lillie Scott

ADDRESS *(Number, street, city, zone, and State)*

1630 S. Delaware St. Paulsbero, N.J.

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.
Continental American Life Ins. Co.	Wilmington, Del. *(Continue on reverse side)*	139654N-S

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: Wife

Lula Olive Scott

ADDRESS *(Number, street, city, zone, and State)*

Dewey Beach, Rehoboth Beach, Del.

RECEIVE EACH MONTH ____ % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
USCG COAST GUARD DEPOT, GLOUCESTER, N.J.	9-5-50	Leonard D. Scott Leonard D. Scott

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

Previously Issued HD Button

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

ENLISTMENT OF SCOTT, Leonard Dodd (Full name, surname to left); 109-314 (Service number); 135 plus 30% (Pay per month)

Accepted for enlistment at LEWES, DELAWARE; BM1(L) (Rating in which enlisted)

Enlisted at MIAH MAULL SHOAL LIGHT STATION, Lewes, Delaware; 6 September, 1949 (Date of enlistment)

Transferred to ACTIVE DUTY - U. S. COAST GUARD

Occupation U. S. COAST GUARD Citizenship* NB If naturalized, place and date of naturalization - - - - - - - - - - - - - - - - - - Certificate No. - - - - - -

Date of birth 10 May, 1900 Place of birth Chester, Pennsylvania

Home address Dewey Beach (Street and number) Rehoboth Beach (Town) Sussex (County) Delaware (State)

Married or single M A R R I E D Name and address of next of kin or legal guardian Lula Olive Scott

LAWFUL WIFE (Relationship) Dewey Beach, Rehoboth Beach, Delaware (Address)

Continuous Service Certificate - - - - - - (Number) Previous service { Coast Guard / ~~Reserve~~ } 20 (Years) 0 (Months) 5 (Days)

First enlisted 1 September, 1929 (Date) at Monmouth Beach, New Jersey (Place) and was last discharged 3 September, 1949 (Date) from Miah Maull Shoal Light Station, Lewes, Delaware (Unit)

with HONORABLE (Character) discharge as BM1(L) (Rate) No. Form 2510

Previous Navy service - - - - - - - - - (Years) (Months) (Days) Previous Marine Corps service - - - - - - - - - (Years) (Months) (Days)

Previous Army service - - - - - - - - - (Years) (Months) (Days) Age 48 years 3 months.

Height 5 feet 9 inches. Weight 160 pounds.

Eyes BLUE Sex MALE Hair DARK BROWN Complexion RUDDY Color WHITE

Personal characteristics None marks, etc. None

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with LT. C. W. SCHARFF 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 6 September, 1949 / ~~during my minority~~ until 5 September, 1952 } 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

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3433 (Rev. 6-53)

STATEMENT OF SERVICE - RETIRED PERSONNEL

LAST NAME	FIRST NAME	MIDDLE INITIAL	SERVICE NUMBER
SCOTT,	Leonard	D	109-314

DATE OF BIRTH (Mo.-day-yr)	GRADE OR RATE IN WHICH SERVING	GRADE OR RATE IN WHICH PLACED ON RETIRED LIST	EFFECTIVE DATE OF RETIREMENT (Mo.-day-yr.)
May 10, 1900	BMLI	BMLI	July 1, 1954

REASON FOR RETIREMENT: Twenty Year Service Retirement

HAS INDIVIDUAL EVER HELD A GRADE OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? ☐ YES ☒ NO IF "YES," LIST HIGHEST GRADE OR RATE HELD.

ON ENLISTED 20 YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOOD CONDUCT IS AUTHORIZED ☒ YES ☐ NO

TYPE OF SERVICE	FOR RETIREMENT (Active)			FOR PAY PURPOSES (Active and Inactive)		
	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
COAST GUARD	24	10	0	24	10	0
LIGHTHOUSE						
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
AIR FORCE						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	24	10	0	24	10	0

DATE	SIGNATURE
17 June 1954	W. B. ELLIS

FOR USE BY MRS		
TYPE RETIREMENT	PHYSICAL DIAGNOSIS	FILE NUMBER

Return to 3-13
TJT;ft

EDITIONS OF THIS FORM ARE OBSOLETE.

NAME	SERVICE NO.	DATE OF RETIREMENT	RETIRED GRADE OR RATE
SCOTT, Leonard D.	109-314	7-1-54	BM1

IF MAN HELD A GRADE OR RATING HIGHER THAN PRESENT RETIRED GRADE OR RATING, INDICATE HIGHEST GRADE OR RATING HELD DURING COAST GUARD SERVICE.

ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION	ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION
9/1/29	8/31/31	4.0	24 ✓	96.0	9/6/49	9/9/52	4.0	36 ✓	144.0
9/1/31	8/31/32	4.0	12 ✓	48.0	9/10/52	7/1/54	4.0	22	88.0
9/1/32	8/31/34	4.0	24 ✓	96.0					
9/1/34	8/31/37	4.0	36 ✓	144.0					
9/1/37	9/3/40	4.0	36 ✓	144.0					
9/4/40	9/3/46	4.0	72 ✓	288.0					
9/3/46	9/5/49	4.0	36 ✓	144.0					
		TOTAL	240	960.0			TOTAL	58	232.0

FINAL AVERAGE CONDUCT MARK	ENTITLED TO 10% FOR GOOD CONDUCT (Check appropriate box)	✓	YES		NO
4.0					

DATE	COMPUTED BY	DATE	VERIFIED BY
6/14/54	G F Buchan	6/15/54	M Herman

TREASURY DEPARTMENT, U. S. COAST GUARD, CGHQ – 3534 (6-54)

6084 COMPUTATION OF AVERAGE CONDUCT MARKS FOR RETIRED PERSONNEL

FIRST MIDDLE SERVICE No. USCG

RETIRED
JUL 1 1954

U. S. Coast Guard

ENLISTED SERVICE RECORD

CAUTION

No information may be divulged from this record except to persons properly and directly concerned; this policy, by long usage, has acquired the effect of law. Questionable cases will be referred to the Commanding Officer for decision. The inviolability of the enlisted personnel service record and information therefrom has long been recognized by the United States Coast Guard in view of the confidential nature of such records.

TREASURY DEPARTMENT — U. S. COAST GUARD CG 3300 (4-52)

INSTRUCTIONS

This side of the service record is for all official and unofficial correspondence concerning the individual, such as: Transfer Orders, official requests, personal documents, i. e., Discharge Certificates, Training Course Certificates, original of Citations or Commendations, etc.

Upon separation from the Coast Guard, all personal documents should be removed and returned to the individual concerned. Obtain a receipt for papers so delivered and file with the remaining correspondence in the service record.

Eliminate correspondence which has served its purpose and arrange remaining papers in chronological order, latest dated papers on top. Forward with closed-out service record to Commandant (PE).

Identification Card No. _____

CONTENTS CHECKED FOR ACCURACY

(REQUIRED: 1. WHEN REPORTING ABOARD. 2. WHEN TRANSFERRED. 3. ON DISCHARGE OR RETIREMENT)

DATE	STATION	BY (NAME AND GRADE)	INITIALS
5-19-52	CD GROUP, Phila., Pa	E.A. COFFIN, JR., CDR, USCG	
MAY 9 1952	Group, Cape May NJ	J.A. HEIKEL, LCDR, USCG Commanding Officer	
7-1-54	GROUP CAPE MAY, N.J.	J.A. HEIKEL, LCDR, CO	

REMINGTON RAND INC., 11 U S 391-14036—'52

INSTRUCTIONS

1. A service record will be opened and maintained for each person enlisted, reenlisted, or inducted as an enlisted member of the Regular Coast Guard or reserve components.

2. Type or print full name in following order: last, first and middle, and service number, on line above captions, in space provided on this record. In case of USCGR personnel, type "R" after USCG.

3. The service record shall be safeguarded against loss and unauthorized persons shall not have access thereto.

4. Entries in the record shall be made only by those given such authority by the Commanding Officer. The required signatures are specified on page 15, Service Record Signatures.

5. All marks and other entries shall be entered promptly, dated, and signed, either on date of occurrence or as may be otherwise required.

6. All entries shall be typewritten. Signatures shall be made in black or blue black ink only.

7. Erasures, interlineations, and the use of ditto marks are prohibited. Should it be found that an error has been entered in the service record of an individual who is still attached to the command committing the error, a light red ink line shall be drawn through the erroneous entry; the commanding officer or executive officer should enter his initials alongside the lined-out error, and the correct entry made and signed or initialed as appropriate. When such apparent errors have been committed in previous commands, the Commandant (PE) should be advised and instructions requested; in case of performance of duty marks, see article 8-C-12 Personnel Manual.

8. Upon separation from the Coast Guard the service record will be closed out in accordance with current instructions and forwarded to The Commandant (PE). Upon immediate reenlistment below listed sheets indicated by an asterisk shall be removed and inserted in the new service record.

9. Instructions as to entries to be made on the several pages of the record are printed on the reverse side of the page. These pages shall be assembled on this side of the record in the following order; the Enlistment Contract on the bottom, the Agreement to Extend Enlistment (when appropriate) on the top of the Enlistment Contract, etc.

1 Enlistment Contract
1a Certificate of Obligated Service (when appropriate)
1b Agreement to Extend Enlistment (when appropriate)
2 Record of Emergency Data (Beneficiary) (DD93)
3 Classification Training and Rating Sheet*
4 Court Memorandum
5 Leave Record
6 Marks
7 Administrative Remarks
8 Motor Vehicle Operators Record (when appropriate)*
9 Record of Discharge, Release from Active Duty, or Death
10 DD Form 214
11 Desertion Sheet (when appropriate)
12 Individual Order to Adjust Pay Account
13 VACANT (held for future use)
14 VACANT (held for future use)
15 Service Record Signatures
16 Distribution Sheet

10. When additional sheets of the same page number are required the additional sheet shall be numbered serially, 1, 2, 3, etc., in block provided adjacent to page number and filed on top of the original in chronological order.

NAME LAST

COMMANDANT
U. S. COAST GUARD HEADQUARTERS
WASHINGTON 25, D. C.

OFFICIAL BUSINESS
PERMIT No. 1069

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300

IF FOUND, PLACE IN NEAREST MAIL BOX
FOR RETURN BY OFFICIAL MAIL

To: COMMANDANT (PE)
U. S. COAST GUARD HEADQUARTERS
WASHINGTON 25, D. C.

MAR 3 1 1953 23-7-0
22-7-0 MAR 3 1 1952
MAR 3 1 1954 24-7-0
Mtak Mobile Shop LCS Philadelphia Dep (03)

21 7 0 Service for Retirement SCOTT, Leonard D. 109-314 BML1
Yrs. Mos. Days (Name) (Service No.) (Rate)

32 ~~136~~
Indian River Inlet LBS
(03)

as of 31 March, ~~1950~~ 1951

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	21	7	0
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE (Retirement)			
TOTAL SERVICE FOR RETIREMENT	21	7	0
INACTIVE SERVICE (Specify)			
LIGHTHOUSE (For Pay Purposes)			
TOTAL SERVICE FOR PAY PURPOSES	21	7	0

HIGHEST RANK OR RATING HELD BM1&1

Service Computed by FAS 9-25-51
Service Verified by [illegible]

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Indian River Inlet LBSTA	Rehoboth Beach, Del.	9 April, 1954

FROM (REQUESTER):	TO	VIA:
SCOTT, Leonard D. (109-314) BM1c	GRUCOM, CAPE MAY, N. J.	OIC, INDIAN RIVER INLT LBSTA

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR ☐ EMERGENCY	☐ REENLISTMENT ☐ RECRUIT
5	17 April, 1954		

ADDRESS ON LEAVE WILL BE Dewey Beach, Rehoboth, Del.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Leonard D. Scott
LEONARD D. SCOTT

Ind.-1 Unit: Indian River Inlet LBSTA Date 9 April, 1954

Date current leave accounting period began	Balance brought forward beginning of present accounting period
7-1-53	09
Number days' leave used during current accounting period: 0	Date of expiration of current enlistment: 9 September 1955

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Milton W. Cooper
MILTON W. COOPER, BMlC
(Signature, rank, and title) OIC

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG Moorings Date 12 April 1954

☒ Returned, GRANTED 5 days.
☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

J. A. Heakel
J. A. HEAKEL, LCDR, USCG, CO
(Signature, rank, and title)

Ind.-4 Unit: Indian River Inlet LBSTA Date 17 April, 1954

Departed at 0700, this date. This leave expires before 0900, 23 April, 1954

at this unit and is subject to the instructions on the reverse hereof.

Milton W. Cooper
MILTON W. COOPER, BMlC
(Signature, rank, and title) OIC

Ind.-5 Unit: Indian River Inlet LBSTA Date 23 April, 1954

Reported at 0830, this date, having used 5 days' leave.

Milton W. Cooper
MILTON W. COOPER, BMlC
(Signature, rank, and title) OIC

16—40220-3

(Over)

UNITED STATES COAST GUARD

ADDRESS REPLY TO
COMMANDER,
CG GROUP PHILADELPHIA
REFER TO FILE

1015 Chestnut St.,
Philadelphia, Pa.

U.S. COAST GUARD MORNINGS
MAY 6 1953
RECEIVED
CAPE MAY, NEW JERSEY

29 April 1953
File: P16-4/MM
Order No. 131-53

From: Commander, Group Philadelphia
To: SCOTT, Leonard D. (109-314) BML1 - OinC, Miah Maull Shoal L/S
Via: Commanding Officer, Lewes Lifeboat Station

Subj: Orders; transfer, travel

Ref: (a) CCGD3/Ltr dtd 4-15-53, P16-3/MM, Ord.No. 3367-53

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed to Cape May, New Jersey and upon arrival thereat report to the Commander, CAPE MAY GROUP, for further transfer to the Indian River Lifeboat Station, for assignment to duty.

2. Travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against 3rd CG District travel allotment symbol 03-20, authorization No. 033885.

3. Travel is authorized via all modes.

4. Your Service Record and Pay Record will be forwarded by Commander, Group Philadelphia. Your Health Record which is at Lewes Lifeboat Station will be carried with you and delivered to proper authority upon arrival at your destination.

5. This order constitutes a permanent change of station for you from Lewes, Delaware to Rehobeth Beach, Delaware. You are authorized one (1) day travel time and four (4) days proceed time in reporting to your new station.

6. COMMANDER, CAPE MAY GROUP, WILL BE ACCOUNTABLE UPON DETACHMENT.

E. A. COFFIN, JR.
By direction

Copy to:
CCGD3(p)
ACO, Phila
GruComCapeMay
File

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCOTT, Leonard Todd	SN(L)	100-814
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Rehoboth Beach, Del.	REENLISTMENT IN USCG	26 Aug 1952

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
MALE	CAUCASIAN	4	0	USCG	PHILA. GROUP, PHILA., PA.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
10 May 1930	Chester, Penna.	William L. Scott (son) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS DISP., 225 Chestnut St., Phila., Pa.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—Restorable teeth
/.—Nonrestorable teeth
X.—Missing teeth
XXX.—Replaced by dentures
(6 X 8).—Fixed bridge, brackets to include abutments

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

QUALIFIED

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

LABORATORY FINDINGS

45. URINALYSIS: SP. GR.			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
1.016				
NEG.	NEG.	NEG.	NEGATIVE	VDRL NEGATIVE

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NEGATIVE	NEGATIVE	NONE

16—69288-1

FIRST ENDORSEMENT TO TRAVEL ORDER, No. 033885, dated 29 April, 1953
Lewes Lifeboat Station
Lewes, Del.

4 May, 1953

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

1. Delivered and departed this unit at 1530Q this date in compliance with basic orders. ; EDA Prior 2400Q , 5-9-53.

F.A. MASSEY, CBOSN, USCG

SECOND ENDORSEMENT TO TRAVEL ORDER ,No. 033885.

4 May, 1953

1. I have read and understand the foregoing orders.

Leonard D. Scott

---

9 May 1953
P16-4/MM

THIRD ENDORSEMENT on CMDR CG GRP PHILA. ltr P16-4/MM of 29 April 1953
INDIAN RIVER LBS, Rehoboth Beach, Delaware.

Reported 1900 this date and place for assignment to duty in accordance with basic orders. No travel was deemed necessary for the execution of these orders.

J. A. HEIKEL

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69	150	Grey	Blue		98.4°

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 130	RECUMBENT	SYS. 130	STANDING (5 min.)	SYS. 120	
	DIAS. 80		DIAS. 74		DIAS 70	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
88	120	92	84	92

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 70 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO BY
LEFT 20/ 70 CORR. TO 20/ 30	BY S. CX	CORR. TO NFA BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° NFA H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT NFA LEFT	P.I. PLATES NORMAL	NFA	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV	30/30 /15	
LEFT WV 15 /15 SV	50/30 /15	

71. AUDIOMETER

	256	512	1024	2048	2896	4096	8192	
RIGHT					NFA			
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

No serious illnesses since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS 18 QUALIFIED FOR REENLISTMENT IN USCG

☐ IS NOT

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
H. WOOD, S.A.SURG., USPHS(R)

SIGNATURE H Wood

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
H. SWERDLOW, S.A.D.SURG., USPHS

SIGNATURE H Swerdlow

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

P
15 April 1955
P16-3/EM
3367-55

From: Commander, 3rd Coast Guard District
To: Commander, PHILADELPHIA GROUP, Philadelphia, Pa.

Subj: SCOTT, Leonard D. (108-314) BM1(L); orders, transfer, travel

1. Upon arrival of relief, transfer the subject named man to report to the Commander, CAPE MAY GROUP, Cape May, New Jersey, for further transfer to the Indian River Lifeboat Station, for assignment to duty.

2. Travel necessary for the execution of this order is required by the public interests and is authorized, chargeable against 3rd CG District travel allotment symbol 03-20, authorization No. 033885.

3. Travel is authorized via all modes.

4. Records will be carried on transfer.

5. This order constitutes a permanent change of station for SCOTT, from present station to Rehoboth Beach, Delaware.

6. Prior to detachment, man will be directed to comply with paragraph 12-1-16-3 of Regulations USCG, promulgated by Commandant's Circular 2-53.

7. GRUCOM CAPE MAY WILL BE ACCOUNTABLE UPON DETACHMENT.

R. T. CALAHAN
By direction

CERTIFIED TO BE A TRUE COPY.

E. A. COFFIN, JR., Cdr. U.S.C.G.

Copy to:
Pers
Pay
Class
File
CGA
GRUCOM CAPE MAY

APPLICATION FOR LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA
1015 Chestnut Street
Philadelphia 7, Pa.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL L/S	DEL . BAY	5 MARCH, 1953

FROM	TO
SCOTT, LEONARD D.(109-314) BM1L	OinC MIAH MAULL SHOAL L/S

No. Days Compensatory Absence	No. Days ALREG	Address while on leave
6	2	

It is requested that I be granted permission to travel beyond a radius of fifty (50) miles from Lewes, Delaware while on Compensatory Liberty.

Leonard D. Scott
LEONARD D. SCOTT BM1L
(SIGNATURE)

UNIT	DATE
MIAH MAULL SHOAL L/S	5 MARCH, 1953

(X) Granted Departed at 1100R this date.

This leave expires prior to 0730R 14 March, 53 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Permission (is)(is not) granted to travel beyond a fifty (50) mile radius from Lewes, Delaware while on Compensatory Liberty.

Leonard D. Scott
LEONARD D. SCOTT BM1L
(SIGNATURE) Officer-in-Charge)

UNIT	DATE
LEWES LIFEBOAT STATION	14 MAR. 1953

Returned at 0700 R this date. Executed 6 days Compensatory Leave and 2 days Annual Leave.

F. A. Massey
F.A. MASSEY CBOSN, USCG.
(SIGNATURE) Officer-in-Charge)

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA, PA.
1015 Chestnut St.,
Philadelphia, Pa.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL L/S	LEWES DEL.	2-5-53

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L)	CO: CG GROUP, PHILA.

No. Days Compensatory absence	No. Days ALREG	Address while on leave	Phone No.
6	2		

Leonard D. Scott
LEONARD D. SCOTT
(Signature of applicant)

UNIT	DATE
MOAH MAULL SHOAL L/S	2-5-53

[X] Granted Departed at 1015 R this date.

This leave expires prior to 0730 R 2-14-53 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Leonard D. Scott BM1 (L)
(Signature of OIC

UNIT	DATE
Lewes Lifeboat Station	14 Feb. 1953

Reported at 0730 R this date. Execuried 6 days Compensatory leave and 2 ALREG.

William F. Sing
WILLIAM F. SING BMC(L)
(Signature of OIC) ACTING

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA, PA.
1015 Chestnut St.,
Philadelphia, Pa.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL L/S	DEL BAY, LEWES, DEL.	7 JANUARY, 1953

FROM	TO
SCOTT, LEONARD D. (109-314) BMCL	OinC MIAH MAULL L/S

No. Days Compensatory absence	No. Days ALREG	Address while on leave	Phone No.
6	2	DEWEY BEACH, REHOBOTH, DEL.	

Leonard D. Scott
LEONARD D. SCOTT
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL L/S	7 JANUARY, 1953

[X] Granted Departed at 1400R this date.

This leave expires prior to 0700R 16 January, 1953 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Quigley
CLYDE QUIGLEY OinC BMCM
(Signature of OIC

UNIT	DATE
Lewes Lifeboat Station	16 Jan. 1953

Reported at 0745 R this date. Execuried 6 days Compensatory leave and 2 ALREG.

F.A. Massey
F.A. MASSEY BOSN.
(Signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA, PA.
1015 Chestnut St.,
Philadelphia, Pa.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION	LEWES DEL.	10 DECEMBER, 1952

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L)	CO: CG GROUP, PHILA.

No. Days Compensatory absence	No. Days ALREG	Address while on leave	Phone No.
6	2		

Leonard D. Scott
LEONARD D. SCOTT
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	10 DECEMBER, 1952

[X] Granted Departed at 1000 R this date.

This leave expires prior to 0800 12-19-52 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Quigley BM1(L)
(Signature of OIC

UNIT	DATE
Lewes Lifeboat Station, Lewes, Dela.	**19 December, 1952**

Reported at **0730R** this date. Execuried **6** days Compensatory leave and **2** ALREG.

Edward T. Kassick BM2
EDWARD T. KASSICK BM2 (Acting)
(Signature of OIC)

2-11-52

RECEIVED
NOV 25 9 17 AM 1952
CDR. 3 C. GROUP
PHILA. PA.

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA, PA.
1015 Chestnut St.,
Philadelphia, Pa.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL L/S	LEWES DEL.	11-12-52

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L)	CO: CG GROUP, PHILA.

No. Days Compensatory absence	No. Days ALREG	Address while on leave	Phone No.
6	2		

Leonard D. Scott
LEONARD D. SCOTT
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL L/S	11-12-52

[X] Granted Departed at 1830 R this date.

This leave expires prior to 0800 R 11-21-52 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Quigley BM1 (L)
(Signature of OIC

UNIT	DATE
LEWES LIFEBOAT STATION	21 NOVEMBER, 1952

Reported at 0800 R this date. Execuried 6 days Compensatory leave and 2 ALREG.

F.A. Massey
F.A. MASSEY BOSN.
(Signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION LEWES DEL.		15 OCT. 1952

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L) CO; CG GROUP, PHILA.	

No. days compensatory absence	No. Days Reg-Lv.	Address on leave
6	2	

Leonard D. Scott
LEONARD D. SCOTT
(signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	15 OCT. 1952

Granted X Reported at 1130 R this date

This leave expires prior to 0800 R 24 OCT, 1952 on board CG LIFEBOAT STATION, LEWES, DELAWARE

Clyde Tweedy
(signature of OIC)

UNIT	DATE
Lewes Lifeboat Station	24 Oct., 1952

Reported at 0800 this date. Executed 6 Days Compensatory Leave and 2 Days (Reg-Lv)(Adv-Lv)

F.A. MASSEY BOSN.
(signature of OIC)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Miah Maull Shoal L/S Lewes, Delaware	Lewes, Delaware	10 September 1952

FROM (REQUESTER):	TO	VIA:
BM1(L) SCOTT, Leonard D. (109-314)	Commander, Philadelphia Group	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☐ REGULAR ☐ EMERGENCY	☒ REENLISTMENT ☐ RECRUIT
Six (6)	11 September 1952		

ADDRESS ON LEAVE WILL BE Dewey Beach, Rehoboth Beach, Lewes, Delaware

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Leonard Dodd Scott
Leonard Dodd Scott

Ind.-1 Unit: CG GROUP OFFICE, PHILA., PA. Date 10 September 1952

Date current leave accounting period began 9-10-52

Balance brought forward beginning of present accounting period (0)

Number days' leave used during current accounting period (0)

Date of expiration of current enlistment 9 September 1955

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG GROUP OFFICE, PHILA., PA. Date 10 September 1952

☒ Returned, GRANTED 6 days.

☐ Returned, NOT GRANTED, because

☒ ADVANCE ☐ ACCRUED REGULAR (Reason for leave) Leave.

E. A. COFFIN, JR., CDR, USCG, XO
(Signature, rank, and title)

Ind.-4 Unit: CG GROUP OFFICE, PHILA., PA. Date 11 September 1952

Departed at 0900, this date. This leave expires before 0800, 18 September 1952

at Lewes Lifeboat Station, Lewes, Del. and is subject to the instructions on the reverse hereof.

E. A. COFFIN, JR., CDR, USCG, XO
(Signature, rank, and title)

Ind.-5 Unit: LEWES LIFEBOAT STATION Date 18 SEPT, 1952

Reported at 0800, this date, having used 6 days' leave.

WILLIAM G. SING BMC(L) USCG
(Signature, rank, and title)

ACTING

16—40220-3

(Over)

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA, PA.
1015 Chestnut St.,
Philadelphia, Pa.

UNIT	ADDRESS	DATE
~~MIAH MAULL SHOAL LIGHT STATION~~	~~LEWES DEL.~~	~~16 SEPT, 1952~~

FROM	TO
SCOTT LEONARD D. (109 31 4) BM1(L)	CO: CG GROUP, PHILA.

No. Days Compensatory absence	No. Days ALREG	Address while on leave	Phone No.
6	2	REHOBOTH BEACH DEL.	

Leonard D. Scott
LEONARD D. SCOTT BM1(L)
(Signature of applicant)

UNIT	DATE
~~MIAH MAULL SHOAL LIGHT STATION~~	~~16 SEPT 1952~~

[X] Granted Departed at ~~1600 Q~~ this date.

This leave expires prior to ~~0800 Q 27 SEPT, 1952~~ on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Clyde Quigley BMC USCG
(Signature of OIC

UNIT	DATE
LEWES LIFEBOAT STATION	27 SEPTEMBER, 1952

Reported at 08000 this date. Execuried 6 days Compensatory leave and 2 ALREG.

J. A. MASSEY BOSN.
(Signature of OIC)

APPLICATION FOR
LEAVE OF ABSENCE

COMMANDER, CG GROUP
PHILADELPHIA
1015 Chestnut St.,
Philadelphia, Penna.

UNIT	ADDRESS	DATE
MIAH MAULL SHOAL LIGHT STATION	LEWES DEL.	19 AUGUST, 1952

FROM	TO
SCOTT, LEONARD D. (109-314) BM1(L)	CO; CG GROUP, PHILA.

No. days Compensatory absence	No. days REG Lv	Address while on leave	Phone No.
6	2		

Leonard D. Scott
LEONARD D. SCOTT
(Signature of applicant)

UNIT	DATE
MIAH MAULL SHOAL LIGHT STATION	19 AUGUST, 1952

[X] Granted Departed at. 1100 Q this date.

This leave expires prior to 0800 8-28-52 on board LEWES LIFEBOAT STATION, LEWES, DELAWARE.

Lloyd Quigley
(Signature of OIC)

UNIT	DATE
LEWES LIFEBOAT STATION	28 AUGUST, 1952

Reported at 0800 this date. Executed 6 Days Compensatory leave and 2 days (Reg-Lv)(ADV-Lv).

F.A. Massey
F.A MASSEY BOSN.
(Signature of OIC)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2955 (9-47)

AFFIDAVIT

PENSION, COMPENSATION, OR RETIRED PAY

I, LEONARD DODD SCOTT, BEING FIRST DULY SWORN, UPON OATH DEPOSE AND SAY THAT I AM NOT DRAWING, NOR HAVE I A CLAIM PENDING, ON ACCOUNT OF MY OWN SERVICE, FOR A PENSION, DISABILITY ALLOWANCE, DISABILITY COMPENSATION, OR RETIRED PAY FROM THE GOVERNMENT OF THE UNITED STATES.

Leonard Dodd Scott

Leonard Dodd Scott

Subscribed and sworn to
before me this 10th
day of SEPTEMBER
19 52.

E. A. COFFIN, JR.
Commander
U. S. Coast Guard

REPORT SYMBOL. (N) BB-1

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
SCOTT, Leonard Dodd	109-314	BM1(L) 4-47	USCG

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
		9	September	52	DISCHARGED

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
12-3-42 A (1) CG Regs.	Coast Guard Group Office, Phila., Penna.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
10	May	1900	Chester, Penna.	M	Caucasian	Dk. Brn.	Blue	69"	160

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: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1(L)

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)
6	Sept	49	Lewes, Delaware	Rehoboth Beach, Delaware

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (Coast Guard SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	20	00	05
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	03	00	04
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	00	00	00
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	23	00	09

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

26. FOREIGN AND/OR SEA SERVICE: YEARS | MONTHS | DAYS

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

28. MOST SIGNIFICANT DUTY ASSIGNMENT: Mish Mault Shoal Light Station

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(S) 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
28.00	$7.86	BERNARD HOGAN, 1576

AUTHENTICATION

36. REMARKS (Continue on reverse)

RECOMMENDED FOR REENLISTMENT

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: E. A. COFFIN, JR.

NAME, GRADE AND TITLE (Typed)
Commander
Executive Officer
Philadelphia Group Office

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): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
☒ YES ☐ NO	Married	8	0	0		

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)	48. SIGNATURE OF PERSON BEING SEPARATED
Rehoboth Beach, Delaware	LEONARD DODD SCOTT

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

DD FORM-214

ALL SERVICES: Affix To Service Record Book

☆ G.P.O.: 1950-917007

Consolidated List of Organizations Designated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

Totalitarian:

Black Dragon Society
Central Japanese Association (*Beikoku Chuo Nipponjin*)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (*Military Virtue Society of Japan or Military Art Society of Japan*)
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heiyaku Gimusha Kai, and Zaibei Hemusha Kai (*Japanese residing in America Military Conscripts Association*)
Hinode Kai (*Imperial Japanese Reservists*)
Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese war veterans*)
Hokubei Zaigo Shoke Dan (*North American Reserve Officers Association*)
Japanese Association of America
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (*Recruiting Organization*)
Jikyoku Iin Kai (*Current Affairs Association*)
Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku Kai (*Fatherland Society*)
Suiko Sha (*Reserve Officers Association of Los Angeles*)

Fascist:

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Conbattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
  Civil Rights Congress for Texas
  Veterans Against Discrimination of Civil Rights Congress of New York
Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
  Citizens Committee of the Upper West Side (*New York City*)
  Committee to Aid the Fighting South
  Daily Worker Press Club
  Dennis Defense Committee
  Labor Research Association, Inc.
  Southern Negro Youth Congress
  United May Day Committee
  United Negro and Allied Veterans of America
  Yiddisher Kultur Farband
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
  American-Russian Fraternal Society
  Carpatho-Russian Peoples Society
  Cervantes Fraternal Society
  Croatian Benevolent Fraternity
  Finnish-American Mutual Aid Society
  Garibaldi American Fraternal Society
  Hellenic-American Brotherhood
  Hungarian Brotherhood
  Jewish Peoples Fraternal Order
  People's Radio Foundation, Inc.
  Polonia Society of the IWO
  Romanian-American Fraternal Society
  Serbian-American Fraternal Society
  Slovak Workers Society
  Ukranian-American Fraternal Union
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Conference on American Policy in China and the Far East (*A Conference called by the Committee for a Democratic Far Eastern Policy*)
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (*since 1935*)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":

American Christian Nationalist Party
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

* * * * * * * * * * * * *

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE

Leonard Dodd Scott

Leonard Dodd Scott

SIGNATURE OF WITNESSING OFFICER

E. A. COFFIN, JR., CDR, USCG

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to .....," describing the specific part of any conduct, membership, or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

(*a*) Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

(*b*) Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

(*c*) Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

(*d*) Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

(*e*) Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement below.

5. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

6. I understand the meaning of the statements made in the certifications above.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

NONE TO MY KNOWLEDGE

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O, WO, Enl, ROTC affiliation, etc.*)
Leonard Dodd Scott	109-314	REENLISTMENT
Station to Which Certification Submitted	**Typed Name and Grade of Witnessing Officer**	
CG GROUP PHILADELPHIA, PENNA.	E. A. COFFIN, JR., CDR, USCG	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete.

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking appropriate penalties include but are not limited to membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons having the following characteristics:

1. Which practices, seeks to practice, or advocates either:

(*a*) Denial, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State Governments when such denial is attempted by force, violence, or intimidation, or

(*b*) Alteration of the existing form of government of the United States or territory subject to its jurisdiction, or of the existing economic, social, or political order within it when such alteration is through or with the aid of force, violence, or intimidation.

2. Which is disclosed by investigation, or is designated by the Attorney General of the United States to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means regardless of practice, advocacy, or nonadvocacy of any of the tenets set forth in 1 (*a*) and 1 (*b*) above.

I certify, as regards membership in or association with certain organizations, that:

1. I have read the instructions on the use of this form and understand them.

2. I have read the provisions applying to membership in or association with certain organizations and I understand them.

3. I have read, and so signified by signing, the attached list of organizations, associations, movements, groups, and combinations of persons listed on this form.

4. I have entered in the table below the name(s) of the organization(s) shown on the attached list with which I am or have been associated in any of the following respects:

(*a*) I am or have been a member.

(*b*) I am or have been employed.

(*c*) I have attended or been present at formal or informal meetings or gatherings.

(*d*) I have attended, been present at, or engaged in, organizational or social activities or activities which they sponsored.

(*e*) I have sold, given away, or distributed written, printed, or otherwise recorded matter published by them.

(*f*) I have been identified or associated in some other manner.

5. If I have had no such associations, I have so indicated by writing "None" or "None to my knowledge" in the table below.

6. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

7. I understand the meaning of the statements made in the certifications above.

Name of Organization	Currently a Member		Formerly a Member		Dates of Membership		Location of Membership
	Yes	No	Yes	No	From—	To—	
N O N E							

Statement as to certification of membership in or association with certain organizations. (*For each name entered in the table above, set forth a detailed account of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and precise description of credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.*)

* *

Given under my hand this 10th day of September 19 52

Signature of Witnessing Officer

E. A. COFFIN, JR., CDR, USCG

Signature of Person Making Certification

Leonard Dodd Scott

GPO 83-20419

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)

Coast Guard Group Office, Philadelphia, Penna.
(Unit)

SCOTT, Leonard Dodd — 9 September, 1952
(Name in full—surname to the left) (Date)

109-314 — BM1(L)
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1949	9	6
Enlistment extended (for 4 das years from)	1952	9	5
Date of discharge (HONORABLE) (Character of discharge)	1952	9	9

Total time of last enlistment period	NUMBER OF— Years	Months	Days
	3	0	4

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		

PAID PREVIOUS ENLISTMENT ALLOWANCE OF $150.00 ON 9-6-49

Paid $150.00 Reen. Allow. on 9/6/52
PAUL D. BANNING, CDO, Symbol No. 1375
on No. Nov 403-325, Pay Roll No. 03-PR-142

J. N. ALEWINE, Pay Clerk, USCG
Authorized Certifying Officer

TOTAL ABSENCE (0 days)

Creditable time served during last enlistment period	3	0	4

PREVIOUS CREDITABLE CG SERVICE: 20 yrs 0 mos 5 das. TOTAL CRED. SER. 23 yrs 0 mos 9 das.

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.

E. A. COFFEY, JR.

Date 9 SEPTEMBER, 1952 (Rank) COMMANDER, U. S. C. G.
EXECUTIVE OFFICER.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 10 SEPTEMBER, 1952 — Coast Guard Group Office, Philadelphia, Pa.
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)
a period of THREE (3) years from this date.

E. A. COFFEY, JR.

(Rank) COMMANDER, U. S. C. G.
EXECUTIVE OFFICER.

16—20903-1

(1)-Ⓑ NAME (PRINT CLEARLY): SCOTT (LAST) LEONARD (FIRST) DODD (MIDDLE) | SERVICE NUMBER: 103-317 | HEIGHT: 5 FT. 9 IN. | WEIGHT: 133 LBS. | RACE: W

(2) HOME ADDRESS: 32 LAKE AVE - REHOBOTH BEACH, DEL.

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

(4)-Ⓡ DATE OF BIRTH: MAY 10, 1908 | HOW LONG IN U. S.: ✓ YEARS

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

(6)-Ⓣ MARITAL STATUS: M | (7)-Ⓣ NUMBER OF DEPENDENTS: TWO

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

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	✓				
HIGH SCHOOL	1		✓			
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						

(9)-Ⓡ TOTAL SCHOOL YEARS: 9 X X X X X X X X X X X X

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

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

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: YKM | DATE: SEPT 1, 1939

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
✓				

(13)-Ⓣ MAIN OCCUPATION: FARM HAND 3-16-40 | YEARS AT IT: | WKLY. WAGE: $

D. O. T. CODE:

JUST WHAT DID YOU DO? DID GENERAL FARMING DUTIES

LAST DATE OF EMPLOYMENT: SEPT. 1, 1939

EMPLOYER: MISS ANNA DODD (FIRM NAME)

ADDRESS OF EMPLOYER: Rehoboth Beach, Del.

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

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

D. O. T. CODE:

JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES 1	ARITHMETIC	MECHANICAL APTITUDE	READ.	EK-1	MK-1
GRADE —SCORE	(15)-Ⓑ 36	(16)-Ⓑ 21	(17)-Ⓑ 45	26	47	45

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. NOT CONVERTED
2.
3.

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

NON-ENGLISH SPEAKING 3
ILLITERATE 2

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

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

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

(21) C. G. SERVICE SCHOOLS ATTENDED

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

(22) REMARKS:

(23) NEXT OF KIN

NAME MRS LUIA O. SCOTT

ADDRESS 32 LAKE AVE

CITY REHOBOTH BEA. STATE DELAWARE

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
8/1/42	REHOBOTH LIFEBOAT STA.	BM 2c	2nd in charge

UNITED STATES COAST GUARD

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

RECEIVED
OCT 1 1951
COMMANDER
THIRD C. G. DISTRICT
NEW YORK, N. Y.

PE-1
27 September, 1951

U. S. COAST GUARD
FILE:
RECEIVED
OCT 2 1951
PERSONNEL OFFICE
NEW YORK, N. Y.

From: Commandant
To: Commander, CG Group, Philadelphia, Pa.
Via: Commander, 3rd CG District

Subj: SCOTT, Leonard D. (109-314)BML1 ; request for retirement; acknowledgement of

Ref: (a) Scott's letter dated 12 September, 1951, file P19-2, bearing indorsements

Advise the above-named man that his request for retirement by reason of completion of twenty or more years of service has been received at Headquarters and that his application will be considered in any future selection of men for retirement under the 20-Year Enlisted Retirement Law.

W. H. BUXTON
By direction

RECEIVED
OCT 4 12 29 PM 1951
C.G. C.G. GROUP
PHILA. PA.

Ind-1
OC3CGD, New York, N.Y. 2 October, 1951

From: Commander, Third Coast Guard District
To: Commander, CG Group, Philadelphia, Pa.

Forwarded for compliance.

M. K. HUTCHINSON
By direction

C 114 TREASURY-CGHQ-WASH.,D.C.

Lewes, Delaware.

RECEIVED
SEP 13 9 54 AM 1951
C.G. REPRESENTATIVE
3RD C.G. DISTRICT
PHILA., PA.

12 September, 1951.
File: P19-2

From: SCOTT, Leonard D. (109-314) BM1(L), MIAH MAULL SHOAL LIGHT STA.
To: COMMANDANT (PE), Headquarters, U. S. Coast Guard, Washington, D. C.
Via: (1) Commander, Coast Guard GROUP, Philadelphia, Pa.
(2) Commander, THIRD CG District (p), New York, N. Y.

Subj: RETIREMENT, request for

1. It is requested that my name be considered for retirement under the provisions of the 20-year retirement law.

2. The date of original enlistment in the U. S. Coast Guard was 1 September, 1929, and service since the date of original enlistment has been continuous.

3. Completed twenty-two (22) years of continuous and creditable service on 31 August, 1951.

LEONARD D. SCOTT

Ind-1 13 September 1951

From: Commander, Coast Guard Group, Philadelphia, Pa.
To: Commandant (PE)
Via: Commander, 3rd Coast Guard District (p)

Forwarded, approved.

E. A. COFFIN, JR.
Executive Officer

UNITED STATES COAST GUARD

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

RECEIVED
NOV 22 1950
COMMANDING
THIRD C. G. DISTRICT

20 November 1950
FILE: PMM 73

From: Commandant
To: Commanding Officer, CG Depot, Gloucester, N. J.
Via: Commander, 3rd CG District (p)

Subj: SCOTT, Leonard D. (109-314) EN1(L); good conduct awards, information relative to.
Ref: (a) Personnel Circular No. 33-49

1. In reply to your letter of 11 September 1950, file 670, you are informed that the subject man's record indicates his eligibility for good conduct awards for his active service is as follows:

FROM	TO	UNIT	REMARKS
9-1-29	8-31-34		Medal issued
9-1-34	8-31-37		Bar issued
9-1-37	8-31-40		Bar issued
9-1-40	8-31-43	Lewes Lifeboat Station	Bar due
9-1-43	8-31-46	Group, Lewes	Bar due
9-1-46	8-31-49	Group, Cape May	Bar due

(a) Creditable toward a good conduct award.
(b) Not creditable, low conduct marks.
(c) Not creditable, did not reenlist within three months.
(d) Not creditable until he reverts to his enlisted status.
(e) Not creditable, out of the service.
(f)

2. His marks in proficiency in rating and conduct from 1 September 1949 to the end of his enlistment 5 September 1949 are:

DATE	PROFICIENCY	CONDUCT	DATE	PROFICIENCY	CONDUCT
9-5-49	3.5	4.0			

3. SCOTT's record indicates he is entitled to wear gold rating badges and service stripes in accordance with Navy Uniform Regulations Article 9-80, Change No. 1, amended by Coast Guard Amendment #2. An entry to this effect should be made in his service record.

N. W. SPROW
By direction

B1790

Ind-1 on Headquarters letter of
11-20-50 PMM 73

p
29 November, 1950
73

From: Commander, 3rd CG District
To: Commanding Officer, CG Depot, Gloucester, N. J.
Via: Commander, Philadelphia Group

Subj: SCOTT, Leonard D. (109-314) EN1(L); good conduct awards; information relatiye to

Forwarded. You are advised that good conduct awards indicated in paragraph 1 of basic letter will be apppopriately engraved and issued to subject men as soon as possible. No further action will be required by your command on awards indicated in basic letter.

K. O. A. ZITTEL
By direction.

Ind-2
Phila.,Pa.

1 December, 1950
73

From: Commander, Coast Guard Group PHILADELPHIA, Pa.
To: Commanding Officer, CG Depot, Gloucester, N.J.

Forwarded.

L. R. DAVISON
By direction

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

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD ~~HEADQUARTERS~~

~~WASHINGTON~~

18 February 1952

From: ~~Commandant~~ Commander, CG Group Philadelphia, Pa.

To: Authorized Certifying Officer, 3rd CG District, NY,NY.

SUBJECT: SCOTT, Leonard D. (109-314) BM1(L)

Statement of service of.

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—
USCG 9-1-29 Now Serving		NONE		NONE		NONE	

Completed Twenty-two (22) yrs credit. serv. 8-31-51

CERTIFIED TO BE CORRECT

E. A. COFFIN, JR., CDR., USCG

U. S. GOVERNMENT PRINTING OFFICE 16—32658-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP, Philadelphia, Pa.
(Mich Mull Shoal Light Station) (Unit)

Lewes, Delaware. (Place)

1 October, 1949 (Date)

FROM: SCOTT, Leonard D. (109-314), BM1(L)

TO: COMMANDANT (via Commander, 3rd 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:

Lula O. Scott (Full name of wife; if not married, so state)	Dewey Beach, Rehoboth, Delaware. (Address of wife)
William L. Scott (b. 16 July, 1931) (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:

Frank F. Scott (Full name of relative)	Brother (Relationship)	1623 Delaware Street, Paulsboro, N. J. (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:

Lillie Scott (Full name of relative)	Niece (Relationship)	1623 Delaware Street, Paulsboro, N. J. (Address of relative)

Potential (State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of October, 1949

R. O. HALL, CBOSN (Signature)

CO, Lewes LB Station (Rank or title)

Leonard D. Scott
LEONARD D. SCOTT (Signature)

BM1(L) (Rank or rating)

16—25758-1

ENLISTED PERSONNEL DATA CARD

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
SCOTT,	Leonard	D.	109-314	BM1(L)	MINH MAULSH LIS LEWES, DEL.

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
9-6-49	3	~~9-5-52~~ 9-9-55	none	none	none	6-20-52

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
5-10-00	CAU	W	Rehobeth Bch. Del.	Rehobeth Beach Del.	none	Delaware

19. CIVILIAN EDUCATION	20. LANGUAGE QUALIFICATIONS	21. CIVILIAN OCCUPATION
GS8	none	CG Enlisted man

22. SPECIAL SKILLS, LICENSES, ETC.: none

CODING SPACE

23. TEST SCORES

GCT	MA	EK	CA	SP
36	45	47		

AR	READ	MK	PI
21	26	45	

24. EXPERIENCE (*Months*)

	ASHORE	AFLOAT
WITHIN CLUS:	273	
OUTSIDE CLUS:		

25. SERVICE PRIOR TO THIS ENLISTMENT

a. BRANCH: none

b. ACTIVE SERVICE: ____ YRS. ____ MOS. ____ DAYS

c. OTHER SERVICE: ____ YRS. ____ MOS. ____ DAYS

d. TOTAL NET SERVICE FOR PAY: ____ YRS. ____ MOS. ____ DAYS

28. OFF DUTY TRAINING: none

29. SERVICE SCHOOLS COMPLETED: none

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BM1(L)	PERM.	4-25-47

31. REMARKS

26. SERVICE FOR BASIC PAY: COMP. 22 YRS. ON 8-31-51

27. SERVICE FOR RETIREMENT: COMP. 22 YRS. ON 8-31-51

32. RPTD DIST. SEP 7 45

33. RPTD UNIT 1-22-47

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
SCOTT,	Leonard	D.	109-314	BM1(L)	MINH MAULSH LEWES, DEL.

4/5 GPO 16—66506-1

SCOTT,
(Surname in capital letters)

Leonard D.
(Christian name(s) in full)

109-314
(Service number)

HEALTH RECORD, U.S. COAST GUARD

RANK OR RATING BM1L

CHANGES

BM1c

BM1c(L) 4-25-47

BM1(I) Pers. Cir 36-47

RETIRED
JUL 1 1954

FORM 2522 MUST ALWAYS ACCOMPANY PATIENT WITH HEALTH RECORD WHEN APPLYING FOR INPATIENT TREATMENT, AND FOR FIRST OUTPATIENT TREATMENT.

BLOOD TYPE "O"

Form NCG-2525
October 1936

16—25762-1

PROT

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

SCOTT,
(Surname)

Leonard D.
(Given name-s)

Surf. 109614
(Rank or rate) (Service number)

INSTRUCTIONS

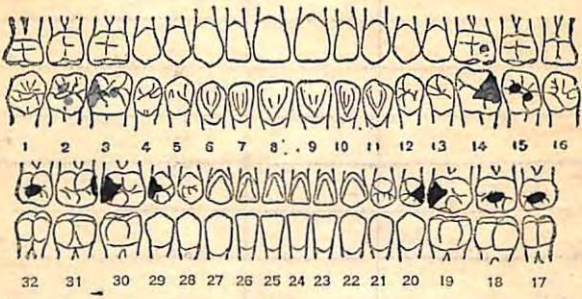
The Dental Record will be inserted as the top sheet in the Health Record.

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

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

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

RECORD OF FIRST DENTAL EXAMINATION

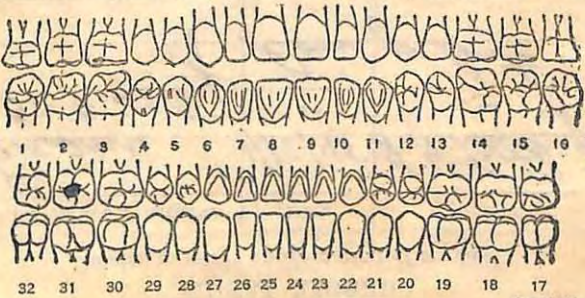


REMARKS: Alloy Fill - #1D,D - 3S,D, 14S 15D,D, 17D, 18D, 19R, 20S, 29S 30S, 31O, 32D

H. H. Bettinger

1-16-45 H.H.Bettinger PAD Surg., USPHSR
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Exam	1/16/45	H. H. Bettinger
#31-D alloy	"	"
	Complete	

U. S. GOVERNMENT PRINTING OFFICE: 1932 2—16140

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name SCOTT, Leonard D. (Surname first) Service Number 109-314

Age: Years 45 Months 3 Color White

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

Rank or Rating B.M.1c.

Place Phila., Pa. Date 8/13/45

Personal Medical History Anxiety neurosis, 7/21/45

Vision: R.E. 20/ 40 L.E. 20/ 30 Corrected: R.E. 20/ 20 L.E. 20/ 30

Color blind? no Test used P.I. Plates

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

Eyes, eyelids, and reflexes normal

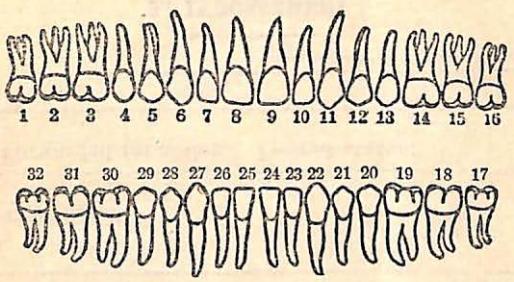
Ears: Right normal Left normal
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

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

(Right Side)



Gums Good Temperature normal

Height 67½ inches. Weight (stripped) 139 Lbs. Obesity no

Skin normal

Lymph. glands normal

Chest: Inspiration 36 Expiration 34

Heart and blood vessels normal

Blood pressure: Systolic 124 Diastolic 76

Pulse before exercise 88, after exercise 110, after 2 min. 92

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin neg. Sugar neg. Shreds none

Microscopical exam. (if indicated) epithelia neg. Sp. Gr. 1.019

Blood cells neg. Pus cells neg. Casts neg.

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

Wassermann or Kahn test: Date 8/13/45 Result

16—27070-1

REMARKS: _____

_____

CERTIFICATE

We / I } certify that { We / I } have personally made this physical examination and find that SCOTT, Leonard D.

He is physically qualified for Sea duty
(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 _____

H. Abrams

H. ABRAMS
P.A.(R) *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

1. Forwarded for action. Present status:

_____

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

2d INDORSEMENT

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

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

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

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

VACCINATION AND INOCULATION RECORD

Name SCOTT, Leonard B. (Surname first)

Rank or rating Surf. Service number 109-314

SMALLPOX VACCINATION

Number of prior scars 1

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
1/23/33	Taken from service record		
4-2-38	E.T. Stankey	PR	E.T. Stankey
8/19/42	J.J. Wiswell		
6-9-43	SRK HM2		

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
	August, 1934		
8/16	8/23	8/30	E.S.S.
~~8/10~~	8/20	8/29	E.S.S.
4-28-43	5-5-43	5-12-43	M.J. Frank Ph. Mate 3/c
TETANUS TOXOID		3/31/44	1/2 CC

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

TETANUS TOXOID Booster 1/2 CC 6-2-43 Sage Ph. M 2/c

TYPHOID BOOSTER 3/29/44

Tetanus Booster 6-9-43 SRK HM2

Exempt from Typhoid

(Signature of medical officer)

2—16142

upp - mucous

3/7/50 Tetanus toxoid 1 cc

4/8/50 Tetanus toxoid 1cc LELS

INSTRUCTIONS

Enter result as "Primary reaction" (PR); "Accelerated reaction" (AR); "Immunity reaction" (IR) or "Failure" (F).

Inspect primary vaccinations ten (10) to fifteen (15) days after vaccination, revaccinations two (2) to four (4) days after revaccination and later if a primary or slow accelerated reaction is developing. Upon a revaccination first make a control scarification unless the "multiple pressure" method is used.

PR.

Primary reactions are those in which the broadest redness occurs eight (8) to fourteen (14) days after vaccination; they always have a vesicle.

AR.

Accelerated reactions are those in which the broadest redness occurs four (4) to seven (7) days after vaccination; they also have a vesicle.

IR.

Immunity reactions are those in which the broadest redness occurs eight (8) to seventy-two (72) hours after vaccination; such a reaction is evidence of immunity only if fully potent vaccine was used. The vaccine should be kept constantly at or below freezing or be used within two weeks after leaving the manufacturers and be kept in an icebox meanwhile. If these conditions are not known to have been fulfilled, an apparent immunity reaction should be marked with a question mark (IR?).

F.

Failures are all other reactions or no reaction.

When either vaccination or inoculation is completed and entered on the record sheet, a duplicate entry shall be made on a duplicate sheet which shall be immediately forwarded to Headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16142

N. C. G.-2525 C

VACCINATION AND INOCULATION RECORD

Name SCOTT, L. D.
(Surname first)

Rank or rating BM 1/c Service number 109-31 4

SMALLPOX VACCINATION

Number of prior scars

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
2-7-53	E. R. Stambaugh		

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
2/7/53			E. R. Stambaugh
5-15-54			L. L. Slaughter per BM

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Exempt from typhoid
Over age

(Signature of medical officer)

16—25759-1

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Surname SCOTT, Service No. 109-314

Christian name-s Leonard D.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Lewes Del	20 Eighth 1938
0837 Impated cerumen. Irrigated ear canals with removal of same. Inspects after removal- normal	
E L Stambaugh asst surg	
Lewes, Delaware	
March 9, 1939	
Admitted to outpatient department with Psoriasis - 1445. Eruption covered with silvery white scale - rather generalized.	
~~Treatment: Salicylic Acid Ointment.~~	
E L Stambaugh a-a Surg.	
Lewes, Delaware	
26 Jan, 1941	
C.C. Dizziness as result of inherent ear disease (ruptured drum) and blowing of fog horn. Incident to Service. Not due to misconduct.	

℞.

Thiamin Chloride.

Advise light duty.

E. B. Stambaugh
A. A. Surg.

30 Jan. 1944 Lewes Del.

Dizziness minimal. Continuous ringing. Drum appearance rt. lt. same. Continue treatment.

E. B. Stambaugh
AA Surg.

4 Feb. 1944 Lewes.

Improved

Discharged.

E. B. Stambaugh
A. A. Surg.

Lewes Del

Nov. 17. 1941

C.C. Pain and swelling rt. knee.

Diag. Arthritis - subacute

Treatment. Hot soaks & Epsom Salts

Heat massage Elastic Bandage

Incurred in line of duty.

E. B. Stambaugh
AA Surg.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16143

Form 2525-D—TREASURY DEPARTMENT—Coast Guard

MEDICAL HISTORY

Page 3

Surname..... Service No. .....

Christian name-s.....

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Lewes Del.

Dec. 9, 1941

C.C. Generalized aching Chills Fever. (102°)

Diag. Influenza 0868

Treatm. Routine. Offduty.

R.B. Stambaugh
a.a surg.

Lewes, Del.
Jan 10, 1942 (Out. Pt.)

Patient in bed for 2 wks c moderately severe influenza. During course - wrists and knees became acutely painful indicating toxic arthritis. Convalescence prolonged but uneventful. Back to duty to Jan 6, 1942 R. B. Stambaugh.
a.a surg.

Relief Station
Lewes, Del 3-February 1942

Blood typing - Land. O

R.B. Stambaugh
A. A. Surgeon

Lewes, Del. 7 Mar 1942

0119. anti tox for tetanus.

Tetanus toxoid c.c.T

R.B. Stambaugh
Ad Surg

2—16143

Lewes Del. 18 Apr. 1944

0.1.19. antitet. serum.

tetanus toxoid.

Ellstrambaugh
a. a. surg.

4th Naval District, USCG.
Photofluroscopic examination
of Chest. Result Neg.

Date 1-12-44

[signature] Surgeon, USPHS.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16143

Form NAVCG-2525D

MEDICAL HISTORY

Page 5

Surname SCOTT Service No. 109-314

Christian name-s Leonard D

STATE NAME OF PLACE	DATE EACH NEW ENTRY
C. G. Infirmary — ~~Rehoboth Beach, Dela~~	
~~Admitted as in out patient:~~	1-19-45 (Date)
~~Chief Complaint:~~ Something wrong with my knee.	
~~Diagnosis~~ Rheumatic Arthritis, subacute left knee.	
~~Incident of Service, Not misconduct.~~	
~~Treatment:~~ Sodium Salicylate-grs X q.4.h. Rest	
~~1-22-45~~ ~~Pain, swelling and redness~~ have left knee. Has had fleeting pains in ankle and other joints but feels better now. Sodium Salicylate dosage gradually reduced to grs. V t.i.d.	
~~2-7-45~~ ~~Heat applied to knee~~	
~~Disposition:~~ No subsequent complaints since last treatment. Patient improved and discharged from treatment 2-7-45	

S. Marsh

S. MARSH
P.A. SURGEON
USPHS(R)

16—25658-2

CG Infirmary, Rehoboth, Delaware
4-13-45

DIAG: Arthritis, rheumatoid
#240-1X0
~~Incident of service, not misconduct~~

HIST: Pt. is 44 years old. During last 10 years pt. has had arthritis and it is gradually becoming worse.

EXAM: Tonsils small, teeth excellent, sclerotic drums, deviated nasal septum. B.P.-140/80, P.-72 Heart sounds good. Tenderness over gall bladder radiating to ~~rt. scapula. Vocuria-dribbling.~~

TREAT: Sodium Salicylate
5-10-45 Pain swelling and redness in right elbow and phalangeal joints of ~~right hand.~~
5-12-45 Complains of pain in right hip. Tenderness over rt. hip joint and along co course of sciatic nerve. Some redness and heat; no swelling. Oxalate B ~~prescribed.~~
5-17-45 No improvement.

DISPOSITION: To be recommended for a board of medical survey. No days off.

S. Marsh

S. MARSH
P.A.SURG., USPHS(R)

U. S. GOVERNMENT PRINTING OFFICE 16—25053-1

Form NAVCG-2525D

MEDICAL HISTORY

Surname SCOTT, Service No. 109-314

Christian name-s Leonard D

STATE NAME OF PLACE	DATE EACH NEW ENTRY

CG Infirmary, Rehoboth, Delaware
28 May, 1945
Board of Medical Survey

DIAG: Arthritis, Rheumatoid, Multiple
#240-1X0

HIST: This patient has been receiving out patient treatment at this Infirmary for the past five months for a complaint of fleeting pains in various joints of the body. The joints mostly affected were the small joints of the hands and feet. The knee, hip, elbow, wrist and shoulder joints have also been affected at various times. According to the patient's own statement which is acceptable to the board, he has been suffering from similar bouts of joint pain for the past ten years. These have been increasing in frequency for the past five years so that in the past year he has suffered twenty to thirty attacks. These attacks last for two to three days.

2. Physical examination at the present time reveals a 45 year old white male not acutely ill. All findings were normal except for sclerotic ear drums, slight tenderness on palpation of the gall bladder area with radiation to the right scapula. There were no limitation of movements or deformity in joints except for slight lipping of the small joints of the hands and fingers. Urine analysis and sedimentation rate of the red blood corpuscles were normal and there was a normal differentiation of the white cells. During attacks of joint pain however, the affected joints were enlarged, red, warm and exquisitely tender. The patient had his first attack about six years after he entered service. He does not remember

any illness, sore throat or injury preceding the first or subsequent attacks.
4. The patient has had 15 3/4 years of continuous service in the Coast Guard all of which has been within the continental limits of the U.S. He wears a good conduc ribbon
5. The patient does not require hospitalization and is not fit for any duty.
6. The patient has been informed of the board findings and he does not desire to submit a statement in rebuttal.

DISPOSITION: Patient's condition did not exist prior to enlistment and makes him unfit for service. Probable duration of present condition is permanent and board recommends that patient be discharge from service for medical reasons.

S. Marsh

S. MARSH
P.A.SURG., USPHS(R(
Senior Member of Board

E.L. STAMBAUGH
A.A.SURG., USPHS
Member of Board
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

Form NAVCG-2525D

MEDICAL HISTORY

Surname SCOTT Service No. 109-314

Christian name-s Leonard D

STATE NAME OF PLACE	DATE EACH NEW ENTRY

CG Infirmary, Rehoboth, Delaware
29 June, 1945

Referred to USPHS Relief Staation, Phila., Pa. for x-rays of the fingers, wrists and knees. Probable diagnosis is rheumatoid arthritis #240-1x0. ~~X-Rays are requested to complete medical survey.~~

Herman Miller
P.A.Surg., USPHS(R)

Relief Station, Lewes, Del.
2 July 1946

Pt. complains of pain in lt. knee. Px. No real pathology about knee joint. Knee is tender when acetabulum flexed.

Treatment. Salicylates. Off duty

J.H.Hamlaugh
a.a.Surg. USPHS.

16—25653-2

Form NCG-2525D

MEDICAL HISTORY

Page 10

Surname SCOTT Service No. 1090-314

Christian name-s LEONARD

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. PUBLIC HEALTH RELIEF STATION

225 CHESTNUT STREET, PHILA. PA.
3 July, 1945

MEDICAL OFFICER IN CHARGE
COAST GUARD INFIRMARY
REHOBOTH, DELAWARE

Subject: SCOTT, LEONARD

X-ray studies were made on subject man and the findings are as follows

NO ROENTGEN EVIDENCE OF ARTHRITIC CHANGES. old injury, UNUNITED CHIP, STYLON PROCESS OF ULNA, RIGHT WRIST.

FALSE JOINT OF ULNA WITH RADIUS ON SAME SIDE.

(Sgd)
Joseph Armeao
Roentgenologist

H. Tulsky Surg.
H. Tulsky Surg. (R)

16—25658-1

Form NCG-2525D

MEDICAL HISTORY

Surname SCOTT Service No. 109-314

Christian name-s Leonard C.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

C.G. Infirmary, Rehoboth, Delaware
21 July, 1945

Diagnosis: Anxiety Neurosis (002-X33) Incident of service, not misconduct.

P.C.C.: I have a pain in my left knee again.

History: Recurrence of left knee pain, since this morning. No Trauma.

Positive findings: Very apprehensive male. Left knee is not swollen, tender on medial patella region, no redness, no point tenderness. Symtoms appear exaggerated far beyond any physical findings.

Further findings: 7/23/45 Left knee is asymptomatic, has transient back pain and headaches. Is constipated.
7/25/45 Much improved, no complaints, out of bed.
7/26/45 Summary: The lack of clinical findings, the rapidity with which symptoms migrate and disappear give me the definite impression that this man has no organic disease causing his symptoms.

Treatment: Absolute bed rest with regular nursing care. Imydal Ointment dressing applied and heat cradle kept on continuously. Elix. Phenobarb 2 drams given when admitted with 1 tab. of Ferris Sulfate. 1 dram of Elix. phenobarb and 1 Ferris Sulfate tab. given three times a day. Then one dram of Elix. Phenobarb before bed time.

Disposition: Patient much improved and sent back to duty on 26 July, 1945
Days off duty 5 days

Herman Miller
S.A. Surgeon USPHS(R)

CG Infirmary, Rehoboth, Delaware.
Inpatient Date: 10-14-45
Diagnosis : Common cold 302-100
C.C. : "I have a pain in my chest
Treatment : A.P.C. tablets and Resyl cough syrup q.i.d.
Disposition : Returned to duty 10-17-45, fit for same, Days off duty, three

J.W.Murray, Ph.M.1c
by direction

Weekend Liberty
5 March 1948
Reported

1130 Hours appears - Patient complains of pain in left chest wall over ribs around above heart. Some cough and absence of fever. X-Ray findings are negative. Patient desires to be sent to hospital for above symptoms. Awaiting transportation. Returned to duty.

U. S. GOVERNMENT PRINTING OFFICE 16—25653-1

Form NAVCG-2525D

MEDICAL HISTORY

Surname SCOTT Service No. 109-314

Christian name-s Leonard Dodd

STATE NAME OF PLACE	DATE EACH NEW ENTRY
U. S. Marine Hospital, Baltimore, Md.	
	23 October, 1945.

Admitted this date to in patient treatment.

(1) X75-616 Cerumen impactum.
(2) 240-912 Osteoarthritis, lumbosacral, chronic.

Incident of Service. NOT MISCONDUCT.

Patient was admitted complaining of pain in left ankle, fingers and right elbow. Has also had some pain in lower cervical spine. First noted mild pain in wrists and fingers approximately 8 years ago. Pain was later noted in ankles, back, elbows, hips and knees. The knees were the only joints that have ever been swollen and tender. The pain was never permanent, but jumped from joint to joint. Patient had tonsillitis one month ago. Patient has pain that radiates from his right frontal area to his right ear, especially when he has colds. Has noticed aching in various joints during cold, damp weather. His systemic review showed that he has headaches in his temples, especially with cold, that his ears get stopped up, that his right ear aches occasionally. The nose has an obstruction on the right side. He has noticed frequent sore throats in the last month. He has a moderate non-productive cough and claims to have lost 8 to 10 lbs. in the last month. Patient states he has been constipated and has passed some blood with his stools. Has noticed nocturia one time and some difficulty in passing urine. There has been some soreness in his chest

(over)

when doing heavy lifting or on exertion. He states that a week ago he had pain in his left shoulder and chest. It came on at night and was gone the next day. He has also had some pain in the back of his neck.

PHYSICAL EXAMINATION: Normal throughout, except for cerumen accumulation in right ear, deviation of nasal septum to the right Normal prostate.

LABORATORY DATA: Normal urinalysis. Sedimentation rate 9 mms. per hour; hematocrit 47. Serology negative. C.B.C. normal. Blood uric acid 1.9 mgms.%. Repeat sedimentation rate, 7 days later, 6 mms. per hour; hematocrit 42. X-ray of all joints showed no changes. The lumbosacral region showed a suggestion of some chronic arthritis. X-ray of sinuses revealed the antra and frontal sinuses to be very slightly hazy. Electrocardiogram normal throughout. E.E.N.T. examination revealed only an impacted cerumen of the right ear, which was removed Patient had a skin papilloma removed from his back on 2 November, 1945.

Patient presented many subjective complaint throughout his hospitalization. Patient wa examined with the possibility of rheumatoid arthritis in mind, but was never proved to have such. As one source of complaints was eliminated, he present others and finally, in personal interview, requested help to ge release from service because he said that h was getting so old that he could not carry his part of the burden in service. He was treated symptomatically throughout his cour of hospitalization and improved, but persisted to have his subjective complaints of arthralgia although they were decreased at the time of discharge.

Medical Survey was written and as no positive findings for diagnosis of a disabling nature were found, it was recommended that

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

(continued

Form NAVCG-2525D

MEDICAL HISTORY

Continued. Page 15

Surname SCOTT Service No.

Christian name-s Leonard D.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

he be returned to duty and, if possible, be assigned to a warmer climate where ~~less recurrences of his arthralgia might~~ be expected.

DISCHARGED: 7 November, 1945, fit for duty.

J. K. McBane

J. K. McBANE
P. A. Surgeon

16—25658-2

Form NAVCG-2525D

MEDICAL HISTORY

Surname SCOTT Service No. 109-314

Christian name-s Leonard Dodd

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. Marine Hospital
Baltimore, Md.
Admitted: 6 May, 1947
Diagnosis: Osteoarthritis, lumbosacral joint, chronic, 2418-912

BOARD OF MEDICAL SURVEY:

The patient stated that approximately 10 years previously he had swelling, redness, pain, and warmth in his knees. Since that the patient stated that he had had frequent episodes of joint disease affecting his feet and toes, fingers, ribs, hips, spine and occasionally his elbows. He never had any involvement of his jaws. The lesions when acute were always painful, swollen, red, and warm. First one joint then another was involved. The attacks were usually brought on by cold, wet, or changeable weather. They were more frequent in the winter than in the summer, though they did occurr in the summer at times. The patient stated that he had about two attacks of joint pain a month. Usually only a few joints were involved with each attack, but almost all joints have been involved at one time or another. Physical examination revealed a well developed and fairly well-nourished white male, 47 years of age, who appeared to be older than his stated age. Head and neck essentially negative. Lungs were clear and resonant. Heart size, sounds, rate, and rhythm were normal. Extremeties showed no evidence of any swelling, redness, or pain, or limitation of motion of the joints. Neurological examination was negative.

Laboratory data: Hb. 15.5 grams. WBC 8,350. Kahn and Kline diagnostic tests

over

were negative. Blood sedimentation rate 15mm in one hour. Urinalysis was normal Blood uric acid .85. Routine agglutination essentially negative. Blood sedimentation rate 15mm in one hour. X-ray of the sinuses showed that they appeared clear. The left wrist region showed no significant bone or joint changes. X-ray of the lumbosacral region showed very slight evidence of some chronic arthritis. The knees showed the intercondyloid spines to be rather sharp and the bones of the area were a little low in density. X-ray of both mastoids showed dense sclerosis of the entire mastoid region which appeared to be of very long standing. Electrocardiographic tracing was normal and showed no change since 23 October, 1945.

Hospital course: The patient continued to complain of vague indefinite pains in various parts of his body and d joints during his stay in the hospital. At no time was there any evidence of any swelling or redness. He was given some salicylates with little or no relief of his subjective symptoms. The patient was examined with the possibiltiy of rheumatoid arthritis multiple in mind but was never proven to have this disease. He was treated symptomatically throughout his course of hospitalization and improved. However he persisted to have subjective complaints of arthralgi which were somewhat decreased at the time of discharge. It is recommended that the patient be returned to duty and if possibl be assigned to a warmer climate where less recurrences of his arthralgia might be expected. He was discharged 6 June, 1947. No further hospitalization necessary, fit for duty.

The patient was informed of the Board's findings and did not wish to submit a statement in rebuttal. The patient will no be a menace to himself or to the public, and may be released in his own custody.

-continued-

Form NAVCG-2525D

MEDICAL HISTORY

Surname SCOTT Service No. 109-314

Christian name-s. Leonard D.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

ORIGIN: Is not the result of his own misconduct and was incurred in line of duty. Existed prior to enlistment? "No". Present condition "Fit for duty".

~~It is recommended that the patient be returned to duty and if possible be assigned to a warmer climate where less recurrences of his arthralgia might be expected.~~

DISCHARGED: 6-6-47

J.F. VAN ACKEREN, Medical Director
Medical Officer in Charge

8 March 1948

Diagnosis undetermined. Chronic arthritis of undefined cause in hands. Medication ended. Not fit for duty. To return if unchanged

16—25658-2

Form NCG-2525D

MEDICAL HISTORY

Page 2a

Surname SCOTT Service No. 109-314

Christian name-s Leonard D.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
	Relief Station Lewes, Del.
Admitted 4-17-48	4-30-48

CC: Pain left knee.

HPI: Tuesday April 12th, patient began having pain in left ankle and soreness in left knee along with pain in other joints. Since then pain has localized in left knee and has become almost unbearable. Gives history of previous episodes with prolonged periods of hospitalization.

PE shows pain on movement in lower lumbar region and pain and tenderness of left knee joint, moderate swelling.

X-ray shows no evidence of fracture or other bone defect. Joint space appears normal. Blood count and urinalysis normal. Sed rate 6 mm. in 60 min.

Diagnosis: Rheumatoid arthritis.

Discharged improved 4-27-48.

S. H. Lumbard
M.O.

27 April, 1948: Pt. discharged improved with one (1) week convalescent leave recommended by MedOff, Relief Sta., USPHS, Lewes, Delaware.

R. O. HALL
CO, CG Group, Lewes, Del.

16—25658-1

Form NCG-2525D

MEDICAL HISTORY

Surname SCOTT Service No. 109-314

Christian name-s Leonard D.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Medical Dept. CG Receving Center,
Cape May N.J.

ADMITTED; 5-5-48

DIAGNOSIS; Arthritis

TREATMENT; Bed rest, Aspirin 15 gr. every 4 hours.

DISCHARGED; 5-10-48

RECOMMENDATION; It is recommended that this man be granted 5 (five) days sick leave beganning 5-11-48.

A.Link Koven
S. Asst. Surg., USPHS

Relief Station.
Lewes Del. 5-20-48

C.C. Pain - Rt. knee
Diag - Arthritis - R Knee
Recommendation - Refer to U.S Marine Hospital.

S.S Stambaugh
M.O.

Form NAVCG-2525D

MEDICAL HISTORY

Surname Scott Service No.

Christian name-s Leonard Dodd

STATE NAME OF PLACE DATE EACH NEW ENTRY

U. S. Marine Hospital, Baltimore, Md.

A Admitted May 22, 1948
Discharged July 19, 1948
Admitted this date to in- patient treatment.

ACD DIAGNOSES:

(1)240-912 Osteoarthritis, multiple
(2)634-100 Tonsillitis, acute, mild
(3) 002-x0x Mixed psychoneurosis
-981 Anxiety
Incident of Service. NOT MISCONDUCT.

PRESENT HISTORY: The patient was last in this hospital about one year previously, when he gave a history of multiple joint involvement with resultant swelling, redness, pain, and warmth in his knees, feet, toes, fingers, ribs, elbows, etcetera. Most of the findings were subjective, but there was some evidence of arthritic involvement by x-ray in the lumbO-sacral region, and in the right hip region. Patient had been given symptomatic treatment and was discharged fit for duty. During the past year the patient has had numerous attacks of pain in the various joints and these have been particularly marked during the Winter and Spring. At the time of admission he complained of pain in his lower back and right hip region. The pain being aggravated by exertion.

Physical examination: Revealed a well-developed, well nourished, 47 year old white male, who did not appear ill. Temperature, pulse, and respirations were normal. Blood pressure 130/80. Examination of the head, neck, heart, lungs, abdomen, genitalia, and neurological were essentially negative. On rectal examination the prostate appeared somewhat enlarged, boggy and tender. There was some grating sensation on movement of the knees, some slight tenderness over the right hip, and some

diffuse tenderness over the lumbo-sacral re region and sacro-iliac joints. Also noted, were some limitation of motion on forward a and lateral motion of the spine, and some loss of the normal lumbar curvature.

Laboratory Data: Hemoglobin 13.5 grams, WBC 7,350 white cells appeared normal. Urine revealed 10 mgm per 100 milliliter albumin, 5 to 10 pus cells per high power field, 5 to 10 RBC per high power field, and many granular casts; Sp.Gr.was 1.020, negative sugar. Serologic tests for syphilis were negative. X-ray of the chest was essentially negative. X-ray of the right hip revealed some slight suggestion of chronic arthritis. X-ray of the lumbo-sacral region showed similar changes as that in the hip. There were no changes seen by x-ray in the knees. I-V pyelogram reported as follows: "The output of dye is not visualized in either kidney, however, there is enough output that the bladder is fairly well outlined after a 20-minute period. It is believed the kidney output is below normal." Retrograde pyelogram was reported as follows: "Retrograde pyelogram shows opaque solutions in the ureters, pelvices and calices. No significant change is identified. The right kidney is very slightly low in position."

Clinical course: The patient's urines were studied, and catheterized specimens from both kidneys revealed no growths or bacteria and urine specimen on 6-2-48, was entirely negative. Sedimentation rate on 6-25-48, was 6mm. in one hour, repeated it was 8mm in one ho r. A PSP test revealed 55% dye returned in two hours. Patient was given salicylates for his arthritic pains and with some relief. He developed a mild, acute tonsillitis while in the hospital which was treated with oral penicillin and saline gargles, and disappeared. Patient was seen by our Staff Psychiatrist who felt that the patient was a rather rigid individual who was unhappy in his present

Form NAVCG-2525D

MEDICAL HISTORY

Surname Scott Service No.

Christian name-s Leonard Dodd

STATE	NAME OF PLACE	DATE EACH NEW ENTRY
A	U. S. Marine Hospital, Baltimore, Md.	

Admitted this date to patient treatment.

ACD DIAGNOSES:
(1)
(2)
(3)

Incident of Service. NOT MISCONDUCT.

PRESENT HISTORY:

circumstances and that the patient was fit for duty. He was discharged on July 19 1948, fit for duty in ten days.

Marion Friedman
S.A. Surgeon (R)

MF/jmm

Lewes Del
Jan 28 1949
C.C. ① Headaches
② Pains in knees.
Imp. Tr.
Common Cold Routine

16—25658-2

Lewes, Del.

June 29/1950

C.C.C. (1) Headaches - (3) Athletes foot

(2) Pain in knees.

Improved since last year until

May -. occ. attacks -

Impression -

Arthritis knees.

Hiehaptosis.

Form NCG-2525D

MEDICAL HISTORY

Page 26

Surname SCOTT Service No. 109-314

Christian name-s Leonard D.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Lewes Del	2/7/53
Pain in Ear. Reffried to U.S. PHS. Hosp.	
Also Vacc. smallpox 2nd Vacc.	
Glt Lambert MD	
	3/30/53
C.C. Pt. was in hospital 3 days ago with Vomiting, fever etc. At exam epididymus was palpable on Rt. Advised to have periodic checks Pain and burning on urination	
Psychoneurosis - Emotionally upset because of C.H. Situation Phenobarb. Seconals	Glt Lambert MD.

16—25658-1

Form NAVCG-2525D

MEDICAL HISTORY

Page 27

Surname Scott, ~~Leonard~~ Service No.

Christian name-s Leonard

STATE NAME OF PLACE	DATE EACH NEW ENTRY

3/24/53. CC: cold, stuffiness of nose vomiting and nausea, painful rt. ~~testicle.~~

PH: Pt. has been feeling ill for about two weeks. Started with a sore throat. About 10 days ago the rt. testicle became painful and swelled at the upper ~~pole. Yesterday (3-23) the pt. started to~~ feel nauseated and vomited a few times. Pt. was advised to enter hospital by Dr. E.L.S.

Hospitalized at Beebe Hospital, Lewes, ~~from 3/24 to 3/27/53.~~ EES

4/6/53

To have biopsy of a lesion of rt. epididymus if growth is noted. (Marine Hospital)

EB Isemberg MD

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Surname SCOTT, Service No. 109-314

Christian name-s Leonard D.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
	12-5-53
Leroy Ala.	
Sore throat	Scan
2X	Penicillin
	J.B. Hamlett
	M.D.

Form NAVCG-2525D

MEDICAL HISTORY

Surname SCOTT, Service No. 109-314

Christian name-s Leonard D.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

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

TERMINATION OF HEALTH RECORD

Name SCOTT, Leonard D.

Rating BM1(L) Service Number 109-314

Place CGRC, Cape May, N.J. Date 6-9-54

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:

NONE.

Other defects noted 1. Perforation both ear drums.

In my opinion those numbered 1. are incident of service.

In my opinion those numbered ____ are not incident of service.

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION IS REQUIRED BY ARTICLE 434 (1) REGULATIONS.

G. M. BAYNE
S.A. *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) 1. Perforation both ear drums.

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION IS REQUIRED BY ARTICLE 434 (1) REGULATIONS.

Leonard M. Scott
Rank or Rating, U.S. Coast Guard.
BM1

Service terminated 1 July, 1954 (Date)

At CG Group, Cape May, New Jersey (Place)

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

J. A. HEIKEL,
LCDR, USCG (Rank), *Custodial Officer.*

2--16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
Cape Henlopen, 5th Dist	1-29-34	9-13-34
Metomkin Inlet Station	9-13-34	1-15-35
Cobb Island Station	9-15-35	1-29-35
North Beach Station.	1-29-35	9-4-35
Lewes Station	9-4-35	8-12-45
CGRS, Phila. Pa.	8-13-45	8-13-45
DCGO 12 ND Rec Sta S.F.	AUG 18 1945	AUG 18 1945
COTP REGT. S.F., CAL.	AUG 18 1945	8-28-45
C. G. GROUP, LEWES, DEL.	9-4-45	2-23-48
CG. STA. STRATHMERE, NJ	2-23-48	3-20-48
~~CG Insp. Cape May, N.J.~~	~~2-14-48~~	~~7-24-48~~
MOORINGS, Cape May	2-14-48	8-27-48
GROUP, C. MAY (Fenwick I. L/S)	8-28-48	1-22-49
" " MIAH MAULL L/S	1-22-49	5-4-53
INDIAN RIVER LB STA	5-9-53	7-1-54

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16144

Standard Form 88
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCOTT, Leonard Dodd	BM1(L)	109-314
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Rehoboth Beach, Del.	REENLISTMENT IN USCG	26 Aug 1952

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
MALE	CAUCASIAN	USCG / 0	USCG	PHILA. GROUP, PHILA., PA.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
10 May 1930	Chester, Penna.	William L. Scott (son) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS DISP., 225 Chestnut St., Phila., Pa.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

QUALIFIED

LABORATORY FINDINGS

45. URINALYSIS: SP. GR.	ALBUMIN	SUGAR	MICROSCOPIC
1.015	NEG.	NEG.	NEG.

46. CHEST X-RAY (*Place, date, film number, result*): NEGATIVE

47. SEROLOGY (*Specify test used and result*): VDRL NEGATIVE

48. EKG: NPA

49. BLOOD TYPE AND RH FACTOR: NPA

50. OTHER TESTS: NONE

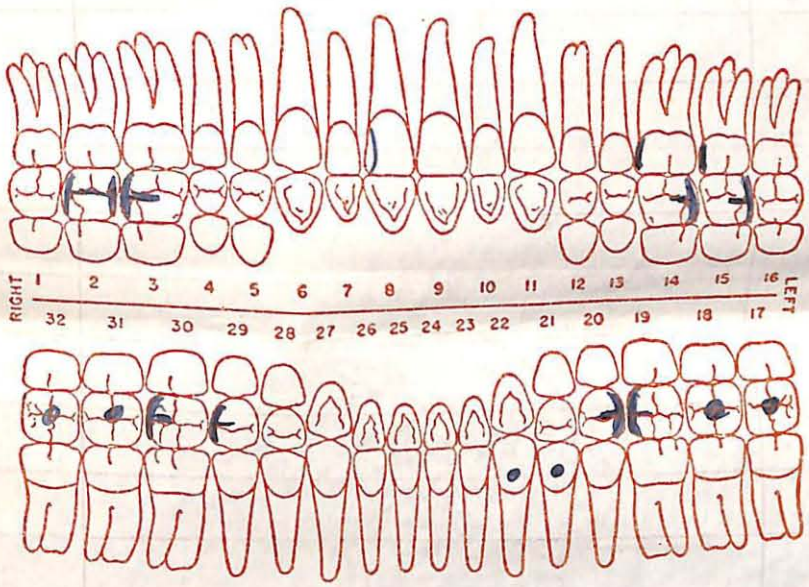
16—62288-1

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION							2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
	INITIAL		SEPARATION		OTHER (*Specify*) RETIREMENT		1	2	✓ 3	4		1	✓ 2	3	4	5	

4. MISSING TEETH AND EXISTING RESTORATIONS

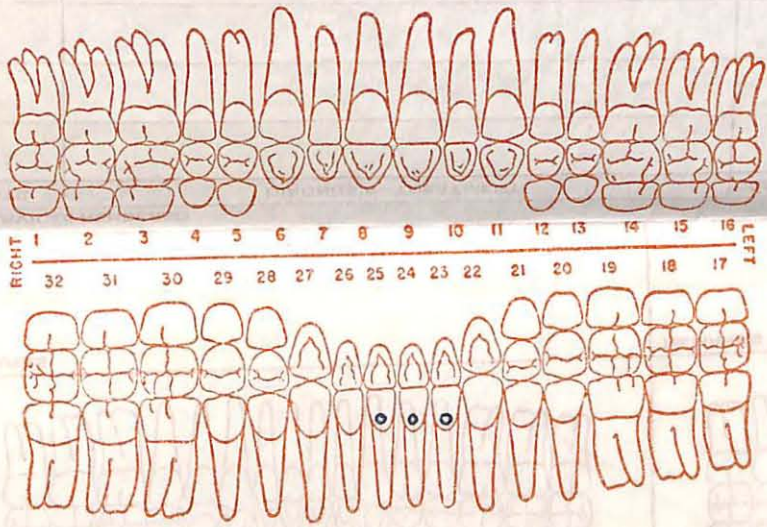


REMARKS

PLACE OF EXAMINATION	DATE
U.S.C.G.R.C. CAPE MAY, N.J.	6-9-54

SIGNATURE OF DENTIST COMPLETING THIS SECTION
J.N. KLAIBER

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL	
	INCIPIENT		MODERATE	SEVERE

C. STOMATITIS (*Specify*)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS		OTHER (*Specify*)

DATE	PLACE OF EXAMINATION	SIGNATURE OF DENTIST COMPLETING THIS SECTION
6-9-54	U.S.C.G.R.C. CAPE MAY, N.J.	J.N. KLAIBER

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT. OR AGENCY
M	W	BM1L		U.S.C.G.R.C. CAPE MAY, N.J.	

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY–MONTH–YEAR)	14. IDENTIFICATION NO.
SCOTT, Leonard D.	5-10-00	109-314

DENTAL
Standard Form 603

16—67875-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69	150	Grey	Blue		98.4°

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 130	RECUMBENT	SYS. 130	STANDING (5 min.)	SYS. 120	58. PULSE (*Arm at heart level*) SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
	DIAS. 80		DIAS. 74		DIAS. 70	88	120	92	84	92

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO NFA BY
LEFT 20/ 20 CORR. TO 20/ 20	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° NFA R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and score*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT NFA LEFT	P.I. PLATES NORMAL	NFA	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING	71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
		250	500	1000	2000	3000	4000	6000	
		256	512	1024	2048	2896	4096	8192	
RIGHT WV 15/15 SV 30/30	RIGHT								NFA
LEFT WV 15/15 SV 30/30	LEFT				NFA				

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No serious illnesses since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS IS QUALIFIED FOR REENLISTMENT IN USCG
☐ IS NOT

PHYSICAL CATEGORY

A	B	C	E

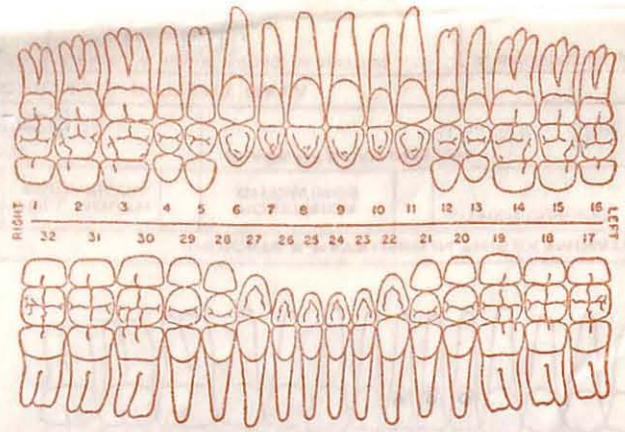
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
H. WOOD, S.A.SURG., USPHS(R)	H. Wood
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
H. SWERDLOW, S.A.D.SURG., USPHS	H Swerdlow
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

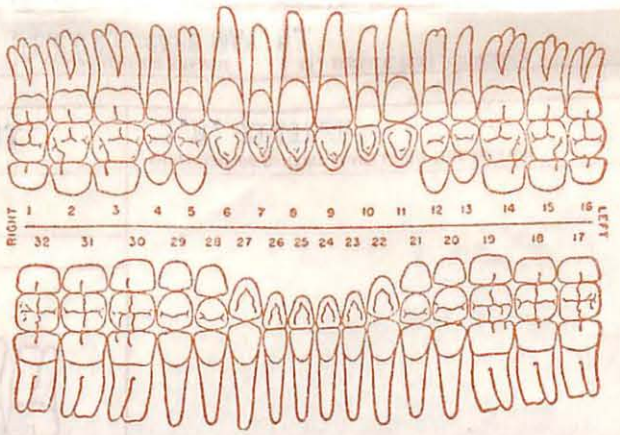
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCOTT, Leonard Dodd	BM1 (L) USCG	109-314
4. HOME ADDRESS (*Number, street or R.F.D., city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Dewey Beach, Rehoboth Beach, Delaware	Retirement	6-9-54

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.	24 yrs. 9 mos.	U. S. Coast Guard	Rehoboth Beach, Indian River LBS, Del.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
5-10-1900	Chester, Pa.	Lula O. Scott (wife) Same as item #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USCG Receiving Center, Cape May, N.J.	Religion: Protestant

17. RATING OR SPECIALTY

CLINICAL EVALUATION

TIME IN THIS CAPACITY: TOTAL LAST SIX MONTHS

NORMAL	ABNORMAL	(Check each item in appropriate column: enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
	X	23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
	X	38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (*Equilibrium tests under item 72*)
		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

#23 - Large perforation of left drum and small central perforation of right drum.

#38 - Slight l. thoracic scolosis and lowered l. shoulder.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	O	O	O	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.020			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG.	NEG.	N	#2690 6-9-54 Pending	Mazzini 6-9-54 Pending

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NFA		NONE.

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
69"	150	white	blue	☐ / ☑ / ☐ / ☐	Normal

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		120	66
RECUMBENT			
STANDING (3 min.)			

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	106	84		

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 70	CORR. TO 20/ 25	BY S.	CX	CORR. TO	BY
LEFT 20/ 100	CORR. TO 20/ 25	BY S. NFA	CX	CORR. TO NFA	BY

62. HETEROPHORIA: (*Specify distance*)	ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
NFA					NFA	NFA		

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT Normal LEFT Normal	P.I.P. Normal	NFA	NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
Normal	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30 /15
LEFT WV 15 /15 SV 30 /15

71. AUDIOMETER

	250 *256*	500 *512*	1000 *1024*	2000 *2048*	3000 *3896*	4000 *4096*	8000 *8192*	
RIGHT	NFA							
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

In 1945 patient had multiple joint pain which were diagnosed as Rheumatoid Arthritis and the patient was given a Board of Medical Survey recommending discharge. He was never discharged, however, and has improved somewhat since that time. No complaints whatever at this time including any referable to his joints.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

Perforation both ear drums.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☑ IS
☐ IS NOT QUALIFIED FOR Retirement.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
G. M. BAYNE, S.A.SURG. USPHS(R)	G. M. Bayne
80. TYPED OR PRINTED NAME OF PHYSICIAN	**SIGNATURE**
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	**SIGNATURE**
F. D. LEWIS, JR., CDR; (DC) USPHS	F. D. Lewis Jr.
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	**SIGNATURE** / **NUMBER OF ATTACHED SHEETS**
	C. R. (DC) USPHS SENIOR MEDICAL OFFICER

U. S. GOVERNMENT PRINTING OFFICE 16-62388-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
SCOTT, Leonard Dodd	BM1 (L) USCG	109-314
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Dewey Beach, Rehoboth Beach, Delaware	Retirement	6-9-54

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.	24 yrs. 9 mos.	U. S. Coast Guard	Rehoboth Beach, Indian River LBS, Del.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
5-10-1900	Chester, Pa.	Lula O. Scott (wife) Same as item #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USCG Receiving Center, Cape May, N.J.	Religion: Protestant

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
x		18. HEAD, FACE, NECK, AND SCALP
x		19. NOSE
x		20. SINUSES
x		21. MOUTH AND THROAT
x		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
	x	23. DRUMS (*Perforation*)
x		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
x		25. OPHTHALMOSCOPIC
x		26. PUPILS (*Equality and reaction*)
x		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
x		28. LUNGS AND CHEST (*Include breasts*)
x		29. HEART (*Thrust, size, rhythm, sounds*)
x		30. VASCULAR SYSTEM (*Varicosities, etc.*)
x		31. ABDOMEN AND VISCERA (*Include hernia*)
x		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
x		33. ENDOCRINE SYSTEM
x		34. G-U SYSTEM
x		35. UPPER EXTREMITIES (*Strength, range of motion*)
x		36. FEET
x		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
	x	38. SPINE, OTHER MUSCULOSKELETAL
x		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
x		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (*Equilibrium tests under item 78*)
		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*) 43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

#23 - Large perforation of left drum and small central perforation of right drum.

#38 - Slight l. thoracic scolosis and lowered l. shoulder.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)
O.—*Restorable teeth* X.—*Missing teeth* (6 × 8).—*Fixed bridge, brackets to include abutments*
/.—*Nonrestorable teeth* XXX.—*Replaced by dentures*

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	O	O	O	23	22	21	20	19	18	17

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.020			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG.	NEG.	N	#2690 6-9-54 Pending	Mazzini 6-9-54 Pending

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NFA		NONE.

16—62283-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
69"	150	white	blue		Normal

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
SITTING	SYS. 120 DIAS. 66	RECUMBENT	SYS. DIAS.	STANDING (5 min.)	SYS. DIAS.	SITTING 80	AFTER EXERCISE 106	2 MIN. AFTER 84	RECUMBENT	AFTER STANDING 3 MIN.

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 70 CORR. TO 20/ 25	BY S. CX	CORR. TO BY
LEFT 20/ 100 CORR. TO 20/ 25	BY S. NFA CX	CORR. TO NFA BY

62. HETEROPHORIA: (*Specify distance*)	ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
NFA					NFA	NFA		

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT Normal LEFT Normal	P.I.P. Normal	NFA	CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
Normal	NFA	NFA	NFA

70. HEARING	71. AUDIOMETER	72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV 15 /15 SV 30 /15		
LEFT WV 15 /15 SV 30 /15		

	250 256	500 512	1000 1024	2000 2048	3000 3250	4000 4096	6000 8192	
RIGHT	NFA							
LEFT								

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

In 1945 patient had multiple joint pain which were diagnosed as Rheumatoid Arthritis and the patient was given a Board of Medical Survey recommending discharge. He was never discharged, however, and has improved somewhat since that time. No complaints whatever at this time including any referable to his joints.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

Perforation both ear drums.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR Retirement.

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
G. M. BAYNE, S.A.SURG. USPHS(R)

SIGNATURE G. M. Bayne

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
F. D. LEWIS, JR., CDR; (DC) USPHS

SIGNATURE F. D. Lewis Jr.

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

UNITED STATES COAST GUARD

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

PE-1
[illegible] May 195[illegible]
[illegible]
AUTH:

From: Commandant
To: [illegible]
Via: [illegible]

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as [illegible] May 1954. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States will be issued to you by the unit effecting separation from active duty in accordance with Personnel Circular No. 38-53, as amended.

3. You will immediately notify the Commandant (FP-4) of your mailing address and you will thereafter notify the Commandant (FP-4) of any change in that address.

4. 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. Transportation of dependents and shipment of household goods to your home of selection will be provided at Government expense only if completed within one year from date of retirement.

5. Your commanding officer will endorse this order to indicate place, time and date of delivery, time and date of your detachment and departure, and your last permanent duty station. You will endorse this order to show place, time and date of receipt. You will then retain this order until arrival at your selected retirement home, at which time you will make a final endorsement indicating place, time and date of arrival thereat, and mode of travel utilized. When the latter endorsement has been completed, this order should be forwarded to the Commandant (FP-5) for settlement of travel expenses.

[illegible]
[illegible]

Encl:
(1) Instructions relative to retirement
(2) Form CG-2533, in duplicate

WRJLABORN:mo Ret 3-11

- SCOTT -

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG GROUP, CAPE MAY, NEW JERSEY (Ship or station) (Location) On 1 July, 1954 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☒ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment 9 (Day) Sept., (Month) 1955 (Year)

Reason RETIRED **Type discharge certificate** -

Authority: 20 year retirement law (enlisted). Title 14 USC, Section 355.

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CG GROUP, Philadelphia, Penna. (Place) ON 10 September, 1952 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from CG GROUP, Philadelphia, Penna. (Place) ON 10 September, 1952 (Date)

Home address at time of enlistment, induction, or order to active duty Dewey Beach, Rehobeth Beach, Delaware

TRAVEL DATA

I hereby elect travel allowance to Rehobeth Beach, Delaware (Location)

Place of Home of record (See travel instructions)

SIGNATURE Leonard D. Scott LEONARD DODD SCOTT

ACO EXCEPTION: Accrued 55 days LV during perd. 9/10/52 to 6/30/54. Took 25 days LV. Balance due on retirement, 30 days in lieu of 34 days.

G. C. WERTH, PCLK, USCG
AUTHORIZED CERTIFYING OFFICER

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for THIRTY-FOUR (Words) 34 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 24 years service for pay purposes on 8-31-53 Payment of discharge gratuity ☒ Is directed ☐ Is not directed

REMARKS Retired 1 July, 1954. Average proficiency marks from 10 September, 1952 to 30 June, 1954 are as follows:

PIR	AIM	CON
3.6	3.6	4.0

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE J. A. HEIKEL **GRADE AND TITLE** LCDR, USCG, CO CG GROUP CAPE MAY, NJ **C. O. ORDER NO.** 3-55

DISBURSING DATA

Travel allowance credited, $ NONE Cash settlement for unused accrued leave (30 days) $ 318.40 **NAME OF A. C. O.** G.C. WERTH, PCLK, USCG

Computation: LSL (BP&L) (30 days) $259.90
LSL (ALLOW) (30 days) 58.50

DUE AT DISCHARGE, $271.60

PERSONAL FUNDS, $XXXXXX

GRATUITY CREDITED, $XXXXXX

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCOTT,	Leonard	DODD	109-314	BM1L

Edition of 4-52 may be used

16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG GROUP, CAPE MAY, NEW JERSEY (Ship or station) (Location) On 1 July, 1954 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☒ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment 9 (Day) Sept., (Month) 1955 (Year)

Reason RETIRED **Type discharge certificate** -

Authority: 20 year retirement law (enlisted). Title 14 USC, Section 355.

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CG GROUP, Philadelphia, Penna. (Place) ON 10 September, 1952 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from CG GROUP, Philadelphia, Penna. (Place) ON 10 September, 1952 (Date)

Home address at time of enlistment, induction, or order to active duty Dewey Beach, Rehoboth Beach, Delaware

TRAVEL DATA

I hereby elect travel allowance to Rehoboth Beach, Delaware (Location)

Place of Home of record (See travel instructions)

SIGNATURE Leonard D. Scott
LEONARD DODD SCOTT

ACO EXCEPTION:
Accrued 55 days LV during perd. 9/10/52 to 6/30/54. Took 25 days LV. Balance due on retirement, 30 days in lieu of 34 days.
G. C. WERTH, PCLK, USCG
AUTHORIZED CERTIFYING OFFICER

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for THIRTY-FOUR (Words) 34 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 24 years service for pay purposes on 8-31-53 Payment of discharge gratuity ☒ Is directed ☐ Is not directed

REMARKS

Retired 1 July, 1954. Average proficiency marks from 10 September, 1952 to 30 June, 1954 are as follows:

PIR	ALM	CON
3.6	3.6	4.0

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
J. A. HEIKEL	LCDR, USCG, CG GROUP CAPE MAY, NJ	3-55

DISBURSING DATA

Travel allowance credited, $ NONE Cash settlement for unused accrued leave (30 days) $ 318.40

NAME OF A. C. O. G.C. WERTH, PCLK, USCG

Computation:

LSL(BP&L)	(30 days)	$259.90
LSL(ALLOW)	(30 days)	58.50

DUE AT DISCHARGE, $271.60

PERSONAL FUNDS, $XXXXX

GRATUITY CREDITED, $XXXXX

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCOTT,	Leonard	DODD	109-314	EM1L

Edition of 4-52 may be used

16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

[illegible] (Ship or station) [illegible] (Location) On 1 July 1954 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☒ Released from active duty ☐ Continued on active duty

Normal date of expiration of enlistment 9 (Day) Sept., (Month) 1955 (Year)

Reason RETIRED **Type discharge certificate** -

Authority: 20 year retirement law (enlisted). Title 14 USC, Section 355.

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CG GROUP, Philadelphia, Penna. (Place) ON 10 September, 1952 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from CG GROUP, Philadelphia, Penna. (Place) ON 10 September, 1952 (Date)

Home address at time of enlistment, induction, or order to active duty Dewey Beach, Rehoboth Beach, Delaware

TRAVEL DATA

I hereby elect travel allowance to Rehoboth Beach, Delaware (Location) ACO EXCEPTION: Accrued 55 days LV during perd. 9/10/52 to 6/30/54. Took 25 days LV. Balance due on retirement, 30 days in lieu of 34 days.

Place of Home of record (See travel instructions)

SIGNATURE Leonard D. Scott LEONARD DODD SCOTT

G. C. WERTH, PCIK, USCG
AUTHORIZED CERTIFYING OFFICER

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for THIRTY-FOUR (Words) 34 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 24 years service for pay purposes on 8-31-53 Payment of discharge gratuity ☒ Is directed ☐ Is not directed

REMARKS

Retired 1 July, 1954. Average proficiency marks from 10 September, 1952 to 30 June, 1954 are as follows:

PIR	ALM	CON
3.6	3.6	4.0

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
J. A. [illegible]	LCDR, USCG, CG GROUP CAPE MAY, NJ	3-55

DISBURSING DATA

Travel allowance credited, $ NONE Cash settlement for unused accrued leave (30 days) $ 318.10

NAME OF A. C. O. G.C. WERTH, PCIK, USCG

Computation:

LSL(BP&L)	(30 days)	$259.90
LSL(ALLOW)	(30 days)	58.50

DUE AT DISCHARGE, $ 271.60

PERSONAL FUNDS, $ XXXXX

GRATUITY CREDITED, $ XXXXX

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCOTT,	Leonard	DODD	109-314	BM1L

Edition of 4-52 may be used

16—66654-2

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: RETIRED

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
SCOTT, Leonard Dodd	109-314	BM1L 4-47	USCG

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
- - -

NAVCG-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG GROUP, CAPE MAY, Cape May, New Jersey
(Unit)

SCOTT, Leonard D.
(Name in full—surname to the left)

1 July, 1954
(Date)

109-314
(Service number)

BM1L
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for THREE years)	1952	Sept.	10
Enlistment extended (for - - - years from)	- - -	- - -	- - -
Date of discharge (RETIRED) (Character of discharge)	1954	July	1

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	1	9	21

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	1	9	21

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.

J. A. HEIKEL,

Date 1 July, 1954

(Rank) LCDR, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 1 July, 1954

CG GROUP, CAPE MAY, Cape May, N. J.
(Unit and place)

I CERTIFY that the above-named man was placed on the inactive retired list for
(Reenlisted or voluntarily extended his enlistment)

~~a period of years from~~ this date.

J. A. HEIKEL,

(Rank) LCDR, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

NAVCG-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG GROUP, CAPE MAY, Cape May, New Jersey
(Unit)

SCOTT, Leonard D. (Name in full—surname to the left)

1 July, 1954 (Date)

109-314 (Service number)

BM1l. (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for THREE years)	1952	Sept.	10
Enlistment extended (for ... years from)			
Date of discharge (RETIRED (Character of discharge))	1954	July	1
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
1	9	21

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	1	9	21

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.

J. A. HEIKEL,

Date 1 July, 19 54 (Rank) LCDR, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 1 July, 19 54 CG GROUP, CAPE MAY, Cape May, N. J.
(Unit and place)

I CERTIFY that the above-named man was placed on the inactive retired list for
(Reenlisted or voluntarily extended his enlistment)
a period of ... years from this date.

J. A. HEIKEL,

(Rank) LCDR, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE : 16—20908-2

NAVCG-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG GROUP, CAPE MAY, Cape May, New Jersey
(Unit)

SCOTT, Leonard D. (Name in full—surname to the left)

1 July, 1954 (Date)

109-31[illegible] (Service number)

BM1L (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for THREE years)	1952	Sept.	10
Enlistment extended (for ----- years from)	-----	-----	-----
Date of discharge (RETIRED) (Character of discharge)	1954	July	1

	NUMBER OF—		
	Years	Months	Days
Total time of last enlistment period	1	9	21

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	1	9	21

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.

J. A. HEIKEL,

Date 1 July, 19 54 (Rank) LCDR, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 1 July, 19 54 CG GROUP, CAPE MAY, Cape May, N. J.
(Unit and place)

I CERTIFY that the above-named man was placed on the inactive retired list (Reenlisted or voluntarily extended his enlistment) for a period of ----- years from this date.

J. A. HEIKEL,

(Rank) LCDR, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

CERTIFIED TO BE A TRUE AND CORRECT COPY:
UNITED STATES COAST GUARD J. A. HEIKEL, LCDR, USCG

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

PE-1
28 May 1954

AUTH: 51742L

From: Commandant
To: SCOTT, Leonard Dodd (109-314)BMC1, USCG
Via: Commander, 3rd Coast Guard District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as 1 July 1954. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States will be issued to you by the unit effecting separation from active duty in accordance with Personnel Circular No. 38-53, as amended.

3. You will immediately notify the Commandant (FP-4) of your mailing address and you will thereafter notify the Commandant (FP-4) of any change in that address.

4. 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. Transportation of dependents and shipment of household goods to your home of selection will be provided at Government expense only if completed within one year from date of retirement.

5. Your commanding officer will endorse this order to indicate place, time and date of delivery, time and date of your detachment and departure, and your last permanent duty station. You will endorse this order to show place, time and date of receipt. You will then retain this order until arrival at your selected retirement home, at which time you will make a final endorsement indicating place, time and date of arrival thereat, and mode of travel utilized. When the latter endorsement has been completed, this order should be forwarded to the Commandant (FP-5) for settlement of travel expenses.

H. B. ELLIS
By direction

Encl:
(1) Instructions relative to retirement
(2) Form CG-2533, in duplicate

CERTIFIED TO BE A TRUE AND CORRECT COPY:

J. A. HEIKEL, LCDR, USCG

P
1 June 1954

FIRST ENDORSEMENT on H/L (PE-1) dtd 5/28/54, Auth. 517424

From: Commander, Third CG District
To: SCOTT, Leonard Dodd (109-314) BM1l, USCG
Via: Commander, CG Group, Cape May

Subj: Retirement; travel

1. Forwarded for compliance.

2. Records of this office indicate your last permanent duty station upon retirement to be Rehoboth, Delaware.

E. T. CALAHAN
By direction

---

7 June 1954

SECOND ENDORSEMENT
CG GROUP CAPE MAY

From: Commander, CG GRP CAPE MAY, Cape May, N. J.
To: SCOTT, Leonard D. (109-314) BM1l, USCG

1. Forwarded.

J. A. HEIKEL

---

1 July, 1954

THIRD ENDORSEMENT
CG GROUP CAPE MAY, N. J.

From: Commander, Group, Cape May, N. J.
To: SCOTT, Leonard D. (109-314) BM1l, USCG

1. Delivered and departed at 0005, this date. You are hereby detached from INDIAN RIVER LBSTA, Rehobeth Beach, Delaware and all active duty in the U. S. Coast Guard.

J. A. HEIKEL

---

1 July, 1954

FOURTH ENDORSEMENT
CG GROUP, CAPE MAY, N. J.

1. Orders received and departed at 0005, this date.

LEONARD D. SCOTT

FIFTH ENDORSEMENT on H/L dtd 5/28/54. 7/6/54

Paid this date in the amount of $271.60 for pay and allowances through date of Retirement from active duty including compensation for thirty (30) days' unused leave remaining to credit upon retirement.

G. C. WERTH, PCLK, USCG
Authorized Certifying Officer (L375)

MILITARY PAY ORDER

MILITARY PAY ORDER NO. 3-55

ORGANIZATION AND STATION: CG GROUP, CAPE MAY, N. J. (INDIAN RIVER LBS)

DATE: 1 July, 1954

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR 1954 FROM—	YEAR 1954 TO—
109-314	SCOTT, Leonard D.	0005, 1 July, 1954 placed on the inactive retired list of the USCG. Auth: 20 yr. retirement law (enlisted), Title 14, USC, Section 355.	7-1	XXX
	ACO EXCEPTION: Accrued 55 days lv during perd. 9/10/52 to 6/30/54. Taken 25 days lv. Balance due on retirement on 7/1/54, 30 days in lieu of 34 days. G. C. WERTH, PCLK, USCG AUTHORIZED CERTIFYING OFFICER	HOR: Rehobeth Beach, Del. POD. Cape May, N. J.		
		ENT. to TA fm Cape May, N. J. to Rehobeth Beach, Del.		
		No MOP		
		ENT. to cash compensation for THIRTY-FOUR (34) days unused leave remaining to credit on date of retirment.		
		Address subsequent to retirement: Dewey Beach, Rehobeth,Beach, Delaware		
		Total net service: 24 yrs. 10 mos. 0 days.		

SYMBOL NO. (*Entered by D. O.*)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
G. C. WERTH, PCLK, USCG AUTHORIZED CERTIFYING OFFICER	J. A. HEIKEL, LCDR, USCG, CO.	

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

MILITARY PAY ORDER

MILITARY PAY ORDER NO.

ORGANIZATION AND STATION

CG GROUP, CAPE MAY, N. J. (INDIAN RIVER LBS)

DATE

1 July, 1954

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR 1954 FROM—	YEAR 1954 TO—
109-314	SCOTT, Leonard D.	0005, 1 July, 1954 placed on the inactive retired list of the USCG. Auth: 20 yr. retirement law (enlisted), Title 14, USC, Section 355.	7-1	XXX
ACO EXCEPTION: Accrued 55 days lv during perd. 9/10/52 to 6/30/54. Taken 25 days lv. Balance due on retirement on 7/1/54, 30 days in lieu of 34 days. G. C. WERTH, YCIK, USCG AUTHORIZED CERTIFYING OFFICER		HOR: Rehobeth Beach, Del. POD. Cape May, N. J.		
		EMT. to TA fm Cape May, N. J. to Rehobeth Beach, Del.		
		No MDP		
		EMT. to cash compensation for THIRTY-FOUR (34) days unused leave remaining to credit on date of retirment.		
		Address subsequent to retirement: Dewey Beach, Rehobeth Beach, Delaware		
		Total net service: 24 yrs. 10 mos. 0 days.		

SYMBOL NO. (*Entered by D. O.*)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
	J. A. HEIKEL, LCDR, USCG, CO.	J. A. Heikel

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

MILITA[illegible] PAY ORDER

[illegible]ILITARY PAY ORDER NO.

ORGANIZATION AND STATION

CG GROUP, CAPE MAY, N. J. (INDIAN RIVER LBS)

DATE

1 July, 1954

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR 1954 FROM—	YEAR 1954 TO—
109-314	SCOTT, Leonard D.	0005, 1 July, 1954 placed on the inactive retired list of the USCG. Auth: 20 yr. retirement law (enlisted), Title 14, USC, Section 355.	7-1	XXX
		HOR: Rehobeth Beach, Del. POD. Cape May, N. J.		
		ENT. to TA fm Cape May, N. J. to Rehobeth Beach, Del.		
		No MOP		
		ENT. to cash compensation for THIRTY-FOUR (34) days unused leave remaining to credit on date of retirment.		
		Address subsequent to retirement:		
		Dewey Beach, Rehobeth,Beach, Delaware		
		Total net service:		
		24 yrs. 10 mos. 0 days.		

ACO EXCEPTION:
Accrued 55 days lv during perd. 9/10/52 to 6/30/54. Taken 25 days lv. Balance due on retirement on 7/1/54, 30 days in lieu of 34 days.

G. C. WERTH, YCIK, USCG
AUTHORIZED CERTIFYING OFFICER

SYMBOL NO. (*Entered by D. O.*)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
	J. A. HAWKE, LCDR, USCG, CO.	

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 10 Sep 52 — Initial Credit (Reen) 00 DAYS — AUTHENTICATED BY E. A. COFFIN, JR., CDR, USCG

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
12 Sep 52	17 Sep 52	6	R			-6	CG Group Off. Phila.,Pa.	E.A.COFFIN,JR.,CDR,XO
25 Sept 52	26 Sep 52	2	A		-8	-4	CG Group Off. Phila.,Pa.	E.A.COFFIN,JR.,CDR,XO
23 Oct 52	23 Oct 52	2	A		-10	-6	CG GROUP PHILA	E.A. COFFIN,JR,CDR,XO
19 Nov 52	20 Nov 52	2	A		-12	-8	CG Grp Phila	E.A.COFFIN,JR.,CDR, XO
17 Dec 52	18 Dec 52	2	A		-14	-10	CG Grp Phila	J.W.E.WARD,LTJG,USCG,Bydir
14 Jan 53	15 Jan 53	2	A		-16	-12	CG Grp Phila	XO E.A.COFFIN,JR.,CDR,USCG,X
12 Feb 53	13 Feb 53	2	A		-18	-14	CG Grp Phila	I.C.McLEAN,LT.,USCG,By dir
12 Mar 53	13 Mar 53	2	A		-20	-16	CG GRP PHILA	E. A. COFFIN,JR.,CDR, XO
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY. Leave Rations credited are not in excess of leave taken.							CG GROUP PHILADELPHIA, PA.	E. A. COFFIN JR., CDR, USCG, X.O.
ANCR				30 June 53	25	09	GRP CAPE MAY	J. A. HEIKEL, LCDR, CO
BBF				1 July 53		09	GRP CAPE MAY	J. A. HEIKEL, LCDR, CO
18-4-54	22-4-54	5	A			04	GRP CAPE MAY	J. A. HEIKEL,LCDR,CO
14-5-54	14-5-54	1	A			03	GRP CAPE MAY	J. A. HEIKEL,LCDR,CO
				30 June 54	30	34	Group, Cape May, N.J.	J.A. HEIKEL, LCDR,USCG Commanding Officer
1 July, 1954 - RETIREMENT - Elects to receive cash compensation for unused leave				and is entitled to compensation for THIRTY-FOUR (34) days remaining on date of retirement				
				7-1-54.			GRP CAPE MAY	J. A. HEIKEL, LCDR, CO

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT				GRP CAPE MAY	J. A. HEIKEL, LCDR, CO.

ACO EXCEPTION:
Accrued 25 days lv perd. 9/10/52 to 6/30/53. Taken 20 days lv during this period: Balance due on 6/30/53, 5 days in lieu of 9 days. Entitled to compensation for 30 days lv on retirement in lieu of 34 days.

G. C. WERTH, PCLK, USCG
AUTHORIZED CERTIFYING OFFICER

NAME (Last) SCOTT, (First) Leonard (Middle) Dodd — SERVICE NO. 109-314

LEAVE RECORD

Paid ~~$316.40~~ cash compensation for 30 days lv.
subs;qtrs;on 7/6/54 at office Cdr 3rd CGDist.
by Paul D. Banning, Chief Disbursing Officer
Symbol 1375; Pay Roll No. 03-PR-01

G. C. WERTH, PCLK, USCG
AUTHORIZED CERTIFYING OFFICER

PAGE 5

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
30 Sept 52	EQM RQM	BM1(L)	3.7	3.5	4.0	(Miah Maull Shoal L/S) CG GROUP, PHILA., PA.	E.A.COFFIN JR., CDR, XO
12-31-52	RQM	BML1	3.7	3.5	4.0	CG GROUP PHILA., PA.	E.A. COFFIN JR., CDR, XO
MAR 3 1 1953	RQM	BML1	3.7	3.5	4.0	CG GROUP PHILADELPHIA, PA.	E. A. COFFIN JR., CDR, USCG, X.O.
4 May 1953	TR	BML1	3.7	3.5	4.0	CG GROUP PHILADELPHIA, PA.	E. A. COFFIN JR., CDR, USCG, X.O
*6-30-53	EQM	BML1	3.6	3.7	4.0	GROUP CAPE MAY	J. A. HEIKEL, LCDR, CO
*6-30-53	RQM	BML1	3.63	3.63	4.0	GROUP CAPE MAY	J. A. HEIKEL, LCDR, CO
9-30-53	RQM	BM1L	3.6	3.7	4.0	CG GROUP CAPE MAY	J. A. HEIKEL, LCDR, CO
12-31-53	RQM	BM1L	3.6	3.7	4.0	GRP CAPE MAY	J. A. HEIKEL, LCDR, CO
3-31-54	RQM	BM1L	3.6	3.7	4.0	GRP CAPE MAY	J. A. HEIKEL, LCDR, CO
6-30-54	RQM	BM1L	3.7	3.7	4.0	Group, Cape May N.J	J. A. HEIKEL, LCDR, USCG Commanding Officer
7-1-54	RETIREMENT		3.7	3.7	4.0	GRP CAPE MAY	J. A. HEIKEL, LCDR, CO
	AVERAGE		3.6	3.6	4.0	GRP CAPE MAY	J. A. HEIKEL, LCDR, CO

NAME (Last) SCOTT, (First) Leonard (Middle) Dodd | SERVICE NO. 109-314

MARKS

16—66052-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP CAPE MAY, Cape May, N. J.

0005, 1 July, 1954 placed on the inactive retired list of the U. S. COAST GUARD. Auth: 20 year enlisted retirement law, Title 14, USC, Section 355.

Average proficiency marks for the period 10 September, 1952 to 30 June, 1954 are as follows:

PIR	ALM	CON
3.6	3.6	4.0

Home address at time of retirement:

Dewey Beach
Rehobeth Beach, Delaware

Interview conducted in accordance with Article 12-B-39 Personnel Manual.

J. A. HEIKEL
LCDR, USCG, CO

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCOTT,	LEONARD	DODD	109-314

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP CAPE MAY, Cape May, N. J.

0005, 1 July, 1954 placed on the inactive retired list of the U. S. COAST GUARD. Auth: 20 year enlisted retirement law, Title 14, USC, Section 355.

Average proficiency marks for the period 10 September, 1952 to 30 June, 1954 are as follows:

PIR	ALM	CON
3.6	3.6	4.0

Home address at time of retirement:

Dewey Beach
Rehobeth Beach, Delaware

Interview conducted in accordance with Article 12-B-39 Personnel Manual.

J. A. HEIKEL
LCDR, USCG, CO

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCOTT,	LEONARD	DODD	109-314

ADMINISTRATIVE REMARKS

16—66780-1

DISTRIBUTION SHEET

PAGE	TITLE	NUMBER OF COPIES	DISTRIBUTION INSTRUCTIONS
1	ENLISTMENT CONTRACT	2	Original to Commandant (PE), copy to SR.
1a	CERTIFICATE OF OBLIGATED SERVICE	2	Original to Commandant (PE), copy to SR.
1b	EXTENSION OF ENLISTMENT	4	Original to Commandant (PE), copy to SR, 2 copies to ACO.
2	RECORD OF EMERGENCY DATA (DD FORM 93)	3	Original and 1 to Commandant (PE), copy to SR.
3	CLASSIFICATION TRAINING & RATING SHEET	2	Retain in SR in duplicate. Upon discharge and immediate reenlistment, or transfer to the Reserve, forward duplicate with closed out SR and transfer original to new SR. Upon separation from the service forward duplicate with closed out SR and deliver original to member being separated.
4	COURT MEMORANDUM	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
5	LEAVE RECORD	1	Keep current in SR.
6	MARKS	1	Keep current in SR.
7	ADMINISTRATIVE REMARKS	2	Retain in SR in duplicate. If sheet becomes filled send duplicate to Commandant (PE) and start a new sheet. Upon transfer, when received at ultimate destination, complete and send duplicate to Commandant (PE) and start new sheet.
8	MOTOR VEHICLE OPERATOR'S RECORD		Upon receipt, place in SR and keep current in accordance with existing instructions.
9	RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH	See Chart for Distribution	
10	REPORT OF SEPARATION (DD FORM 214)	8	As indicated at bottom of each copy.
11	DESERTION SHEET	4	All copies to ACO who will sign and complete the disbursing data and return the original and 1 copy to be inserted in SR before it is forwarded to the Commandant (PE).
12	INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
13	VACANT		NOTE: Abbreviations—SR: Service Record. ACO: Authorized Certifying Officer.
14	VACANT		

ACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Trans. to Res., Retired, Deceased	3	1		2
Rel. from Active Duty	4	1	1	2

INACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Deceased, or Retired	1	1		

U. S. GOVERNMENT PRINTING OFFICE 16—66645-1

SERVICE RECORD SIGNATURES

GENERAL

(*a*) The purpose of signatures in the service record is to show that the entries are made by proper authority as represented by the person signing them. The signing of the service record also keeps the cognizant officers aware of the correctness of record maintenance and helps to guard against erroneous entries. It is therefore incumbent upon commanding officers to assure that service record entries are signed only by authorized personnel. The grade and title of the officer signing is required.

(*b*) Signatures shall be made in permanent black or blue-black ink only, except as shown below in the case of DD Form 214 which shall be signed with indelible pencil.

(*c*) Contents Checked for Accuracy (inside front cover of service record) shall be initialed by the executive officer or personnel officer each time the contents are checked for accuracy. The check for accuracy shall be made by the officer who initials it for the purpose of determining that all entries have been made in accordance with current instructions; that duplicate sheets have been forwarded to other activities as required; and that all pages are filed in proper order. The following items shall be given particular attention: Name, service number, rating, any special designator, leave record, record of emergency data, remarks, special qualifications, qualifications for advancement, training courses, pay status including cumulative years, and completeness of pages. Any discrepancies, other than misfiled material, shall be reported to the Commandant (PE) by letter.

---

1. THE ENLISTMENT CONTRACT.—The signature of the person being enlisted or reenlisted and the signature of the enlisting officer are required on the enlistment contract at the time of enlistment. Both the original and carbon copy must be signed. (See Sec. 12–3–34, Regulations.)

1a. CERTIFICATE OF OBLIGATION (For original enlistment of persons under 26 years of age).—The signatures of the person being enlisted and the recruiting officer are required as indicated and shall appear on both copies.

1b. THE AGREEMENT TO EXTEND ENLISTMENT must be signed, at the time the agreement is made, by the enlisted person and by the commanding officer. The signature of the enlisted person and the commanding officer are required at the time the extension becomes effective. All copies shall be signed.

2. DD FORM 93 (Record of Emergency Data).—The signature of the enlisted person executing the DD Form 93 is required on each of the three completed copies.

3. CLASSIFICATION TRAINING AND RATING SHEET.—The authorizing officer's signature shall be that of the commanding officer, executive officer or personnel officer. Signatures for service school attendance shall be made by the officer at the school who is authorized to sign such entries or in event the service record is maintained at another unit during attendance at a school, by the commanding officer, executive officer or personnel officer thereof upon receipt of official information for the required entries.

4. COURT MEMORANDUM.—The signature of the commanding officer is required on the Court Memorandum. All copies shall be signed.

5. LEAVE RECORD.—The signature of either the commanding officer or executive officer is required after each entry on the Leave Record and the record of deductible time.

6. MARKS.—The signature of the commanding officer is required after each entry of assigned marks; however, commanding officers of large units (whose duties are such that they should not be required to give the time incident to signing service records) may request authorization from Headquarters to designate an appropriate officer to sign such entries. Such authorization shall be in writing.

7. ADMINISTRATIVE REMARKS.—The signature, grade, and title of either the commanding officer, executive officer, or personnel officer, is required after each administrative entry and after the record of transfer and the record of receipt when occurring.

8. MOTOR VEHICLE OPERATOR'S RECORD.—Accident Record and Traffic Violation entries will be entered as occurring and shall be signed by the commanding officer, executive officer, or personnel officer.

9. RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH.—The signature of the enlisted person is required in the space for election of travel at time of discharge or release from active duty as specified by current travel instructions. The signature of the commanding officer or executive officer is required at the time of discharge, transfer from active duty, or death. Original and all copies shall be signed where signature is indicated.

10. DD FORM 214.—The signature of the individual being separated, and the executive officer or personnel officer are required where indicated. These signatures shall be in indelible pencil. The signatures must be legible on all copies.

11. DESERTION SHEET.—The signature of the commanding officer is required after each entry of declaration of desertion, removal of marks of desertion and order to transfer accounts. The signature of the authorized certifying officer is required as acknowledgment of receipt of funds and order to transfer accounts.

12. INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT.—The signature of the commanding officer is required on the original and the two copies to be forwarded to the authorized certifying officer.

U. S. GOVERNMENT PRINTING OFFICE 16—66646-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

Coast Guard Group Office, Philadelphia Pa (Ship or station) (Location) On 9 September 1952 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [X] Continued on active duty

Normal date of expiration of enlistment 5 (Day) September (Month) 1952 (Year)

Reason Expiration of enlistment

Type discharge certificate HONORABLE

Authority: 12-3-42 A (1) CG Regs.

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Miah Maull Shoal Light Station, Lewes Del. (Place) ON 6 September, 1949 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from Lewes, Delaware (Place) ON 6 September, 1949 (Date)

Home address at time of enlistment, induction, or order to active duty Dewey Beach, Rehoboth Beach, Delaware

TRAVEL DATA

I hereby elect travel allowance to Lewes, Delaware (Location)

Place of RECORD

SIGNATURE Leonard Dodd Scott (See travel instructions)

Leonard Dodd Scott

MISCELLANEOUS DATA

[X] Reenlisted on board [X] Elected cash settlement for Sixteen (Words) 16 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter clearage for ____ Days excess leave From ____ To ____

Completed 23 years service for pay purposes on 31 August, 1952 Payment of discharge gratuity [ ] Is directed [ ] Is not directed

REMARKS

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
E. A. COFFIN, JR.	COMMANDER, EXECUTIVE OFFICER	90-53

DISBURSING DATA

Travel allowance credited, $ 7.86 Cash settlement for unused accrued leave (2 days) $ 21.23

NAME OF A. C. O. J. N. ALEWINE

Computation:
LSL (BP&L) for 2 days $17.33
LSL (ALLOW) for 2 days 3.90
MA fm Phila., Pa. to Rehoboth Beach, Delaware
distance of 131 miles @ .06 per mile $7.86

DUE AT DISCHARGE, $ 29[illegible]

PERSONAL FUNDS, $ XXXXXXX

GRATUITY CREDITED, $ XXXX

Ship or station
MIAH MAUL LIGHT STATION, LEWES, DELAWARE

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
SCOTT	LEONARD	DODD	109-314	BM1(L)

16—66654-1

Treas.Dept.
CG-3308 (4-52) PERMANENT MOTOR VEHICLE OPERATOR'S RECORD

1.Home Address (Civilian use)

2.Date of birth 10 May, 1900

TESTED FOR-	QUALIFYING SCORE	DATE LAST TESTED	RESULTS	EXAMINER
3.Color perception	Can distinguish red, yellow and green	5-15-53	Satisfactory Unsatisfactory	M.W.COOPER, BMLC
4.Hearing	Hears spoken voice with better ear at 15 feet	5-15-53	Left / Right without hearing aid	M.W.COOPER, BMLC
5.Vision	20/30 required	5-15-53	Left / right 20/20 20/30 Both With/without Glasses	M.W.COOPER, BMLC
6.Field of Vision	75° each side of focus line required		Average of___ Trials_____	
7.Depth perception			Average of___ Trials_____	
8.Reaction	_____Seconds or _____Feet.		Average of___ Trials:_____ Sec/ft.	
9.Road Test	NOT REQUIRED		Num.of errors	M.W.COOPER, BMLC
10.Written Examination	"		_____%	
11.Oral Examination			_____%	
12.Other tests 1½ T. truck; Limited radius		5-15-53	Satisfactory	M.W.COOPER, BMLC

13. SB trailer attached

PRIOR DRIVING EXPERIENCE

SIZE AND TYPE VEHICLE	YEARS	MILEAGE	NUMBER ACCIDENTS	CAUSE & CONSEQUENCE EACH ACCIDENT
Passenger, ½ & 1½T trucks	35	200,000	1	Hit by another vehicle No penalty 1942

14.TYPES OF VEHICLES FOR WHICH QUALIFIED
- X Passenger,Pick-up,Panel Trucks
- X Trucks over 3/4 ton to & incl 1½ T
- _____ Semitrailer, Single Axle
- _____ Semitrailer, Tandem Axle
- _____ Busses and Emer.Vehicles

15.Qual.on basis of:
- x Tests
- x Previous mileage Statement

16.Qual. as:
- x incidental operator
- ____ Chauffeur

17. RESTRICTIONS:
- x Must wear Glasses
- x Other (describe)Not qualified to op. SB trailer att: in city limits. (50 mi. Indian River LBS)

18. PERMITS ISSUED

PER.NO.	DATE ISSUED	EXP.DATE	UNIT ASSIGNED	SIGNATURE AND DUTY TITLE OF ISSUING OFFICER
03-510000-359	5/26/53	12/31/54	GROUP, Cape May, NJ	F.A. ERICKSON, CAPT, USCG Chief, SAR Section

NAME: (Last, first, middle) SCOTT, Leonard D.

Service No. 109-314

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

COAST GUARD GROUP OFFICE, PHILADELPHIA, PENNA.

1400. . .4 May 1953 - TRANSFERRED from Miah Maull Shoal Light Station to Commander, CAPE MAY GROUP, Cape May, New Jersey for further transfer to Indian River Lifeboat Station for assignment to duty. Granted four (4) days PT & one (1) days TT enroute. AUTH: C3CGD/L dtd 15 April 1953, File P16-3/MM, Order No. 3367-53 to Cdr Phila Group.

E. A. COFFIN, JR.
Executive Officer.

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
4 May 1953		C3CGD/L dtd 4-15-53, P16-3/MM, Ord No. 3367-53 & Authorization No. 033885.	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
BM1l	4-47	E. A. COFFIN, JR.	COMMANDER, EXECUTIVE OFFICER

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CG GRP, Cape May, N.J.	5-9-53	J. A. HEIKEL, LCDR, USCG, Group Commander

NAME (Last)	(First)	(Middle)	SERVICE NO.
SCOTT,	Leonard	Dodd	109-314

ADMINISTRATIVE REMARKS

16—66780-1

19. ACCIDENT RECORD

DATE	TOTAL DAMAGE	CHARGEABLE OR NON-CHARGEABLE	UNSAFE PRACTICE OF THIS OPERATOR	ACTION TAKEN	SIG. AND TITLE

20. TRAFFIC VIOLATIONS

(List all moving violations reported, omit overtime parking and similar offenses).

DATE	VIOLATIONS OF THIS OPERA.	REPORTED BY	ACTION TAKEN	SIG. AND TITLE

21. ISSUANCE OF SAFE DRIVER AWARD OR OTHER COMMENDATION FOR SAFE OPERATION

DATE	DESCRIBE (Include awards claimed prior CG experience, periods and mileage)	SIG. AND TITLE

22. REMARKS

INSTRUCTIONS

This page shall be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Each entry shall be made, dated, and signed as it occurs.

This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases those sections shall be completed as occurring. When an individual is received at ultimate destination in compliance with permanent change of station orders, complete the receipt portion and immediately forward the duplicate copy to Commandant (PE). The duplicate copy shall also be forwarded to Commandant (PE) in all cases when the page is otherwise filled with administrative entries. When the duplicate page has been forwarded to Commandant (PE), no further entries shall be made on the original thereof. The first page used shall be numbered 1 in the block provided beside the page number and subsequent pages numbered 2, 3, 4, etc.

The following types of administrative remarks to be entered on this page include only those which are most frequently encountered and shall not be construed as a complete listing. Other pertinent administrative remarks should be entered as occurring:

CLOTHING—Enter circumstances and estimated value of articles of clothing destroyed to prevent spread of disease or loss in marine disaster or fire. State whether reimbursed in cash or by issuance of clothing in kind.

COMMENDATIONS—Enter all special or meritorious conduct worthy of mention.

EXTENSION OF ENLISTMENT—Enter reason for extension when individuals agree to extend enlistment and reason for cancellation of extension.

FLIGHT ORDERS—Enter date of issuance, revocation, or suspension.

INJURY—Enter circumstances and nature of injuries incurred, including line of duty or misconduct status and accidents involving persons in the Coast Guard service whether or not injury incurred.

LANDING FORCE—Enter date and place sent ashore and date returned to vessel when sent ashore as part of landing force for protection of life, property, or for preservation of order.

MAIL CLERK DESIGNATION—Enter date and pertinent information concerning official designation as Coast Guard mail clerk or assistant Coast Guard mail clerk and date of revocation of such designation.

MEDALS—Enter date of receipt of all medals and awards. In case of good conduct medals and clasps enter period for which awarded.

NAME CHANGE—Enter authority for change of name, giving both old and new name in full after final approval received from Commandant (PE).

OFFENSES—Enter offenses committed for which punishment awarded did not result in S. C. M., Sp. C. M., *or* G. C. M., giving date of offenses, date of mast, and punishment awarded.

PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

REENLISTMENT—Upon immediate reenlistment enter information contained in the closed-out service record which might be useful during the new enlistment, such as date of current shore or sea assignment and date reported aboard present unit; commendations or medals received; transcript of performance of duty marks for such period immediately prior to discharge as will be required in the new enlistment for advancement or good conduct award purposes.

REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING GRADUATED ____ IN CLASS OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING GRADUATED ____ IN CLASS OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING GRADUATED ____ IN CLASS OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER
36	45	21	45	26	47				

HIGHEST SCHOOL LEVEL ATTAINED

1 yr. High School

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
SCOTT	LEONARD	DODD		109-314		BM1 (L)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER
36	45	21	45	26	47				

HIGHEST SCHOOL LEVEL ATTAINED

1 yr. High School

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
SCOTT	LEONARD	DODD		109-314		BM1 (L)

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
SCOTT, Leonard Dodd	109-314	BM1(L)	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Lula Olive Scott — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Delaware

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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)*: Lula Olive Scott — ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Delaware

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
William Leonard Scott	Dewey Beach, Rehoboth Beach, Delaware		X	X		21

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Deceased — ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Deceased — ADDRESS *(Number, street, city, zone, and State)*:

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Frank Scott — RELATIONSHIP: Brother

ADDRESS *(Number, street, city, zone, and State)*: 1630 S. Delaware Street, Paulsboro, N. J.

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: Lillie Scott — RELATIONSHIP: Niece

ADDRESS *(Number, street, city, zone, and State)*: 1630 S. Delaware Street, Paulsboro, N. J.

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.
Continental American Life Ins. Co.	Wilmington, Delaware	139654N-S

(Continue on reverse side)

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: Lula Olive Scott — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Dewey Beach, Rehoboth Beach, Delaware

RECEIVE EACH MONTH: 100 % OF MY PAY.

MILITARY ADDRESS: Mish Mault Shoal Light Station, Lewes Group, Lewes, Delaware

DATE SIGNED: 9-10-52

SIGNATURE OF DESIGNATOR: Leonard D. Scott

Leonard D. Scott

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529 WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
109-314	SCOTT,	Leonard	Dodd	BM1 (L)	8

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Chester,	Penna.	10	May	00	Prot.	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	Dewey Bch,	Rehobeth Beach,	Sussex County,	Delaware

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
10	Sep	52	[ ] FIRST ENLISTMENT [X] REENLISTMENT	3 YRS.		[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Philadelphia,	Penna.	CG Group Philadelphia,	Philadelphia,	Pa.

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)

19. SELECTIVE SERVICE REGISTRATION NO.

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
6	Sep	49	USCG	9	Sep	52	HONORABLE	23 YRS. 0 MOS. 9 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO	
23 YRS. 0 MOS.	10	Sep	52	Miah Maull Shoal Light Station	[X] Active duty for [ ] Inactive duty

28. DESCRIPTION

SEX	RACE (See Instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
Male	Caucasian	Grey	Blue	69"	160	Fair

29. MARKS AND SCARS

VSULA

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

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 CDR E. A. COFFIN, JR. of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard 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 { 3 years from 10 September, 1952 / during minority until 9 Sept., 1955 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above 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 and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by 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 understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: 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 Enlistment: I, LEONARD DODD SCOTT do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; 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 and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Leonard Dodd Scott

Subscribed and sworn to before me this 10th day of September, A. D. 1952 Citizenship substantiated and contract perfected

Signature and Grade E. A. COFFIN, JR., CDR, USCG Official Title Executive Officer

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-1

FAMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐

NO. 839,562

F.C.C. NEW	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
F.C.C. PREVIOUS		SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
		109-314	SCOTT, Leonard D.	BM1	

971,136

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	x x x	MAQ(W)	P	11-43	Lula O. Scott 32 Lake Avenue Rehoboth Beach, Delaware.	Wife			A					
x x x				7-49										x x x
	x x x				William L. Scott	Son	7-31		A					
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
		TOTALS ←	DATE OF APPLICATION		DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED		TOTAL RETROACTIVE AMOUNT					

DISCONTINUANCE

REMARKS BM Elected MAQ(W) 8-1-49
Disregard authorization No. 1,541,978.

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE rwl 8 August 1949

Chief, PA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

FAMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☐ STOP ☒ SUPERSEDING ☐ NO. 1,541,978

F.C.C. NEW	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
			971,136		

F.C.C. PREVIOUS		SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
		109-314	SCOTT, Leonard D.	BM1	

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	x x x	Age 18	P	11-43	Lula O. Scott 32 Lake Avenue Rehoboth Beach, Delaware.	Wife			A					
x x x				7-49										x x x
	x x x				William L. Scott	Son	7-31		A					
x x x														x x x
	x x x		P	8-49	Lula O. Scott 32 Lake Avenue Rehoboth Beach, Delaware.	Wife			A					
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
		TOTALS ←		DATE OF APPLICATION	DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED		TOTAL RETROACTIVE AMOUNT					

REMARKS

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE rwl 1 August 1949

Chief, FA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 971,136

SUPERSEDES AUTH. NO.

SERVICE NO. ON PREVIOUS AUTH.

☐ SUPERSEDING
☐ SUPPLEMENTAL
☐

SCOTT, Leonard D. (109-314) B.M.1c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE | SERVICE NUMBER | RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Lula O. Scott, 32 Lake Avenue, Rehoboth Beach, Delaware.	Wife		
A		1	William L. Scott, Same.	Son	7	31

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	Nov., 1943
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	None
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION. EXCEPTIONS TO AGE LIMITATIONS, ETC.)

None

DATE 11 December, 1943

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, Military Morale Section

BNP 668
(Revised September 1942)

NAVY DEPARTMENT
APPLICATION FOR FAMILY ALLOWANCES

PART 1

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 11 November, 1943, ~~19~~

I. I, SCOTT (Last name) Leonard (First name) Dodd (Middle name) B.M.1c. (Rating) U.S.C.G. (Organization)

REHOBOTH LB STATION (Ship or station) 109-314 (Service or serial number) 4 September, 1943 (Date of enlistment) 4 September, 1943. (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. SCOTT (Last name) Lula (First name) Olive (Middle name) WIFE (Relationship) (Month, day, year of birth if minor)
   32 Lake Avenue (Number and street or R. F. D.) Rehoboth Beach OK (City or post office) Delaware. (State)
2. SCOTT (Last name) William (First name) Leonard (Middle name) SON (Relationship) 16 July, 1931 (Month, day, year of birth if minor)
   Same As Above (Number and street or R. F. D.) (City or post office) (State)
3. (Last name) (First name) (Middle name) (Relationship) (Month, day, year of birth if minor)
   (Number and street or R. F. D.) (City or post office) (State)
4. (Last name) (First name) (Middle name) (Relationship) (Month, day, year of birth if minor)
   (Number and street or R. F. D.) (City or post office) (State)

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

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

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

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

DATE and place of marriage to present wife DECEMBER, 1928 Lewes, Delaware.

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 and place of divorce

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

16—29368-2

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

Consists of only the following relatives to whom you contribute a **SUBSTANTIAL** portion of their support (father, mother, natural or adoptive; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person standing in loco parentis to you; brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren—dependents in last group over 18 years of age must be incapable of self-support by reason of mental or physical defect as shown by a *doctor's certificate*).

Give following information as to each Class B dependent claimed:

1. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

2. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

3. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

4. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

5. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

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

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

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

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

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

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

First month for which payments to Class B dependents shall be made _____

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

Subscribed and sworn to before me, this 11th day of NOVEMBER, 19 44

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

Leonard D. Scott
LEONARD D. SCOTT (Signature)

C. A. OSBORNE, Lieut. USCG
Commanding Officer, Lewes Section.
(Title)

16—29368-2

NAVCG-9731

Date: 8 August 1949

MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

SCOTT, Leonard D. (109-314)	BM1	3rd CGD
Name	Rating	Unit
Class A	$22.00	Began: Nov. 1943 Ter. July 1949
Disbursing Officer	Monthly Checkage	Month of First Entitlement

EM Elected MAQ(W) 8-1-49

S. K. FRICK
Chief, FA Section

1920 rwl

AUG 5 1949

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS:

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES:

SCOTT, LEONARD D. 109 314 BM1, USCG

(name) (service no) (rating)

To: Chief, Military Morale Division, CG Headquarters.

You are hereby notified to 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 JULY, 1949

( )* Checkage is being coninuted as required by regulations pending notification to stop.

8-1-49 ELECTS MAQ(W) IN LIEU FAMILY ALLOWANCE.

(date of change in status) (nature of change in status)

*Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

W. G. SCHAEFER, Chief Pay Clerk,
Authorized Certifying Officer
3rd CG District.

CG Headquarters

Washington 25, D. C.

8 August 1949
(date)

Receipt of the above notification is hereby acknowledged, family allowance payments will be terminated after payment for the month of July 1949

Chief, XXXXXXXXXXXXXXXXXXXXXXXXX
Family Allowance Section

rwl