NOV 19 2024 PM12:02

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

Date: 11/18/2024

REQUESTER INFORMATION

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

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

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Smith, Hoyt, P.	143-233	1900 ME

MILITARY SERVICE

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

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

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

Date & Place of Death: 1973 ME

State of Residence (upon entry into service):

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

Researcher Signature:

CIVILIAN SERVICE

(Agency & Location)

From: To:

(Agency & Location)

From: To:

(Agency & Location)

From: To:

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

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: 2-302955313 83

CMRS Search Request Number(s): CG 2-DX16DMO

Attendant Signature:

Remarks: 24 DEC 5 PM 1:38:41

SCREENING NOTES

☐ Reviewed and Nothing Removed JA

☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

NW

CG53809

Approved Exception to SF 180

1A. ADDRESS CODE	VETERANS ADMINISTRATION REQUEST FOR INFORMATION	1B. TYPE OF CLAIM
13		ORIG DEATH

2. SEPARATION FORMS ON FILE: ☐ YES ☒ NO

3. DATA REQUESTED: ☒ SERVICE ☐ MEDICAL ☐ DENTAL ☐ OTHER

4. BRANCH OF SERVICE: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NATIONAL GUARD (Army) ☐ NATIONAL GUARD (Air) ☐ OTHER (Specify)

FROM	5A. NAME AND ADDRESS OF VA REQUESTING OFFICE	5B. ORIGINATING UNIT	6. CLAIM NO. / 7. INSURANCE NO.
	VA Regional Office 373 497 Silver St. Manchester, N.H. 03103	231 Administrative	C- 29 182 544

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served)	9A. ALL SERVICE NOS	9B. SOCIAL SECURITY NO.
SMITH, Hoyt Philmore	143 233	004 26 2363

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
8/6/1900	Jonesport, Maine	3/8/73

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	Unk	5/1/44		
B.				
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACE OF TREATMENT	20. TYPE (Check) HOSPITAL	20. TYPE (Check) OP
A.					
B.					
C.					

21. ADDITIONAL INFORMATION REQUESTED

Please furnish service data

22A. SUBSEQUENT RESERVE OR RETIRED STATUS: ☐ NONE ☐ RESERVE OBLIGATION (Complete Item 22B) ☐ RETIRED (Complete Item 22C) ☒ UNKNOWN

22B. OBLIGATION TERMINAL DATE

22C. RETIRED STATUS: ☐ IN PAY STATUS ☐ NONPAY STATUS ☐ TEMPORARY DISABILITY RETIRED LIST ☐ RETIRED—STATUS UNKNOWN

23. DATE: 4/6/73

24. SIGNATURE AND TITLE OF VA OFFICIAL: S P IOLICATA, Chief, Adm. Svc Sec VARO 373 Manchester NH

ENDORSEMENT — VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT ☒ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

#13A - 9-10-22 #14A - 9-9-23 #15A - Honorable #16A - Surfman, USCG
#13B - 9-10-23 #14B - 9-9-24 #15B - Honorable #16B - Surfman, USCG
#13C - 7-20-25 #14C - 6-20-41 #15C - Resigned (Hon) #16C - Keeper, US Lighthouse Service
appointed 3rd Asst. Keeper,
U.S. Lighthouse Service
#13D - 6-21-41 #14D - 4-30-44 #15D - Retired (Hon) #16D - BM1, USCG

#21 - Highest rate held - Boatswain's Mate, first class (E-6)

mkd 4/24/73 CAR

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. (Cont.)	ORIG.	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION	4-24-73	S. HUTCHINSON Chief, Records Branch Enlisted Personnel Division By direction of the Commandant
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS					
			OTHER RECORDS					

VA FORM AUG 1971 07-3101 EXISTING STOCKS OF VA FORM 07-3101, JUL 1970, WILL BE USED.

2

Chrisp CAR

APR 23 1973

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

A-2 Retired on May 1, 1944.

Service Record

SMITH
(Surname)

HOYT PHILMORE (Christian names) (143-233) (Service No.) N.B. (Citizenship)

B.M.1c (Enlisted as) 21 JUNE, 1941 (Date) Three (Term of years)

KITTERY POINT STATION (Ship or station) KITTERY POINT, MAINE. (Place)

16—9677

[redacted]ED STATES COAST GUARD
Washington 25, D. C.

Address Reply T
THE COMMANDANT
Refer To File: CG-7[redacted]-72

FILE

From: Commandant
To: Hoyt P. Smith BMlc Ret.

Subj: Retired identification card; completion of

1. There is inclosed herewith retired identification card No. 6202 that will be issued to you.

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

3. Fill in the following blanks on this sheet only, not on card:
Color of Hair White Color of Eyes Blue
Height 5'11" Weight 190
Date of Birth Aug.6 1900
Permanent address West Jonesport, Maine

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

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

Incls
1. Ident. card
2. Franked envelope

Ind-1

From: Hoyt P. Smith
To: Commandant (PO)

Card returned for validating and completion.

Hoyt P. Smith
Signature

Ind-2
Commandant (PO)

6 April, 1948.

From: Commandant
To: Hoyt P. Smith, BMlc Retired.

Please acknowledge receipt of the completed identification card No. 6202 by signing Ind-3 and return to the Commandant (PO).

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

Incls
1. Ident. card
2. Franked envelope

Ind-3

From: Hoyt P. Smith;
To: Commandant (PO)

Receipt is acknowledged.

Hoyt P. Smith
Signature

A-6051

UNITED STATES COAST GUARD
CUSTOMHOUSE
BOSTON 9, MASS.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
FIRST NAVAL DISTRICT
REFER TO FILE: fpd-51

3-13

15 November, 1944

NOV 17 '44 PM

To: The Commandant

Via: DCGO, 1st Naval District

Subj: SMITH, Hoyt P., Retired, BM1c (143-233) last address of; request for

1. This office is endeavoring to answer General Accounting Office, Notice of Exception in the case of subject-named man.

2. However, before any further action can be taken, it is necessary this office be furnished his last permanent address. According to our records Hoyt P. Smith was retired from this district 30 April, 1944.

E. D. CHILCOTE
Coast Guard Pay Officer, 1ND

GP/sj

- -

Ind-1
DCGO, 1st Naval District
fpd-51
15 November, 1944

To: The Commandant

Forwarded.

W. R. TOWER
By direction

August
En 384 York Village Me
Blue
Mt Joseph Me

143-233

STATEMENT OF PREVIOUS MILITARY SERVICE.

Hoyt P. Smith (NAME - Print) | Surfman (GRADE) | First District UNIT AND DISTRICT TO WHICH ATTACHED

I HAVE HAD PREVIOUS MILITARY SERVICE UNDER THE UNITED STATES AS FOLLOWS:

BRANCH OF SERVICE*	SERVICE NUMBER	ORIGINALLY ENLISTED		LAST DISCHARGED	
		DATE	PLACE	DATE	PLACE
ARMY					
NAVY					
MARINE CORPS					
COAST GUARD		Sept; 10/22 Sept; 10/23	Cranbery Island " "	Sept; 9/23 Sept; 10/24	3
COAST AND GEODETIC SURVEY					

2-0-0

* IF ANY OF ABOVE SERVICE WAS COMMISSIONED OR WARRANT SO INDICATE.

24 July, 1939.

The above agrees with service record card on file in this office, except last date of discharge is shown on card as 9-9-24, on which dates of military service were entered at time of man's entrance on duty either from discharge certificate or Civil Service application.

H M Ingalls
H M INGALLS
Superintendent of Lighthouses

H. P. Smith Keeper
(SIGNATURE)

(PEA-C)
CG-73

2 December, 1944

To: Pay Officer, 1st Naval District

Via: DCGO, 1st Naval District

Subj: Smith, Hoyt P. (143-233) BM1c (Retired); forwarding of information

1. Reference is made to your letter dated 15 November, 1944, file fpd-51

2. The above-named man gave during the year, three different addresses, Morilton Lane, York Village, Maine, and West Jonesport, Maine. His present address is Box 384, York Village, Maine.

E. VAN LOPIK
By direction

U. S. COAST GUARD
MAIL SECTION (1)
MAILED DEC 4 1944

BEABES:rb

COPY

3-12

July 20, 1944.

From: Hoyt P. Smith, York Village, Maine.

To: Allotment Disbursing Officer, Washington, D. C.

Sub. Retired pay check

1. Please advise on pay check for month June 1944 as yet not received.

2. No discharge papers have been received please advise on same.

3. Please send all mail to above address.

retired pay check for June 1944 mailed 7-24-44.
S.E.

sg

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)
REFER TO FILE: CG-73

OFFICERS

14 July, 1948

To: Chief, Pay Records Subsection

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 30 April, 1944 of SMITH, Hoyt Phillmore (143-233)EM1c, USCG (Retired)

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—
9-10-22	9-9-24 HD	None		None		None	
6-21-41	5-1-44 Retired	None		None		None	

JUL 14 1948

	Yr.	Mo.	Days
Coast Guard Service	4	10	10
Navy service			
~~Lighthouse service~~	15	11	1
Total	20	9	11

Completed 18 years prior to retirement, 1 May, 1944

B. A. SHAW
By direction

19—30636-2 U. S. GOVERNMENT PRINTING OFFICE

Return to 3-13

3.3.Pr

22-Aug. 1944
York Village, Me.
Box 384.

ok

Having been medically discharged and receiving pension since 1 May 1944, as yet have not recd discharge papers. (Why?) Please advise if I am elegible for mustering out pay, if so please advise the steps I take to get same.

Hoyt P. Smith.
B. M. 1c. Ret.

Retired: 5-1-44 (P.D.)
One retired roll for 89.77
OKZ

(PEA-P&R-1)
CG-73

28 August, 1944

To: Boatswain's Mate, first class, Hoyt P. Smith, USCG (Retired)
Box 384, York Village, Maine.

Subj: Mustering-out Pay

1. Reference is made to your letter dated 22 August, 1944, in which you make inquiry concerning a discharge certificate and mustering-out pay.

2. Please be informed that inasmuch as you were retired on 1 May, 1944, and not discharged, no discharge certificate will be issued in your case.

3. You are informed that the Act approved 3 February, 1944, provides, in part, that no mustering-out payment shall be made to "any member of the armed forces who, at the time of discharge or relief from active service is transferred or returned to the retired list with retirement pay, or to a status in which he receives retirement pay".

4. Inasmuch as you are in a retired status you are not eligible to receive the mustering-out pay.

M. K. HUTCHINSON
By direction

U. S. COAST GUARD
MAIL SECTION (1)
MAILED AUG 28 1944

BAS/jk

Ncg 2503

NOTE: If any of these men have been transferred from your unit, complete necessary entries in the records and forward the records to the unit to which transferred without delay.

UNITED STATES COAST GUARD

PERSONNEL RECORDS RECEIPT

FILE M.D.

Name	Service No.	Rating
SMITH, Hoyt	143-233	BM1c

Transferred from DCGO, 1ND to THE COMMANDANT

Authority _____

The following marked (X) are transmitted herewith:

XXX SR Service Record

XXX HR Health Record

_____

_____

_____

5-18-44

F. N. MARTIN
By direction

Ind-1
CG Headquarters, Washington, D. C.
22 May, 1944

To: District Coast Guard Officer, First Naval District

Receipt of inclosures is hereby acknowledged.

S. C. CRANDALL, Lt. Comdr., USCG
Assistant Chief
Enlisted Assigaments Division

_____
(Signature of CO of unit to which transferred)

(PEA)

CG-73

22 May, 1944

To: COTP, Portsmouth, New Hampshire

Via: DCGO, First Naval District

Subj: Smith, Hoyt Phillmore (143-233) B.M.1c., USCG (Retired)
Permanent home address

No reply has been received to Headquarters dispatch 032147. It is again requested that you direct the above-named man who was retired 1 May, 1944, to immediately inform Headquarters what his permanent home address will be after retirement. Headquarters must have this information without delay in order to prepare his travel and detachment letter.

E. ZOOLE
By direction

BEABES:mae

3-14

CG-PAD14-73

FILE
L.H.Z.

30 May, 1944.

From: Commandant.
To : H. P. Smith, B.M.1c., USCG, Retired,
West Jonesport, Maine.

Subject: Retired pay; payment of.

Reference: (a) Headquarters' letter, 29 April, 1944 (PEA-CG-73-706).

Inclosures: (A) Form N.C.G. 9671.
(B) Standard Form 1099 - Signature Card.

1. Having been transferred to the retired list of the Coast Guard, effective 1 May, 1944 , your pay accounts will henceforth be carried at Headquarters.

2. Checks in settlement of your retired pay will be forwarded to you after the close of each month upon the receipt of dated and signed Form 9671, one of which is inclosed for use at the end of the current month. Since this form is submitted as evidence of your existence and right to retired pay, it must not be signed prior to the last day of the month and should not be predated. If address is changed, the new address for mailing your pay check should be submitted on this card at the end of the month in which the change occurs.

3. Inclosure (B) must be signed in the space provided therefor and returned to the Allotment Disbursing Officer for transmittal to the General Accounting Office. [redacted]
The name appearing on your pay checks will be identical to that appearing in the upper left corner of this card. The card must be signed in the same manner, using initials only, as indicated.

C. L. HERNDON,
By direction.

2859

MAY 30 1944

SG:

FORM NAVCG-9619

U. S. COAST GUARD

3202

HEADING	WNJ V BM NR6 A QUJF 271513 QUAH W QUAF XX GR21 BT
FROM	COTP PORTSMOUTH NH
ACTION	COMDT CG
INFORM	DCGO 1ST NAVDIST

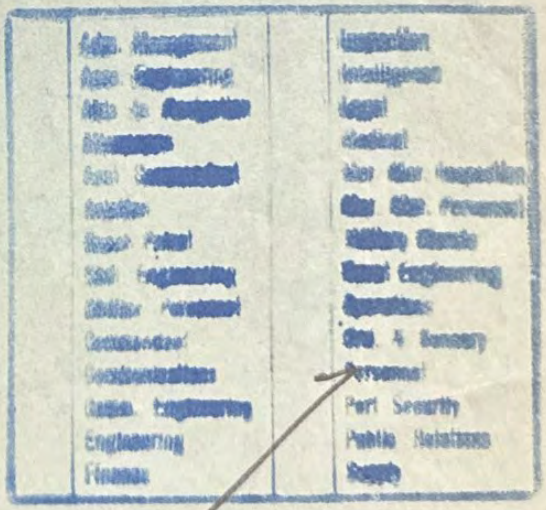
TEXT

REFURLETTER 22 MAY FKX FILE CG-73 MYDIS 042005 X PERMANENT HOME ADDRESS OF HOYT PHILMORE SMITH 143-233 BM1C IS WEST JONESPORT MAINE

BT 271513

3202

REF:-UNLOCATE COMCENTER FILES.



TOT 1623 27 MAY 44 JM

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

$

NCG 9626
UNITED STATES COAST GUARD

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

3202

DATE 3 MAY 1944

FROM COMMANDANT		SECRET
		CONFIDENTIAL
		RESTRICTED
TO (FOR ACTION)		URGENT
		PRIORITY
DCGO 1ST NAVDIST	X	ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE
TO (FOR INFORMATION)		URGENT
		PRIORITY
CG COTP PORTSMOUTH NEW HAMPSHIRE	X	ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

Ø32147

TEXT

RETIREMENT HOYT PILLMORE SMITH 143 233 BM1C APPROVED BY THE PRESIDENT 28 APRIL 1944 EFFECTIVE 1 MAY 1944 RELIEVED IMMEDIATELY FROM ACTIVE DUTY X DIRECT SMITH WIRE HEADQUARTERS AT ONCE PERMANENT HOME ADDRESS AND MONTH TRAVEL WILL BE PERFORMED X LETTER FOLLOWS

Ø32147 RW41/JH

TOD— BEABES:mao

OFFICE OF ORIGIN: PEA

INITIALS OF RELEASING OFFICER: EZ

OPERATOR'S RECORD

TIME RELEASED:

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—23739-1

PEA)
CG-73
531

29 April, 1944

To: Boatswain's Mate, first class, Hoyt Phillmore Smith (143-233)
United States Coast Guard

Via: DCGO, First Naval District, and COTP, Portsmouth, New Hampshire

Subj: Relief from active duty; orders to home; travel

1. You are detached from further duty with the Captain of the Port, Portsmouth, New Hampshire, and relieved from all duty in the United States Coast Guard effective 1 May, 1944, the date you are retired from active service and placed on the retired list as notified in Headquarters letter dated 29 April, 1944; then proceed to West Jonesport, Maine, your permanent home.

2. You are authorized to delay at your own convenience in proceeding to your home in obedience to these orders. The General Accounting Office has held, however, that in order to be entitled to mileage travel must be performed within one year from date of retirement.

3. Travel under this order may be performed by privately owned conveyance or by common carrier. Government transportation requests may be obtained and used to procure transportation at lowest first class rate. If fare is paid in cash from personal funds a receipt must be secured to substantiate claim for reimbursement. Attention is invited to the provisions of Pay and Supply Instructions relative to quarters allowance when traveling by privately owned conveyance. Allowances for subsistence and quarters as prescribed by Pay and Supply Instructions are applicable in this case.

4. You have advised Headquarters your permanent home address is West Jonesport, Maine. As no date of travel is given it is assumed that your travel will be performed during the month of May, 1944, when your retirement becomes effective. However, if it develops later due to unforeseen circumstances that travel will be delayed beyond the month of May promptly so inform Headquarters, stating date of the planned travel.

5. The travel necessary to the execution hereof is required by the public interests, is hereby authorized, and is chargeable to travel allotment Symbol No. 51-20 (0255-5).

2 - Mailed 5-30-44

E. ZOOLE
By direction

CC: Allotment and Retired Pay Section
Audit and Examination Section

BEABES:mae

FER-P
MB30

ORR

(PEA)
CG-73
706

11 February, 1944

To: Captain Frank M. Meals, President, United States Coast Guard Retiring Board, First Naval District, Boston, Massachusetts

Subj: Smith, Hoyt Phillmore (143-233) B.M.1c.; examination before retiring board

There are inclosed such papers from the medical record of above-named man as are considered of interest to the board. Smith has been instructed to present himself before the retiring board of which you are president at such time as shall be indicated in instructions issued by you. The board will be convened at the U.S. Marine Hospital, Brighton, Massachusetts. Return inclosure (2) with report of the board in this case to Headquarters.

E. Meals 2-14-44

E. ZOOLE
By direction

Incls
1. Copy of Headquarters letter 11 February, 1944, to Smith PEA-CG-73-706
2. File of papers, medical record of Smith

BEABES:mae

mrB

NCG-2522

FILE C.M.

FOLLOW INSTRUCTIONS ON BACK

SMITH, Hoyt P. (Name, surname first) 243-233 (Service number) B.M.1c. (Rank or rating) Whaleback Light Sta. (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)

Portsmouth N.H.

Place 16 November, 1943., Date 16 November, 1943, 19

To: Medical Officer, U.S. Marine Hospital,

Brighton, Mass.

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 C.W. KINGHORN

Hoyt P. Smith (Signature of patient)

C.W. Kinghorn
A.A. Surgeon U.S.P.H.S.

U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Brighton, Mass., Date 11/25/43, 19

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

841-777 Anterior pituitary hypofunction
(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 U.S.M. {*hospital / *~~office~~} on 11/16/43, 19

J. A. Thuyer

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

7-10-
3-14

(PEA)
CG-73
706

11 February, 1944

To: Smith, Hoyt Phillmore (143-233) B.M.1c., United States Coast Guard

Via: Medical Officer in Charge, U.S. Marine Hospital, Brighton, Massachusetts

Subj: Examination before retiring board

1. Upon receipt of instructions from Captain Frank M. Yeals, U. S. Coast Guard, present yourself before the retiring board of which that officer is president to be convened at the U. S. Marine Hospital, Brighton, Massachusetts, at such time as shall be indicated in said instructions.

2. Upon completion of your examination and when excused by the president from attendance upon the board if further hospitalization is necessary report to the Medical Officer in Charge, U. S. Marine Hospital, Brighton, Massachusetts, and await orders. If further hospitalization is not necessary you will report to the District Coast Guard Officer, First Naval District, for such action as may be indicated in your case with reference to resumption of your former status.

3. If your retirement is directed you will be entitled to travel to your permanent home provided such travel is performed within one year from date of retirement. Specific authority must be obtained from Headquarters before such travel is performed.

E. Mills 2-14-44

E. ZOOLE
By direction

CC: DCGO, First Naval District
COTP, Portsmouth, N.H.

BEABES:mae

mfb

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

Smith Hoyt P. (243-233) B.M.1.c Boon Island Light Station
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Boon Island Lt.Sta., Date 26 September, 1942

To: Dr. W.P.Clair
Portsmouth N.H.

OCT 19 1942

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 Portsmouth Harbor Lifeboat Station Kittery Point, Maine.

Hoyt P. Smith
(Signature of patient)

Ernest R. Beal, C.B.M. (a) (P)
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ports., Date Sept 26, 1942

I CERTIFY that I have examined the above-named person and find him suffering from 3051 Fracture left shoulder joint
(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 21 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at ..... {*~~hospital~~ / *office} on 19

W. P. Clair
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—863

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE C.G.

SMITH, Hoyt P. (243-233) B.M.1/c Boon Island Light Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Portsmouth, N.H., Date Sept. 26, 1942

To: Boon Island U.S.C.G. Portsmouth Harbor Lifeboat Station
(Coast Guard unit)

Kittery Point, Maine.
(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
Dislocation left shoulder joint	3051	Sept 26	Sept 26

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. P. Clare
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

-73

BOSTON DISTRICT RECEIVED JUN 26 1942 U.S. COAST GUARD 73

NAVY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD (5)

KITTERY POINT STATION REC'D JUN 30 1942 PORTSMOUTH, N.H.

FIRST NAVAL DISTRICT 25 June, 1942.

From: Commanding Officer, KITTERY POINT STATION.
To: Commandant.

Via: District Coast Guard Officer, First Naval District.

Subject: SMITH, Hoyt P., (143-233), B. M. 1c; statement of creditable service; request for.

1. It is requested that a statement of subject named man's creditable service on Form 2511-A be forwarded to this unit in order that subject's personnel and pay accounts may be brought up to date.

I. L. Hammond.

- -

OFFICE; DCGO,1ND First Indorsement Boston, Mass.
-73- 27 June, 1942.

1. Forwarded.

Geo. M. Walker
GEO. M. WALKER,
By direction.

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

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 7 July, 1942.

From: Commandant.
To: Commanding Officer, Coast Guard Station, Kittery Point, Maine.

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 7 July, 1942, of SMITH, Hoyt Phillmore (143-233) B.M.1c.

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—
9-10-22	9-9-24 H D	None		None		None	
6-21-41		None		None		None	
Now serving							

	Yr.	Mo.	Days
Coast Guard service			
Navy service			
Total			

Completed years

JUL 9 1942

E. J. ROLAND,
By direction.

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

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (17)
REC'D JUL 24 1942
FILE
C.M.

SMITH, Hoyt P. (6 143-233) B.M.1c (Boon Island Light) KITTERY POINT STA.
(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 PORTSMOUTH, N.H., Date 13 June, 1942

To: DR. M. P. CLARE, A.A. SURGEON,

PORTSMOUTH, N.H.

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 CAPTAIN OF THE PORT, PORTSMOUTH, N.H.

Hoyt P. Smith B.M.1c
(Signature of patient)

F. B. Lincoln
F. B. LINCOLN,
COMMANDER U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Portsmouth, Date June 13, 1942

I CERTIFY that I have examined the above-named person and find him suffering from Ringworm scalp 1673.
(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 ..... {*hospital / *office} on ....., 19

H. P. Clare
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

FILE
C.M.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

Smith Roy A. P. | 143-233 | BM1/C | Boxer | Islandlight
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Portsmouth, N.H. Date Mar 2, 1942

To: Dr. Wendell P. Clare, A.A. Surgeon, USPHS.
(Coast Guard unit)

PORTSMOUTH, N. H.
(Address)

BOSTON DISTRICT U.S. COAST GUARD RECEIVED MAR 4 1942

AIDE CAPT. OF PORT RECEIVED 3 MAR 1942 PORTSMOUTH N. H.

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
Tetanus wound	0120	Feb 2, 42	Mar 2

OFFICE
APR 1 - 1942
INSPECTOR IN CHIEF

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.}

D. P. Clare
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.

COAST GUARD
RECEIVED
MAR 1942
MEDICAL SECTION

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—653

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

SMITH, Hoyt P. (143-233) B.M.1c (Boon Island Light) KITTERY POINT STAT.
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Portsmouth, Date June 13, 1942

To: Boon Island Light
(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
Ringworm scalp	1673	June 13	June 13

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.}

W. P. Clare
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

FILE 73
P. G. M.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD
REC'D AUG 22 1923
AAGNO

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
First District
Rec'd AUG 22 1923

Cranberry Island
COAST GUARD STATION

Islesford, Maine.
(POST-OFFICE ADDRESS)

First
DISTRICT

Aug. 19, 192 3

From: Officer in Charge, Cranberry Island Station.
To: Commandant.
Via: Superintendent, First District.

Subject: Swimming Qualifications; Surfman H. P. Smith.

Reference: (a*) Article 83 U. S. C. G. Instructions 1921.

1. In accordance with instructions contained in the above reference you are advised that surfman H. P. Smith completed the swimming tests in a very successful manner August 4, 1923.

QUALIFIED IN ALL SWIMMING TESTS

W. I. Brown.
W. I. Brown.

1st Indorsement,

First District,
Office of Superintendent,
Portsmouth, N. H., Aug. 21, 1923.

From: Superintendent, First District.
To: Commandant.

1. Forwarded. The above information has been noted on the Enlistment Contract and Record of Surfman Smith.

S. R. Sands.
S. R. Sands.

EDUCATIONAL AND SPECIAL QUALIFICATIONS

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

SMITH, Hoyt Philmore (NAME) _____ (SERVICE NUMBER) Boatswains Mate 1c (RATING, RANK, OR GRADE)

EDUCATION:

(a) Grammar School: Nine grades, (Number of years attended, graduated) (Grade)

(b) High School: None (Number of years attended, grade completed or graduated)

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

EXPERIENCE:

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

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

Specify ability as interperter in foreign languages below:

None

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

Served 2 years as Surfman in the U.S.C.G. Served 15 years, 10 months, 7 days as Lighthouse Keeper in the U.S.L.H.S. and U.S.C.G.

Use reverse side of this form when necessary.

Hoyt Philmore Smith
(SIGNATURE)

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

REPORT OF CHANGE IN PERSONNEL

SMITH	Hoyt	P.	143 233	B.M.1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Kittery Point Station	Kittery Point, Maine.	21 June, 1941
(Unit)	(Place)	(Date)

01-0147

01014 7

Resigned from former Lighthouse Service to accept reenlistment in the Coast Guard as of the close of 20 June, 1941. Enlisted this date for a period of three years as Boatswain Mate First Class in Regular enlistment, this date, transferred to Boon Island Light Station for assignment to duty, Position held Lighthouse Keeper, Salary $ 1440.00 per year, Creditable service for retirement under Lighthouse retirement Act computed to and including day prior to date of enlistment in the Coast Guard: 17 years, 11 months, 1 day. Prior Military Service: 2 years in the Coast Guard.

should be $1500.00
see fem folder 1/8/41
6/24/41

AUTHORITY: Headquarter's 3rd. Indorsement on Form 2525-B dated 23 May, 1941.

I. L. Hammond
(Commanding)

Ch. Bosn (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
	H&P 2		

U. S. GOVERNMENT PRINTING OFFICE

73
531

June 11,1924.

From: Commandant.
To : Superintendent, 5th District.

Subject: R.W.Burrus and H.P.Smith,surfmen; transfer; travel.

Reference: (a) Your letter June 3,1924 (73) and indorsements thereon.

1. The following transfers in the Fifth District are authorized:

(a) Surfman R.W.Burrus from Toms River Station to Sandy Hook Station.

(b) Surfman H.P.Smith from Sandy Hook Station to Toms River Station.

2. The travel involved is required by the public interests.

F. C. BILLARD.

The travel necessary to the execution of the foregoing orders is hereby authorized. Actual traveling expenses are allowed. The allowances for subsistence and quarters as prescribed by Articles 146-149, Pay and Supply Instructions, are applicable in these cases.

(Signed) F. A Ringrose
acting Assistant Secretary.

Treasury Department,
U. S. Coast Guard,
Form 2529, Revised Oct. 1923.

U.S. COAST GUARD
REC'D FEB 20 1924
ANS'D

U.S.C.G. ALLOTMENT OFFICE REC'D FEB 20 1924

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Cranberry Island Station (Unit) Islesford, Maine. (Place)

Dec. 6, 1923 (Date)

From: Surfman Hoyt P. Smith
To : COMMANDANT (Via Superintendent).

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:

(Full name of wife, if not married, so state)	(Address of wife)
Velora Jane Smith	Jonesport, Maine.
(Full name of child, if none, so state)	**(Address of child)**
Phillmore Harland Smith	Jonesport, Maine.
Ruth Leone Smith	Jonesport, Maine.
None	None
None	None

ORIGINAL

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)
Agnes A. Smith	mother	Jonesport, Maine.

(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)
Frank C. Smith	Father	Jonesport, Maine.

(State briefly wherein dependency exists)

Witnessed by:
W. J. Brown
Rank C.G.M.D.

Hoyt P. Phillmore Smith
Rank or rate Surfman

U.S. Coast Guard - G 7766

Coast Guard Form 2525.

MEDICAL HISTORY SHEET.

Page 1

Surname Sinclair

Christian name-s Roy A. P.

GIVE NAME OF PLACE. DATE FOR EACH NEW ENTRY.

Lobster Harbor Me

Nov. 2. 1923

Treated for Boil on neck

J. D. Phillips M. D.

Contract Physician

Lobster Harbor Me

Nov. 9. 1923

Well

J. D. Phillips M. D.

Contract Physician.

2—0964

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2508.—Ed. 6,000—Nov. 30-20.

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT.

(To be prepared in accordance with General Order No. 47.)

Name Hoyt Philmore Smith Serial number 14352

Rate or grade at time of discharge Surfman

Service from which discharged U.S.Coast Guard

Organization (if discharged from Army) --

Kind of discharge Honorable

Enlisted or enrolled (place) Cranberry Island Station, (date) September 10, 1923

Date called to active duty or mustered into Federal Service ---

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

Discharged (place) Cranberry Island Station, (date) September 9, 1924.

Service under this discharge One years no months no days.

Previous service One years no months no days.

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

presented to me this day by Hoyt Philmore Smith

Date 21 June, 1941

I.L.Hammond

Enlisting Officer.

Name ---------- Serial number ----------

Rate or grade at time of discharge ----------

Service from which discharged ----------

Organization (if discharged from Army) ----------

Kind of discharge ----------

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

Date called to active duty or mustered into Federal Service ----------

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

Discharged (place) ----------, (date) ----------

Service under this discharge ---------- years ---------- months ---------- days.

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

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

presented to me this day by ----------

Date ----------

Enlisting Officer.

2—10582

PR-73

FILE

21 August, 1941

From: Commandant.
To: Commander, Boston District.

Subject: SMITH, Hoyt Philmore (143-233), Bos'n Mate 1c.; WHITE, Arnold Bernard (227-282), Bos'n Mate 1c.; and WOODWARD, George Eldridge (227-279), Bos'n Mate 1c.; identification records of.

1. It is requested that the fingerprints of Smith, White, and Woodward, be taken again on Form 2515 and forwarded to this office at the earliest practicable date.

F. E. ALLISON,
By direction.

MAILED

AUG 21 1941

ssl

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (17)
REC'D AUG 5 1941

SMITH Hoyt P. (Name, surname first) 143-733 (Service number) B.M.2c. (Rank or rating) Boon Island Light 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 KITTERY POINT, MAINE, Date 22 July, 1941

U. S. COAST GUARD
REC'D AUG 6 1941 BY
MEDICAL SECTION

To: A.A. Surgeon W.P. Clare.

Portsmouth, N.H.

SIR: You are requested to ~~examine the~~ Inoculate against Typhoid ~~fever~~ 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 Kittery Point Station, Kittery Point, Me.

Hoyt P Smith
(Signature of patient)

Ernest R Beal
Ernest R. Beal, (100-737)
B.M. 2c. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Portsmouth, Date July 22, 1941

I CERTIFY that ~~I have examined~~ the above-named person and find ~~him~~ suffering from 0120 Typhoid inoculation 0123
(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 ..... {*~~hospital~~ / *office} on ....., 19

W. P. Clare
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

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
BOSTON DISTRICT

Boston, Mass.,
24 June, 1941.

U. S. COAST GUARD (12)
REC'D JUN 26 1941

From: Commander, Boston District.
To : Commandant.

Subject: SMITH, Hoyt P. ( ) B.M.1c.; reenlistment of.

Inclosure: (A) Forms on reenlistment.

1. As the above-named man had previous Coast Guard service, it is requested that a service number be assigned and a statement of service furnished in this case.

O. A. LITTLEFIELD,
By direction.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD RECD FEB 14 1942

Boon Island Light Station.

SMITH, Hoyt P. (143-233) BM 1c.
(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 Portsmouth, N. H., Date 2 February, 19 42

To: Dr. W. P. Clare A.A. Surgeon USPHS.
Portsmouth, N. H.

BOSTON DISTRICT RECEIVED FEB 12 1942 U.S. COAST GUARD

11 FEB 1942

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 Office of Captain of the Port, Portsmouth, N. H.

Hoyt P. Smith
(Signature of patient)

I. L. Hammond
Lieutenant (j.g.) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ports, Date Feb 2, 1942

I CERTIFY that I have examined the above-named person and find him suffering from Tetanus, unspecified A120
(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 ____ {*~~hospital~~ / *office} on ____, 19

W. P. Clare
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.)

U. S. COAST GUARD RECD FEB 14 1942 BY MEDICAL SECTION

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—863

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (13)
RECD NOV 10 1941

Smith Hoyt P. (B.M.1.c.) (143-233) Boon Island
(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 Portsmouth N.H., Date 23 October, 1941

OFFICE NOV 17 1941 DIRECTOR IN CHIEF

To: D.R. W.C. Clair
Dr.W.P.Clare.
Portsmouth N.H.

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, CAPTAIN OF THE PORT DETAIL, NAVY YARD, PORTSMOUTH, N.H.

Hoyt P. Smith
Hoyt P. Smith
(Signature of patient)

U. L. Hammond
I. L. Hammond,
Ch. Bos'n(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Portsmouth, Date Oct 23, 1941

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

Impetigo Inguinal 0816
(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 _____ {*hospital / *office} on _____, 193

W. P. Clare
U. S. Public Health Service.

U. S. COAST GUARD
RECD NOV 10 1941
MEDICAL SECTION

*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.

RR

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (12)
RECD NOV 17 1941

SMITH, Hoyt P. (143-233) (BM 1c.) Boon Island Light
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Portland, Me., Date Oct 30, 1941

To: Capt. Portsdale
(Coast Guard unit)

(Address)

BOSTON DISTRICT
RECEIVED
NOV 14 1941
U.S. COAST GUARD

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
Impetigo Hand	0816	Oct 23	Oct 30

OFFICE
NOV 19 1941
INSPECTOR IN CHARGE

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. St. Clare
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for

(Diagnosis) since , 193 , has been transferred this date , 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 March 1938

U. S. COAST GUARD (17)
RECD OCT 8 1941

FOLLOW INSTRUCTIONS ON BACK

SMITH, Hoyt P.	--	B.M.1c.	Boon Island Light Station.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Portsmouth, N.H., Date Aug 24th, 1941

To: Kittery Point Station
(Coast Guard unit)

Kittery Point, Maine.
(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
Hydrocele	0123	July 22	Aug 24
Vaccination	0120	"	"
OCT 10 1941			
INSPECTOR IN CHIEF			

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. P. Clare
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.

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- 73

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TREASURY DEPARTMENT

UNITED STATES COAST GUARD

BOSTON, MASS.

OFFICE OF COMMANDER
BOSTON DISTRICT

FILE

U. S. COAST GUARD (8)

RECD SEP 10 1941

23 August, 1941.

From: Commander, Boston District.
To: Commanding Officer, KITTERY POINT STATION.

Subject: SMITH, Hoyt P. (143-233), B.M.1c; identification record of.

Reference: (a) Headquarters' letter, 21 August, 1941 (PR-73).

Inclosure: (A) Form 2515.

1. It is requested that the fingerprints of subject named man be taken again on Inclosure (A) and forwarded to Headquarters via this office.

P. J. SMENTON,
By direction.

KITTERY POINT STATION - 73 1st Indorsement

Kittery Point, Maine.
5 September, 1941.

From: Commanding Officer, Kittery Point Station.
To: Commander, Boston District.

1. Inclosure (1) of basic communication is forwarded herwith, completed as directed.

I. L. Hammond.

BOSTON DISTRICT 2nd Indorsement

Boston, Mass.,
8 September, 1941.

73

From: Commander, Boston District.
To : Commandant.

1. Forwarded with inclosure.

O. A. LITTLEFIELD,
By direction.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—F. C., Sept. 26-16.

(READ AND FOLLOW INSTRUCTIONS ON BACK.)

U. S. COAST GUARD
First District
Rec'd NOV 13 1923

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD, AT PLACES WHERE THERE IS ..... A RELIEF STATION OF THE U. S. PUBLIC HEALTH SERVICE.

Cranberry Island {*~~Cutter~~ / *Station}, First District.

Islesford, Maine.
(Place.)

November 2, 1923

To Dr. J. D. Phillips M. D.
Contract Physician U. S. C. G.
Southwest Harbor, Maine.

U. S. COAST GUARD
REC'D NOV 14 1923
ANS'D
By

Sir:

You are hereby requested to examine Hoyt P. Smith, {*an ~~officer~~ / * an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.

W. I. Brown
(Title of officer signing request.)
C. B. M. (L)

(NOT TO BE USED FOR COMMISSIONED OFFICERS OR CADETS.)

Signature of person named above Hoyt P. Smith

Rate Surfman

Nativity native born; age, 23 years; height, 5 feet 9 inches; color of eyes, blue; color of hair brown; distinguishing marks Appendicitis Operation scar.

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Southwest Harbor, Maine.
(Place.)

November 2, 1923

I certify that I have examined Hoyt P. Smith and find that he is now suffering from Bronchitis neck, which is not communicable to others. In my professional opinion he is in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 5 days; that his present disability is incident to service, and is not the result of his own vicious habits, and that he is now {XX / *unfit} for duty.

I further certify that:

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) The above-named person is now able to bear transportation without injury, in the care of {*one / *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(c) The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*Admitted to hospital 191

*Furnished first office treatment November 2, 1923

J. D. Phillips M. D.

Contract Physician *Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that Hoyt P. Smith {*was discharged from hospital / *received last office treatment} at 11-30 {a. m. / p. m.} Nov 9th, 1923 that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

J. D. Phillips M. D.

*Surgeon U. S. P. H. S. *Attending Physician.

*Strike out words not applicable.

(OVER.)

THIRD CERTIFICATE.

(Not to be used by medical officers of Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons:

*Commanding Officer. *District Supt. *Keeper.

Left his duty 8:30 {a. m.} November 2, 1923

Returned to duty 11:55 {a. m.} Nov. 9, 1923

W. J. Brown

*Commanding Officer. *District Supt. *Keeper.

Officer in Charge.

* Strike out words not applicable.

1st Indorsement.

Portsmouth, N.H., Nov. 13, 1923.

From: Superintendent, First District.
To: Commandant.

1. Forwarded.

O. A. Littlefield
Acting.

INSTRUCTIONS.

1. Four application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers and cadets) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the four forms, and retain one copy of the form for his files. The other copies of the form will be disposed of as follows: (*a*) When the patient is not attached to a station, the medical officer or attending private physician will return three copies of the form to the officer who signed the request for examination and treatment, which officer shall immediately forward one of the returned forms to Headquarters through regular official channels, one direct to the Surgeon General, Public Health Service, and retain one copy. No copies of this blank shall be sent to the Surgeon General when the treatment is rendered at a first or a second class relief station. (*b*) When the patient is attached to a station and receives treatment from an attending private physician (other than a contract physician), the procedure specified in (*a*) shall be followed. (*c*) When the patient is attached to a station and receives treatment either at a station of the Public Health Service or from a contract physician, the medical officer or contract physician will forward one copy of the form to the medical officer in charge of the Public Health Service District and return two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy. (*d*) When a district superintendent receives medical treatment, the procedure specified in (*c*) shall be followed.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the keeper of the station to which the patient is attached.

4. When a patient is under the care of a medical officer at a first or second class station, a statement in duplicate on Form 1946-a-b-c, Public Health Service, showing the patient's condition, shall be submitted at the end of each fifteen-day period. One of the statements shall be sent to the officer who signed the request for the examination and treatment, which latter officer shall forward it to Headquarters; the other shall be sent to the Surgeon General direct.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment.

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ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
BOSTON, MASS.
EWS-HL

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 2D DISTRICT
CUSTOMHOUSE
BOSTON, MASS.
July 17, 1925

JUL 20 1925
LIGHTHOUSES
1925 JUL 18 PM 12 11

Commissioner of Lighthouses:

Subject: Change in pay of keepers.

1. By letter of June 12 this office recommended increases in pay of certain keepers, in response to the Bureau's letter of May 28, and on July 13 Notices of Change in Salary were received. Previous to receipt of these Notices changes occured among the keepers at stations affected by the new rates of pay, but as this office had not received word whether or not the new rates were to be allowed, nominations were made at the old rates.

2. The office is returning herewith a Certificate of Appointment and Notice of Change in Salary for correction. The minimum pay for keepers of Cape Ann Light Station was increased $60 and the Certificate of Appointment of Hoyt P. Smith should therefore be corrected to $1080. Allison G. Haskins is to be transferred from 3rd asst. keeper, Cape Ann Light Station to 1st asst. keeper The Graves Light Station. His salary at Cape Ann is the second step ($1140) and he should therefore receive the second step of the position at The Graves Light Station, which is $1560.

Superintendent.

Hydro
Radio
Engr.
Mar.
Personnel
Financial
Law and Pub.
Adm. Asst.
Clerk
Constr.

GPO

- - - - - - - - -

RG-EK
Incl.

Bureau of Lighthouses, Washington, D. C., July 25, 1925.

Submitted to Secretary of Commerce inclosing salary notice for Allison G. Haskins, with recommendation that it be amended to show present pay as $1560 per annum, that rate of pay being the corresponding rate under the circumstances of the transfer. Keeper Smith's appointment, however, appears proper, and the Bureau is returning it to the Superintendent with explanation.

E. C. GILLETTE

Acting Commissioner of Lighthouses.

- - - - - -

Incl.

COPY to Superintendent of Lighthouses, Boston, Mass. The statement in paragraph 2 that the minimum pay for keepers of Cape Ann Light Station was ~~increased~~ ~~included~~ $60 per annum appears to be made under a misapprehension. The promotions of keepers at this station on July 1 did not alter the ranges of the positions. The range for the 3d assistant at this station is $1020-$1260, and Smith's appointment at the minimum therefore appears proper.

The oath is also returned for amendment

E. C. GILLETTE

Acting Commissioner of Lighthouses.

U. S. COAST GUARD
WASHINGTON, D. C. 20590

REPORT OF CASUALTY

REPORT NUMBER AND TYPE: FINAL

DATE PREPARED: 18 APR 73

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

SMITH, Hoyt Phillmore 143 233 BM1, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 8 March 1973
Place: York, Maine
Cause: Heart attack

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

6 August 1900 - Jonesport, Maine - 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

004 26 2363 E-6 over 20 year service $657.00 per mo. PL92-210

CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

6. DUTY STATUS

RETIRED 1 May 1944 *Physical Disability

7. INTERESTED PERSONS (Name, Address, Relationship)

Mrs. Velora J. Smith, widow, 104 Woodbridge Road, York, Maine 03909 (1) (3)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

COMGRU PROTLAND ME - 14 March 1973

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

NOT REGISTERED 10 September 1922 - Islesford, Maine - USCG

11. PRIOR SERVICE DATA ☒ YES ☐ NO FLHS now USCG

12. REMARKS

*Retired for:

	Code No.	
Arterior Pituitary Hypofunction	7909	30%

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
SELECTIVE SERVICE

14. SIGNATURE (By direction of the Commandant)

T. L. WEDGEWOOD, Commander, U. S. Coast Guard
Acting Chief, Personnel Services Division

DD FORM 1 MAR 60 1300

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CGHQ-9964 (Rev. 10-67)

REPORT OF DEATH OTHER THAN THOSE CARRIED AS MISSING

TO: Chief, Payment and Claims Division

DATE: 19 March 1973

NAME	SERVICE NUMBER	GRADE OR RATING
SMITH, Hoyt P.	143 233	BMC, Retired

Ret 5/01/46

DATE OF RECEIPT OF EVIDENCE OF DEATH	ESTABLISHED DATE OF DEATH
14 March 1973	8 March 1973

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 OPTION ELECTION	DEDUCTION

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

ALLOTMENTS:

HAVE BENEFICIARY FORM

AARON O. [illegible] SIGNATURE

Chief, Decedent Affairs & Claims Branch

dff

(GPS-1/73)

(202) 426-1845

1770
143 233
22 March 1973

Mrs. Velora J. Smith
104 Woodbridge Road
York, Maine 03909

RE: BMC Hoyt P. SMITH
143 233, USCG, Retired

My dear Mrs. Smith:

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.

It is realized that you will be faced with many problems as a result of your recent bereavement. However, experience indicates it is best to handle these matters as expeditiously as possible. 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 the other governmental agencies. The enclosed forms are forwarded to aid you in promptly filing for Veterans Administration benefits, Uniformed Services Identification and Privilege Card and a headstone or marker to which there may be entitlement.

An annuity was provided for you by your husband under the Uniformed Services Contingency Option Act of 1953, as amended and renamed the Retired Servicemen's Family Protection Plan. Annuity payments will reach you shortly after the receipt of your completed application, form DD-768, and will continue each month thereafter until your remarriage or death.

Sincere sympathy is again extended to you.

Sincerely,

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

Encl: (1) Form No. 21-530
(2) Form No. 21-534
(3) Form No. DD-1172
(4) Form No. DD-1330
(5) Form No. DD-768
(6) Form No. SF-1174
(7) Benefit Guide
(8) VA Fact Sheet
(9) Envelope

ew dg EMWHITEHEAD:EMW mtst 22 Mar 73

RETIRED PAY OF: HOYT PILLSBURY SMITH, 143-233

RATING: BOATSWAIN'S MATE, FIRST CLASS

MAY 6 1944

UNIT: COTP, PORTSMOUTH, N.H. 1st ND

RETIRED FOR: PHYSICAL DISABILITY

COMPUTATION OF PAY FOR RETIREMENT:

He received [redacted], on active service, military rate of pay of $119.70 per month (not including allowances).

His total service, to and including 27 April, 1944, is 20 years, 9 months and 8 days.

His retired pay under "saved" rate would be $125.00 per month times 20.772215 divided by 40 or $64.91 per month.

His retired pay under military rates would be seventy-five per centum of $119.70 per month or $89.77 per month. Accordingly, he is entitled to military rate of retired pay; namely $89.77 per month.

SERVICE: Up to and including 27 April, 1944
(Department approval 28 April, 1944)

4	Yrs.	10 Mos.	7 Days	CG
15	Yrs.	11 Mos.	1 Day	LIGHTHOUSE

W. H. WEBB
Chief, Audit & Examination Section
Office of Finance & Repair

RETIRED PAY OF: HOYT H PILLMORE SMITH, 143-233

RATING: BOATSWAIN'S MATE, FIRST CLASS

UNIT: COTP, PORTSMOUTH, N.H. 1st ND

RETIRED FOR: PHYSICAL DISABILITY

3/4 OF $ 119.70 OR $ 89.77 PER MONTH

SERVICE: Up to and including 27 April, 1944
(Department approval 28 April, 1944)

4	Yrs.	10 Mos.	7 Days	CG
15	Yrs.	11 Mos.	1 Day	LIGHTHOUSE

6/1

Pete Basino

UNITED STATES COAST GUARD

BOSTON, MASS.

PLEASE DO NOT NAME AN INDIVIDUAL IN ADDRESS OF REPLY. USE FOLLOWING FORM OF ADDRESS:

DISTRICT COAST GUARD OFFICER
CUSTOMHOUSE
BOSTON, MASS.

AND REFER TO FILE NO. 1-706-73

17 February, 1944

To: Medical Director, U. S. Marine Hospital, Brighton, Massachusetts

Subj: Coast Guard Retiring Board concerning SMITH, Hoyt Phillmore (143-233), Boatswain's Mate, first class, USCG

1. The president of the Coast Guard Retiring Board has been ordered by Coast Guard Headquarters, Washington, D. C., to call the subject man before the board for examination.

2. The president of the Coast Guard Retiring Board has called a meeting of the board for Friday, 25 February, 1944, at 1400. He is taking the necessary action to have the subject man report to the U. S. Marine Hospital, Brighton, Massachusetts, at 1000, 25 February, 1944.

3. Will you kindly direct two (2) appropriate medical officers to make a careful examination into the past and present physical and mental condition of the subject man and to be ready to report on the capacity of Smith to perform his duties; besides a personal examination, these medical officers should examine all matter submitted to the board in this case in the files and records of Coast Guard Headquarters, which is inclosed as Inclosure 1 of this letter. They should also endeavor to obtain from any authorized source within their reach, such information that will aid the board in the performance of its duties, and report the results of their examination and investigation in writing. It should be in the form of a sworn statement, the report covering the requirements of Article 958, Coast Guard Courts and Boards, 1935, as amended.

4. The medical officers assigned should be from the list designated by the Federal Security Agency, Washington, D. C., addressed to the Medical Director, Roy P. Sandidge, U. S. Marine Hospital, Brighton, Massachusetts, dated 1 September, 1943.

Frank M. Meals

FRANK M. MEALS
Captain, U. S. Coast Guard
President, Coast Guard Retiring Board

Incl
1. Record of physical history, Hoyt P. Smith



"E"

FEDERAL SECURITY AGENCY

U. S. PUBLIC HEALTH SERVICE

BOSTON, BRIGHTON 35, MASS.

IN REPLYING ADDRESS THE
MEDICAL OFFICER IN CHARGE
U. S. MARINE HOSPITAL
77 WARREN STREET

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

February 25, 1944

From: P.A.Surgeon Wm. S. Baum and P. A. Surgeon Jas. A. Finger

To: President, Coast Guard Retiring Board

Subject: Examination of Hoyt P. Smith (143-233) B.M. 1c, U. S. Coast Guard

We have carefully and separately examined Hoyt P. Smith, Boatswain's Mate 1c, U. S. Coast Guard, as to his past and present physical and mental condition, together with the records pertaining to his case, and report as follows:

Hoyt P. Smith is 43 years, 6 months and 19 days old. He enlisted in the U.S.Coast Guard on September 10, 1922 and served until September 9,1924. He enlisted in the Lighthouse Service July 20, 1925 and has served from that date until the present time.

He has suffered from some of the common ailments, such as a boil on the neck, impetigo of the hands, ringworm of the scalp and dislocation of the left shoulder, which are shown to have originated in line of duty and are not considered to have any bearing on his present illness. He is at present suffering from Anterior Pituitary Hypofunction which is shown to have originated in line of duty and is the cause of his present disability.

On November 16, 1943, the subject-named man was transferred from the office of the Captain of the Port, Portsmouth, N.H., to the U.S.Marine Hospital, Brighton, Massachusetts. Upon admission to the hospital he stated that in April or May of 1942, he first noted that his hair began to fall out. At first oval bare patches became apparent on his scalp and he then became generally bald over the vertex of the scalp. The hair in the parietal and occipital areas was replaced by fine, white hair, and hair over the entire body, including the pubic area and rectum, was lost. Patient stated he consulted three physicians who told him that nothing could be done. He also noticed that his skin was becoming more white in color. He complained of loss of ambition, easy fatigability, increasing weakness, extreme sensitivity to heat and cold, and increasing irritability.

Physical examination revealed a fairly well-developed, white male who appeared approximately twenty years older than the stated age of 43. There was almost complete loss of hair over the entire body except for a fine, white hair on the scalp. The skin was light and dry. The head was normal except for the white hair noted and loss of the eyebrows. Eyes, ears, nose, mouth and throat were normal. Heart was normal. Blood pressure was 140/90.

"F"

Lungs were clear and abdomen normal. Genitalia revealed loss of pubic hair. Reflexes were physiological. Laboratory data revealed blood cholesterol of 227 mg. per 100 cc. Blood count, sedimentation rate and hamatocrit were normal except for mild leukocytosis of 11,500. Basal metabolic rate was minus 3%. Blood serological tests for syphilis were negative. Repeat blood cholesterol and blood sugar were essentially normal. Glucose tolerance test and insulin tolerance test revealed no change considered significant. Lateral views of the skull revealed normal sella turcica. X-ray of the knees and X-ray of the chest revealed no abnormality. Electrocardiogram was normal.

During his hospital course, patient was treated with testosterone proprionate and thyroid without subjective or objective improvement.

The subject-named man suffers from a disease process of the anterior pituitary gland. There is no satisfactory cure for this condition and he has failed to respond to the accepted therapeutic measures. In view of the lack of therapeutic response and the progressive nature of the disease, it is felt that this patient is unfit for active duty in the U.S.Coast Guard.

We believe Hoyt P. Smith, Boatswain's Mate 1c, U.S.Coast Guard, to be suffering from Anterior Pituitary Hypofunction. We believe that all reasonable measures for the amelioration of his disability have been tried. We consider his disability to be permanent by reason of which he is incapacitated for active service in the U.S.Coast Guard. We believe his disability is incident to service and not the result of his own misconduct or vicious habits.

W. S. Baum

(Wm. S. Baum) P. A. Surgeon -U.S.P.H.S.

J. A. Finger

(Jas. A. Finger)P.A.Surgeon -U.S.P.H.S.

Sworn to and subscribed to before me this twenty-fifth day of February 1944.

James F. Dare Notary Public

WSB/gek

"F-1"

143-233

L.H. 14 yr. 6 mo.
C.G. 2 yr.
16 yr. 6 mo.

Name SMITH, Hoyt P. Age 39 Total servic
(surname first)

Present station Boon Island L.H. Present civil grade Keeper Present pay 1440

Allowances
(per annum)

Qualified ? Yes

Acc. enl. 5-May 41

Disqualified ? (give reason)

Grade recommended by board B.M.2c. Pay and allowances

Grade determined by Hdqrs Pay and allowances
(per annum)

If man is qualified but does not desire induction, state here

Increase or decrease of military pay and allowances with respect to present pay and allowances:

Increase

Decrease

Boston District.

Service and age based on approximate date of December 31 1939.

U.S.C.G. PAY AND ALLOTMENT OFFICE
RECD SEP 14 1922

U.S. COAST GUARD
RECD SEP 14 1922
ANSD

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2502.
Ed. 10,000—May, 1920.

RECORD OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD.

Jonesport Me (Cutter, relief station, or other place where examination was held.) Sept 5/1922 (Date.)

STATEMENT OF APPLICANT.

Name Hoyt Smith Age 22 years 1 months.

Examined for Surfman (State whether for surfman, seaman, fireman, or other rating, or for promotion to warrant officer.)

Character of examination (state whether for Standard "A" or "B") A

Nativity American Married or single married

Have you ever had any of the following diseases?

Spells of unconsciousness nil

Convulsions nil

Gonorrhea nil

Sore on penis nil

Have you ever raised or spat up blood? nil

When were you last treated by a physician, and for what ailment? Ak Sandusky (Treated) June 3/1921

Have you, or has your father, mother, or any brother or sister suffered from nervous and mental trouble, such as fits (epilepsy) or insanity, or been confined in an insane asylum? If so, give a full history, length of confinement, and dates.

nil

Have you ever been convicted of a felony, or imprisoned, under sentence of a court, in a reformatory, jail, or penitentiary? If so, give a full statement: nil

Do you have headaches? If so, how often? nil

2—3850

D-7

Are you willing to be vaccinated against smallpox and typhoid fever? yes

Are you willing to have such dental work done at your own expense as will fulfill the requirements of the regulations? yes

I certify that the above statement is true to the best of my knowledge and belief and that I understand the questions and that I will be liable to trial by a Coast Guard court for fraudulent enlistment if any of the answers to the above questions are untrue.

Hoyt Smith
(Signature of applicant.)

WITNESS TO SIGNATURE:

J. A. Williams
Contract, *Surgeon, U. S. P. H. S.*

PHYSICAL EXAMINATION.

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Physical Requirements for Service in the U. S. Coast Guard," and each of the following questions shall be answered in detail:

Height (without shoes) 5 feet 9 inches. Weight, stripped, 142 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and 8 pounds deducted for their weight).

If applicant is overweight, is it due to fat? not overweight Is he under weight? yes

General appearance: Good

Complexion: medium

Skin: Diseases none

Scars (give exact location, condition, and cause) appendectomy operation (scar medium length) forehead and anterior surface of skull

Is there any weakness of abdominal wall, resulting from scar? no

Distinguishing marks none

Hair: Color Brown Thick yes Thin no Bald 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: (Describe abnormalities, if any) none

Face: (Describe abnormalities, if any) none

Eyes: (Describe abnormalities, if any) none

Eyelids: (Describe abnormalities, if any) none

Eyesight (applicants using eyeglasses are not eligible for standard "A"):

Vision, without glasses, right eye, 20/20; left eye, 20/20; with glasses, right eye, ____; left eye, ____

Is applicant color blind? no

Were eyes tested with lantern, woolen skeins, or both? woolen skeins

Ears (when testing ears, the eyes and the opposite ear must be closed):

Evidence of mastoid disease no Condition of drums Good

Hearing: Can applicant hear conversational speech 30 feet, with right ear yes, left ear yes

Can applicant hear whispered speech 15 feet, with right ear yes, left ear yes

Nose: Deflection of septum no Polypi no

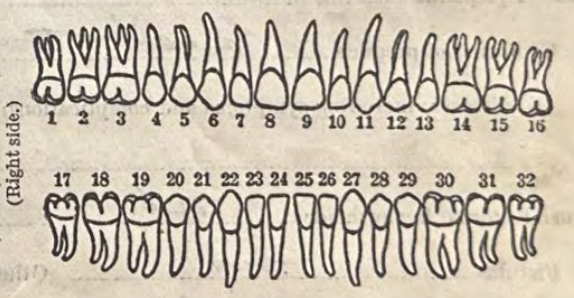
Chronic nasal catarrh no

Teeth: (Enumerate, by number, the teeth that are missing and not replaced by bridgework.)

18

Teeth: (Enumerate, by number, the teeth that have unfilled cavities.)

1



Does applicant wear a plate? no

Palate: Cleft, no Perforated, no Other conditions Good

Fauces: Condition of tonsils Good Does condition of tonsils interfere with speech or swallowing? no

Pharynx Good Is applicant a mouth-breather? no

Neck: Goiter no Other conditions Good

Chest: Inspection Good Respiratory rate 21

Measurement—Inspiration 36 inches, Expiration 31 inches, Pulse rate 60

Lungs, palpation Good

Percussion Good

Auscultation Good

Heart, palpation Good

Percussion Good

Auscultation Good

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Heart, 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 31 Tenderness no

Other abnormalities none

Liver, percussion Good Palpation normal

Spleen, percussion Good Palpation normal

Inguinal rings (large or small) small Hernia no

Scrotum: Has applicant varicocele that is painful? no Has applicant varicocele that interferes with locomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Other conditions Good Undescended no

Penis: Epispadias no Hypospadias no

Condition of prepuce Good Venereal diseases (evidence, past or present, of these diseases, including symptoms and complications) no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistulas no Other conditions Good

Spine: Tenderness no Curvature no

Reflexes: Patellar normal Pupillary—Reaction to light yes

Upper extremity: Missing fingers no Other conditions, including evidence of old fractures, dislocations, and contractures no

Lower extremity: Are there any symptoms of weak foot? no Has applicant bow legs amounting to noticeable deformity? no Knock-knees no

Are there any large varicose veins of the extremities? no Bunions no

Hammer toes no

Corns (state number and location and if inflamed) none

Other conditions, including evidence of old fractures, dislocations, and contractures none

2—3850

Muscles: Muscular development Good

Coordination of muscular movements Good

Muscles: Romberg no Joint movements Good

Defects of gait nd Agility Good

Habit spasms nd Chorea nd

Urine (chemical examination of urine should always be made):

Color clear Sp. gr 1025

Albumen none Sugar none

Shreds none

(Microscopical 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 Hæmoglobin, per cent

Other conditions

Temperature 98.5 Has applicant been successfully vaccinated against smallpox within four years? nd

Against typhoid fever within four years? nd

Has the applicant aphasia? nd

Do you consider the applicant mentally sound? yes

Does the applicant stammer? nd

Is there any evidence of excessive use of tobacco or alcohol? nd

Is there any evidence of drug addiction? nd

REMARKS.

(Describe here what defects, if any, the applicant has to such an extent as to incapacitate him for performance of duty in the United States Coast Guard.)

(Wasserman test is necessary, when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo. When blood is taken for the Wasserman test, these papers should be held until the result of the test has been obtained.)

Result of Wasserman reaction

2—3850

CERTIFICATE.

To be used in case of Standard "A" examination.

I certify on honor that I have carefully examined Hoyt Smith at the request of W. J. Brown, U. S. C. G., as to his physical qualifications for standard "A," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*No disease physical deformity, or abnormal condition of such character as to incapacitate him for the performance of his duties in the U. S. Coast Guard.

~~*That he is not fit for duty in the U. S. Coast Guard for the following reasons:~~

J. H. Williams
Surgeon, U. S. Public Health Service.

CERTIFICATE.

To be used in case of Standard "B" examination.

I certify on honor that I have carefully examined ..... at the request of ....., U. S. C. G., as to his physical qualifications for standard "B," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*That he is physically sound.
*That he is not fit for duty for the following reasons:
*That he is not physically sound, but is fit for duty; his physical defects are:
*That he is not physically sound, but is physically qualified for promotion; his physical defects are:

In my judgment these defects are ..... incident to service.
(If not, so state.)

Surgeon, U. S. Public Health Service.

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, SEP 15 1922
(Date.)

Respectfully referred to the Surgeon General, Public Health Service, for examination and review.

By direction of the Commandant,

J. F. Williams
Chief, Division of Operations.
(Title.)

U. S. MARINE HOSPITAL
Boston, Mass.
RECEIVED
FEB 18 1944
A.M. 7 8 9 10 11 12 1 2 3 4 5 6 P.M.

* Strike out the statement not applicable.

3850

U. S. PUBLIC HEALTH SERVICE, WASHINGTON, SEP 22 1922
(Date.)

RESPECTFULLY RETURNED to the Captain Commandant, U. S. Coast Guard.

This record has been examined at the Bureau of the Public Health Service, and the finding of the foregoing certificate is _____ approved.*

By direction of the Surgeon General.

PROVIDED APPLICANT IS IMMEDIATELY VACCINATED AGAINST SMALL-POX AND TYPHOID FEVER.

By direction of the Surgeon General

J. W. Kerr

P. A. Surgeon, U. S.

Hoyt Phillmore Smith

Surg. # 5.

9-10-22

_____

_____
(Title.)

* State reason if finding is "not approved."

2—3850

September 25, 1922.

Superintendent, First District,
Portsmouth, N. H.

SUBJECTS: RECORD OF PHYSICAL EXAMINATION.
Surfman Hoyt P. Smith, Station No. 5.

SIR:

THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE, UPON REVIEWING THE RECORD OF PHYSICAL EXAMINATION IN THE CASE OF Hoyt Phillmore Smith, WHO ENLISTED AS surfman IN THE COAST GUARD September 10, 1922, HAS APPROVED THE FINDING OF THE MEDICAL EXAMINER PROVIDED:

"Applicant is immediately vaccinated against small-pox and typhoid fever."

FURNISH APPROPRIATE CERTIFICATE WHEN THE FOREGOING HAS BEEN COMPLIED WITH.

BY DIRECTION OF THE COMMANDANT:

RESPECTFULLY,

O. M. Maxam
CHIEF, DIVISION OF OPERATIONS.

FEB 16 '44 AM

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PEA) WASHINGTON 25, D. C.
REFER TO FILE: CG-73
706



11 February, 1944

To: Captain Frank M. Meals, President, United States Coast Guard Retiring Board, First Naval District, Boston, Massachusetts

Subj: Smith, Hoyt Phillmore (143-233) B.M.1c.; examination before retiring board

There are inclosed such papers from the medical record of above-named man as are considered of interest to the board. Smith has been instructed to present himself before the retiring board of which you are president at such time as shall be indicated in instructions issued by you. The board will be convened at the U.S. Marine Hospital, Brighton, Massachusetts. Return inclosure (2) with report of the board in this case to Headquarters.

E. ZOOLE
By direction

Incls
1. Copy of Headquarters letter 11 February, 1944, to Smith PEA-CG-73-706
2. File of papers, medical record of Smith

D

UNITED STATES COAST GUARD

WASHINGTON

ADDRESS REPLY TO
THE COMMANDANT
REFER TO FILE: (PEA)
CG-73
706

11 February, 1944

To: Smith, Hoyt Phillmore (143-233) B.M.1c., United States Coast Guard

Via: Medical Officer in Charge, U.S. Marine Hospital, Brighton, Massachusetts

Subj: Examination before retiring board

1. Upon receipt of instructions from Captain Frank M. Neals, U. S. Coast Guard, present yourself before the retiring board of which that officer is president to be convened at the U. S. Marine Hospital, Brighton, Massachusetts, at such time as shall be indicated in said instructions.

2. Upon completion of your examination and when excused by the president from attendance upon the board if further hospitalization is necessary report to the Medical Officer in Charge, U. S. Marine Hospital, Brighton, Massachusetts, and await orders. If further hospitalization is not necessary you will report to the District Coast Guard Officer, First Naval District, for such action as may be indicated in your case with reference to resumption of your former status.

3. If your retirement is directed you will be entitled to travel to your permanent home provided such travel is performed within one year from date of retirement. Specific authority must be obtained from Headquarters before such travel is performed.

E. ZOOLE
By direction

CC: DCGO, First Naval District
COTP, Portsmouth, N.H.

D-1

Ind-3
DCGO IND
pra-73
28 January, 1944

To: The Commandant

Subj: SMITH, Hoyt P. (145-233) B.M.1c.; Report of Medical Survey, forwarding of

The District Coast Guard Officer concurs with the recommendation of the Board of Medical Survey and recommends that the subject-named man be called before a Board of Retirement.

W. N. DERBY

Ind-4 Washington, D. C.
2 February, 1944

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

Returned with the recommendation that subject named man be brought before a retiring board.

By direction

CARL MICHEL
~~Asst~~. Surgeon General

DATE: 2-3-44
AGE:43 Yrs. 5 Mos.27 Das.
SERVICE: 4 Yrs. 7 Mos.13 Das.CG
15 Yrs.11 Mos. 1 Da. LIGHTHOUSE
(Regular Enlistment)

3 February, 1944
APPROVED

ROBERT DONOHUE
Chief Personnel Officer

D-2

Ind-2
DCGMO, 1ND
m-783
22 January, 1944

To: District Coast Guard Officer, 1ND

Subj: SMITH, Hoyt P. (145-233), B.M.1c, U.S.C.G.; Report of Medical Survey, forwarding of

Forwarded, recommended.

L. C. WATKINS

Ind-4 Washington, D. C.
2 February, 1944

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

Returned with the recommendation that subject named man be brought before a retiring board.

By direction

CARL MICHEL
Asst. Surgeon General

D-3

REPORT OF MEDICAL SURVEY

U.S. COAST GUARD

Place U.S.MARINE HOSPITAL - BOSTON, MASS. Date January 8, 1944
(Name of hospital, ship, or station where Survey is held)

From: Board of Medical Survey

To: Commanding Officer

Office,Captain of the Port - Portsmouth, N. H.

Name SMITH, Hoyt P. Rank or rate B.M.1c (145-233)
(In full, surname first)

Born Jonesport, Maine Date Aug. 6, 1900
(Name of place and State or Country)

Originally - U.S.Coast Guard
Enlisted ~~xxxxxxxxxxxx~~ Date Sept.10,1922 Place Cranberry Island, Me.
Served until Sept.9/24. Enlisted in Lighthouse Service 7-20-1925 - Boston, Mass.
~~Total Service: - Coast Guard~~ Has been ~~Marine Corps~~ ~~Army~~
in that service ever since. (Lighthouse Service taken over by Coast Guard in June 1941).

PRESENT HISTORY OF CASE

Admitted from Captain of the Port's Office, Portsmouth, N. H. Date Nov. 16, 1943

Diagnosis: Anterior Pituitary Hypofunction.

Disability 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 enlistment No. If "yes", was condition aggravated by (yes or no)

service? _____.
(Yes or no)

Present condition Disabled for military service. Probable future duration Permanent.

Recommendation Retirement from the U.S.Coast Guard.

Facts are as follows: Patient entered the U.S.Marine Hospital - Boston, Mass. on Nov. 16,1943 for examination in connection with obtaining a discharge for partial disability due to leg injury. The subject-named man stated that in 1936, while pulling a cable, he twisted his left knee which swelled and became tender,but gradually subsided on rest and limited activity. Since then, when walking on rough ground and twists his legs, the

W. S. Baum J. A. Finger

(W.S.Baum) P.A.Surgeon - Chairman Senior Member of Board (Jas.A.Finger) P.A. Surgeon - Member - Recorder

(over)

D-4

First Indorsement

From: Commanding Officer - U.S.Marine Hospital - Boston, Mass.
To: Commandant. - Office of Captain of the Port - Portsmouth, N.H.

Via: District Coast Guard Officer
1 N D - Custom House - Boston, Mass.

1.

Respectfully forwarded:

(W.C.Teufel)
Medical Officer in Charge

Second Indorsement

From: - District Coast Guard Officer
To: Commandant.

1.

RSG/gek

Patient was afebrile throughout hospital course. He was treated with testosterone proprionate 25 mg. t.i.w. and thyroid grs. 1/2 q.d. without subjective or objective improvement.

In view of failure of response to therapy and the progressive nature of the disease, it is recommended that the subject-named man appear before a Retiring Board.

left knee swells and patient is forced to limp and favor it for a few days.

About 13 months ago, the subject-named man noted that his hair was beginning to fall out of his scalp, arm pits and genital region, his skin became soft and white, he noted loss of libido and tendency to impotency also marked increased sensitivity to cold and also muscular weakness and asthenia. The hair of his scalp which had fallen out was replaced by white, silky lanugo type of hair. The weakness, asthenia and increased sensitivity to cold have progressed until the present.

Physical examination disclosed a well-developed, well-nourished, white adult male who looks 20 years older than his stated age of 43. The positive physical findings were as follows: (1) Silk, white, lanugo hair, sparsely scattered over head. (2) Absent axillary and pubic hair except for small amounts of hair similar to that on head. (3) Soft, thin, white skin; brittle finger nails. (4) Capsule of left knee thickened; no limitation of motion but slight laxity of lateral co-lateral ligament. The neurological and visual examinations were negative. Laboratory findings: routine blood and urine tests were essentially negative. Cholesterol 227 and 256 mg%. Blood sugar 104 mg.%; blood chlorides 512 mg%; B.M.R. minus 3 and minus 5%; glucose tolerance test and insulin tolerance test showed pituitary types of response. X-rays of skull showed normal sella turcica. X-rays of knees showed no abnormality. E.K.G. normal.

4.30.43
hac

HEALTH RECORD

SMITH, Hoyt Phillmore	143-233	B.M. 1c	
(Name)	(Service No.)	(Rating)	(Unit)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
AT HOME	Boil on neck	11-2 -23	11-9 -23	IP
PORTSMOUTH NH	Typhoid inoc.; Smallpox vac.	7-22-41	8-24-41	OP
PORTSMOUTH NH	Impetigo, hand	10-23-41	10-30-41	OP
PORTSMOUTH NH	Tetnus inoc.	2-2 -42	3-2 -42	OP
PORTSMOUTH NH	Ringworm scalp	6-13-42	6-13-42	OP
PORTSMOUTH NH	Dislocation, lt. shoulder	9-26-42	9-26-42	OP
MH BRIGHTON	Anterior pituitary hypofunction	11-16-43	Remaining	IP

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

T. LE BLANC,
Lieutenant

D-5

(PEA)
CG-73
706

RETIRED

29 April, 1944

To: Boatswain's Mate, first class, Hoyt Phillmore Smith (143-233)
United States Coast Guard

Via: DCGO, First Naval District, and COTP, Portsmouth, New Hampshire

Subj: Retirement

1. On 28 April, 1944, the President approved the proceedings and finding of acts of the retiring board in your case. You are therefore retired from active service effective 1 May, 1944, in accordance with the provisions of U.S.C., title 14, sec. 169, and U.S.C., title 5, sec. 47a.

2. In accordance with the provisions of Section 7 of the Act approved August 5, 1939,(Public - No. 291 - 76th Congress; Chapter 477 - Last Session), your monthly retired pay effective on and after 1 May, 1944, will be $89.77 per month, which is seventy-five per centum of $119.70.

3. Acknowledge receipt hereof stating address to which check for retired pay for the month of May should be mailed. You are required to submit a request for travel of dependents and transportation of household effects to your permanent home. When submitting this request specify the number of dependents, ages and sex of children, approximate weight of household effects and month during which travel of dependents and transportation of household effects will be effected.

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

R. R. WAESCHE

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

CC: General Accounting Office
Allotment and Retired Pay Section
BEABES:mae

N.J.A.41

JAG:1:LHCJ:mhw

G

DEPARTMENT OF THE NAVY

OFFICE OF THE JUDGE ADVOCATE GENERAL

WASHINGTON 25, D.C.

MAY 1 1944

From: The Judge Advocate General of the Navy.
To: The Commandant, U.S. Coast Guard

SUBJECT: Record of proceedings of the Coast Guard Retiring Board in the case of Hoyt P. Smith (143-233), Boatswain's Mate 1c, U.S. Coast Guard.

1. Referred for information.

2. Please take the necessary action in the premises.

T.L. GATCH

L.H.C. Johnson

L.H.C. JOHNSON
By direction.

JAG:1:LHCJ:ecb

COAST GUARD

RECORD OF PROCEEDINGS OF THE ~~NAVAL~~ RETIRING BOARD

CONVENED AT

U.S.MARINE HOSPITAL,BRIGHTON,MASSACHUSETTS,25 February,1944

IN THE CASE OF

Hoyt P.Smith (143-233), Boatswain's Mate 1c,U.S.Coast Guard

NAVY DEPARTMENT

Office of the Judge Advocate General

APR 5 1944

Respectfully submitted.

The findings of the Board in this case are as follows:

"1. Hoyt P.Smith (143-233), Boatswain's Mate,first class,U.S. Coast Guard, is incapacitated for active service by reason of the following:

(a) Anterior Pituitary Hypofunction.

"2. The incapacity is permanent.

"3. The incapacity is the result of an incident of service.

"4. The incapacity is not the result of his own vicious habits. "

The Commandant, U.S.Coast Guard, has recommended approval of the findings of the Board in this case.

In the opinion of this office, the proceedings and findings of the Board in this case are legal.

T.L.GATCH

Judge Advocate General of the Navy.

NAVY DEPARTMENT

Office of the Judge Advocate General

MAY 1 1944

Coast Guard

The record of proceedings of the ~~Naval~~ Retiring Board in the case of Hoyt P.Smith (143-233),Boatswain's Mate 1c,U.S.Coast Guard, was transmitted to the Secretary of the Navy, and by him laid before the President for his approval or disapproval, or orders in the case, with the recommendation that the findings of the Board be retired and that Hoyt P.Smith (143-233),Boatswain's Mate,1c,U.S.Coast Guard, be retired from active service and placed on the retired list, in conformity with the provisions of 14 U.S.Code 169.

On APR 28 1944, the President approved the proceedings and findings of the Coast Guard Retiring Board and the recommendation of the Secretary of the Navy in this case.

L.H.C.JOHNSON

for *Judge Advocate General of the Navy.*

U. S. GOVERNMENT PRINTING OFFICE 16—27313-1

RE-EVALUATION OF PHYSICAL DISABILITY UPON RETIREMENT

1. Name: SMITH, Hoyt Phillmore (143-233)

2. Retired rank or rating: EM2

3. Retirement date: 1 May, 1944

4. Retired for: Arterior Pituitary Hypofunction Code No. 7909 30%

(a)

(b)

(c)

(d)

(e)

(f)

		YES	NO
5.	Was disability(s)		
	(a) Incurred while entitled to receive basic pay?	X	
	*(b) The proximate result of performance of active duty; or incurred in line of duty (if during war or other national emergency)?		
	(c) Due to intentional misconduct?		X
	(d) Due to wilful neglect?		X
	(e) Incurred while on unauthorized absence?		X

6. Total combined percentage of physical disability(s) in accordance with current Schedule for Rating Disabilities of Veterans' Administration. 30 %

* Applicable only if less than (8) years active service.

GERARD A. HEARN
PHAR., USCG

THEODORE DE BLANC
ICER., USCG

JOHN J. WALSH
LT.JG., USPHS

B 5645

STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME SMITH (Surname) Hoyt (First) P (Initial)

SERVICE NUMBER 343-233 Retired RANK OR RATE BMC

RETIREMENT DATE 5-1-44 REASON FOR RETIREMENT Physical Disability

HAS INDIVIDUAL EVER HELD RANK OR RATE HIGHER THAN THAT NOW HELD ON RETIRED LIST? YES ☐ NO ☐

ON ENLISTED 20-YEAR RETIREMENTS EFFECTED PRIOR 1 OCTOBER, 1949 INDICATE WHETHER 10% FOR GOOD CONDUCT AUTHORIZED: YES ☐ NO ☐

TYPE OF SERVICE	FOR RETIREMENT (ACTIVE) YRS.	MO.	DAYS	FOR PAY PURPOSES (ACTIVE & INACT.) YRS.	MO.	DAYS
COAST GUARD	4	10	10	4	10	10
LIGHTHOUSE	15	11	1	15	11	1
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	20	9	11	20	9	11

SIGNATURE: D. A. SHAW

DATE 6-29-50

B 5647

CG 53809ac

Department of
HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CERTIFICATION BY UNIFORMED SERVICES

In response to the request on the reverse of this form the following information is hereby certified.

NAME OF VETERAN AS SHOWN IN MILITARY FILE

SAME AS FURNISHED BY SSA ☑ YES ☐ NO

SERVICE NUMBER 143 233

SAME AS FURNISHED BY SSA ☐ YES ☑ NO

A – CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE: 6-21-41

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE: 5-1-44

3. CHARACTER OF SEPARATION(S) * (*If Bad Conduct*, INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL): HON REL

4. *If period of service was less than 90 days*, WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?

☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?

☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED

☐ RE-ENLISTED ☐ COMMISSIONED

*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

a. ☐ DESERTION.

b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE *(Officers Only)*.

c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.

d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.

e. ☐ NONE OF THE ABOVE.

B – 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 increased because of active service occurring after July 24, 1947, and before January 1, 1957?	☐ Yes	☐ No
3. Did the veteran have active duty or active duty for training after December 31, 1956?	☐ Yes	☑ No

C – CERTIFICATION OF EVIDENCE OF AGE OR DATE OF BIRTH IN MILITARY FILE

NAME OF RECORD OR DOCUMENT	DATE RECORD ESTAB.	PLACE OF BIRTH

DATE OF BIRTH	AGE *(If date of birth not given)*	DATE AS OF WHICH AGE WAS GIVEN *(e.g., date of entry)*

REMARKS BY CERTIFYING ORGANIZATION

RETIRED: 1 May 1944 - Physical Disability
AUTH: Title 14, U. S. Code, Section 169
In accordance with the Career Compensation Act of 1949 his physical disability was evaluated at 30%.
His retired pay is being paid under the old law (Saved Pay Provision of the Career Compensation Act of 1949)
Gross retired pay per month - $168.60 (PL 89-132).

NAME OF CERTIFYING ORGANIZATION	SIGNATURE	
U. S. COAST GUARD	M. J. MAYER Chief, Survivors Benefits Branch	
	RANK OR TITLE Personnel Services Division By direction of the Commandant	DATE 11/22/65

NOV 23 1965
SURVIVORS BENEFITS BRANCH
U. S. COAST GUARD

OCT 26 1965

REQUEST FOR INFORMATION FROM UNIFORMED SERVICES

1. IDENTIFICATION OF VETERAN *(to be completed by Social Security Administration)*

LAST NAME–FIRST NAME–MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
SMITH, HOYT P.	8/6/00	-	004-26-2363

SERVICE NUMBER	BRANCH OF SERVICE	RATE OR RANK
PSA-CG-73-706 143-233	U. S. Coast Guard	B.M.1c

DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
9/10/22	9/9/23	Portsmouth, N.H.

SOCIAL SECURITY ADMINISTRATION
10 Congress Sq.
Portland, Maine 04101

The information requested in item 2 below is needed by the Social Security Administration to adjudicate a claim based on the account of the above veteran.

SIGNATURE OF SSA OFFICIAL: Keith C Crowley

TITLE: District Manager

DATE: 10/21/65

2. INFORMATION REQUESTED *(Social Security will check applicable blocks)*

☒ Certification about active service after September 7, 1939 *(Part A on reverse)*

☒ Certification about retired or retainer pay *(Part B on reverse)*

☐ Certification of evidence of age or date of birth in military file *(Part C on reverse)*

REMARKS BY SOCIAL SECURITY ADMINISTRATION:

INSTRUCTIONS FOR UNIFORMED SERVICE OR GSA RECORDS CENTER

In all cases, please verify the veteran's name and service number furnished by the Social Security Administration. If identical with the military file, check "Yes" in the spaces provided on the reverse of this form; if different, check "No" and enter the name and/or service number shown in the military file.

Then certify the information requested by the Social Security Administration in item 2 above. All applicable items in the block are to be filled in by the certifying organization. If you need additional space or remarks are appropriate, use the "Remarks" space on the reverse.

The duplicate copy of this form should be kept in the veteran's military file whenever a certification about retired or retainer pay (Part B) is furnished. If there is ever a subsequent change made in the retirement record which affects the information furnished, the Social Security Administration should be advised accordingly.

PART A – This information permits the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940 – July 24, 1947) or post-World War II (July 25, 1947 – December 31, 1956) for which military service wage credits may be granted. List each period of service and identify all periods of service designated as "active duty for training."

PART B – Social Security needs this information to determine whether wage credits are precluded because another Federal Agency has determined that a periodic benefit is payable based in whole or part on active military service in World War II or post-World War II.

Military retired pay is based on the WW II or post-WW II period of service, as the case may be, if active service in the period *has ever* been directly credited (used) in establishing eligibility to the retired pay, or in computing the amount of such pay. Transfer to the Fleet Naval (or Marine Corps) Reserve is treated the same as a normal retirement for purposes of completing this form. A decision to retire an individual, when officially approved, constitutes a retirement even though for any reason no retired pay is ever made.

Items 1(c) and (d) – Active service was "used" in establishing eligibility to retired pay if it comprises part of the total minimum service required for retirement according to the provisions of law under which the veteran was actually retired. The fact that he was eligible for retirement under some other provision of law is immaterial.

Item 2(a) – Retired pay is "fixed" when one of several applicable formulas for computing retirement pay is selected. If the individual is given the option of deciding which formula is to be used, the pay is not "fixed" until the selection is made and approved.

Items 2(a), (b) and (c) – A "multiple of active service" is that number used to represent years of active service when computing retirement pay. For purposes of this multiple, fractions of one-half year or more of active service are counted as a whole year. However, when computing longevity retirement and pay from the Public Health Service, the multiple is the last full year.

Item 3 – The terms "active duty" and "active duty for training" have the same meaning as defined in Sec. 102 of Public Law 881, 84th Congress (Servicemen's and Veterans' Survivor Benefits Act).

PART C – This information is requested where proof of the veteran's age is needed to adjudicate his Social Security claim.

The oldest record giving the veteran's date of birth or age should be certified. However, if a later record contains discrepant date of birth or age, certify that record as well. (The "Remarks" block may be used as necessary.)

When certifying age, it is important to show the date as of which the age was given. For example, some World War I discharge or separation records may show the veteran's age when he entered service. In this case, the date of entry into service is the "Date As of Which Age Was Given" while the date of discharge may be the "Date Record Established."

"TENTATIVE"

UNITED STATES COAST GUARD

RESTRICTED

ADDRESS REPLY TO
Comdr., 1st CG District
1400 Custom House
Boston 9, Massachusetts

p

P14-3

From: Commander, 1st CG District
To: SMITH, H. P. (143-233)BM1, USCG-RET., York Village, Maine
Hoyt Phillmore
Subj: Assignment to Active Duty in Event of Mobilization

1. This letter cancels and supersedes any previous instructions you may have received from any source regarding your assignment to active duty in event of mobilization.

2. Upon receipt of the original hereof, you are recalled to active duty in the U. S. Coast Guard effective upon departure from your home of record. Proceed to Cape Elizabeth, Me. and report to Group Commander, Cape Elizabeth, L/S Sta. for assignment to duty ~~at~~ for processing within 10 days. In event of catastrophe to this assigned activity, you will be ordered to report to an alternate activity which would replace it. Enroute proceed to nearest Public Health Officer for a physical examination to determine your fitness for assignment to active duty. If found physically qualified to perform above duties, you will be so assigned. If found not physically qualified, you will be returned to your home at government expense.

3. This order constitutes a permanent change of station from home of record to Cape Elizabeth, Me. . Travel necessary to the execution hereof is required by the public interests.

4. Travel is authorized, mileage chargeable to _____.

5. In the event of total mobilization and in the absence of receipt of original orders within 5 days, you will be expected to immediately request instructions from your District Coast Guard Commander.

E. H. LEAVITT
By direction

PE-64

RESTRICTED
SECURITY INFORMATION

3-67

Case No. 1840

RETIRING BOARD IN CASE OF 15 March, 1944

SMITH, Hoyt P. , (143-233) BM 1c, U. S. COAST GUARD
(Name) (Service Number) (Rank, Rate)

FINDINGS OF BOARD

The above-named man, is incapacitated for active service by reason of the following: (a) Anterior Pituitary Hypofunction. 2. The incapacity is permanent. 3. The incapacity is the result of an incident of service. 4. The incapacity is not the result of his own vicious habits.

COMMENT BY LEGAL DIVISION

1. Proceedings are in due form and technically correct.

2. Findings appear to be supported by the evidence.

K. S. Harrison
Chief Counsel.

3/16/44

OPINION OF MEDICAL DIRECTOR

(1) The disability did (not) exist prior to original entry in Coast Guard.
(2) The incapacity is (not) considered due to his own vicious habits.
(3) The disability is (~~not~~) considered permanent.

Medical Director.

PERSONNEL DIVISION (Time Computed on 3-16-44)

		Years	Months	Days
AGE		43	7	11
SERVICE:	COAST GUARD	2	8	26
	NAVY			
	ARMY			
	~~OTHER~~ Lighthouse	15	11	1
	Total	18	7	27

Dependents Wife
4 Minor Children
Mother

Recommendation that Hoyt P. SMITH (143-233) B.M.1c be retired.

Chief Personnel Officer.

18 March 1944

From: Commandant, U. S. Coast Guard
To: Secretary of the Navy (Office of the Judge Advocate General).

1. Forwarded. It is recommended that the Proceedings and Findings be approved; that Hoyt P. SMITH (143-233) B.M.1c be retired; and that this record be presented to the President during the month of April, 1944.

Commandant.

6253

OK

*
***
*****

8-7

Case No. 1840

RECORD OF PROCEEDINGS

COURTS AND BOARDS SECTION
Received 3-13-44

of a

COAST GUARD RETIRING BOARD

Convened at

UNITED STATES MARINE HOSPITAL
Brighton, Massachusetts

case of

SMITH, Hoyt P. (143-233), Boatswain's Mate, First Class
U. S. Coast Guard

Friday, 25 February, 1944

*****
***
*

Address reply to
The Secretary of the Navy
And refer to initials
and No.

CG-POA-71-706

NAVY DEPARTMENT

WASHINGTON

January 4, 1944.

From: The Secretary of the Navy.
To: Captain Frank M. Meals, USCG--Office of District Coast Guard Officer, First Naval District.

Subject: Precept for Coast Guard Retiring Board.

Reference: (a) Article 950, Coast Guard Courts and Boards.

1. A Coast Guard retiring board, consisting of yourself as president and any two of the following Coast Guard officers to be designated by you as members: Lieutenant Commander George C. Balzer, USCG, Lieutenant Commander William B. Corning, USCGR, Lieutenant Commander Charles A. Shea, USCGR, Lieutenant Commander Roy G. Whittemore, USCGR, Lieutenant George W. Burgess, Jr., USCGR, Lieutenant Charles D. Hodges, Jr., USCGR, Lieutenant James H. Perkins, II, USCGR, Lieutenant Charles T. Scott, USCGR, and Lieutenant (j.g.) James F. Farr, USCGR; also any two of such medical officers of the U. S. Public Health Service as may be designated for duty with this board by proper authority, is ordered to convene at the U. S. Marine Hospital, Brighton, Massachusetts, from time to time as may be necessary, for the examination of such persons of the U. S. Coast Guard as may be ordered to appear before it.

2. The proceedings of the board will be in accordance with Coast Guard Courts and Boards.

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

4. The District Coast Guard Officer, First Naval District, will furnish the necessary clerical assistance.

By direction of the President.

/signed/ FRANK KNOX

A TRUE COPY
Attest

J. F. Farr

J. F. FARR
Lieut.(jg) USCGR
Recorder

Copy to:
Each member
Med.Dir.Carl Michel

"A"

FEDERAL SECURITY AGENCY

WASHINGTON

September 1, 1943

Sir:

The Coast Guard Retiring Board Convened under Navy Department letter of August 4, 1942, to meet at the U. S. Marine Hospital, Boston, Massachusetts, from time to time as may be necessary, for the examination of such persons of the U. S. Coast Guard as may be ordered to appear before it, has been dissolved, and the officers appointed on that board are hereby relieved from any further duty on it.

The following medical officers are hereby appointed members of the Coast Guard Retiring Board convened by the Secretary of the Navy under date of August 10, 1943:

Medical Director Richey L. Waugh
Surgeon Kenneth R. Nelson
P. A. Surgeon (R) T. A. Hathcock
P. A. Dental Surgeon (R) H. D. Woodbridge
P. A. Surgeon (R) James F. Spindler
P. A. Surgeon Edward C. Jenkins
P. A. Surgeon Thomas F. Crahan
P. A. Surgeon William F. Powell
P. A. Surgeon Arnold B. Kurlander
P. A. Surgeon William S. Baum
P. A. Surgeon James A. Finger
Asst. Surgeon (R) Robert S. Grier
Asst. Surgeon (R) Robert A. Bonner, Jr.
Asst. Surgeon (R) John Roger Nickerson
Asst. Surgeon (R) Norman W. Wagner
Asst. Surgeon (R) Vernon G. Guenther
Asst. Dental Surgeon (R) David L. Collins
Asst. Dental Surgeon (R) Leroy D. Wright
P. A. Surgeon John R. Spriggs
Asst. Surgeon John L. Bryant
Asst. Surgeon James N. White
Asst. Surgeon Clarence B. Mayes

The board will convene at the U. S. Marine Hospital, Boston, Massachusetts, from time to time as may be necessary for the examination of such persons of the U. S. Coast Guard as may be ordered before it.

You are directed to designate not more than two of the above members of the board to serve at any one meeting of such board.

By direction of the President,

Respectfully

/s/ Watson B. Miller
Acting Administrator

Medical Director Roy P. Sondidge
U. S. Marine Hospital
Boston, Massachusetts,

A TRUE COPY; ATTEST: J. F. Farr

J. F. FARR
Lieut.(jg)USCGR
Recorder

"B"

N. C. G.-2655

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 16 FEB 1944 UNIT PERSONNEL OFFICE

FROM
DCG01ND

TO (FOR ACTION)

HOYT P SMITH
YORK VILLAGE MAINE

TO (FOR INFORMATION)

COTP PORTSMOUTH (VIA MAIL)
COTP BOSTON (VIA MAIL)

	PLAIN
	ENCRYPT
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

WESTERN UNION

TEXT

REPORT AT US MARINE HOSPITAL BRIGHTON MASS AT 0800 25 FEB TO APPEAR BEFORE

RETIRING BOARD X

A TRUE COPY
ATTEST:

James F. Farr

JAMES F. FARR, Lieutenant (j.g.), USCGR
Recorder

"C"

FNM
INITIALS OF "RELEASING" OFFICER

OPERATOR'S RECORD

TIME RELEASED

16—20710-1

UNITED STATES MARINE HOSPITAL
Brighton, Massachusetts
Friday, 25 February, 1944

The board met at 2:05 p.m.

Present:
Captain Frank M. Meals, U. S. Coast Guard, president;
Lieutenant Commander George C. Balzar, U. S. Coast Guard, member;
Lieutenant (junior grade) James F. Farr, U. S. Coast Guard Reserve, member and recorder;
Passed Assistant Surgeon William S. Baum, U. S. Public Health Service, member, and
Passed Assistant Surgeon James A. Finger, U. S. Public Health Service, member.

William L. Kelly (552-280), Yeoman, first class, U. S. Coast Guard Reserve, entered as reporter and was duly sworn.

The board decided to sit with open doors.

Hoyt P. Smith (143-233), Boatswain's Mate, first class, U. S. Coast Guard, the party under examination, entered and stated that he did not desire counsel.

The recorder read the precepts and the order to the party under examination, hereto prefixed marked "A", "B", and "C".

The party under examination was informed of his rights.

The party under examination stated that he did not object to any member.

The board and the recorder were duly sworn.

No witnesses not otherwise connected with the inquiry were present.

A letter, appended marked "D", received from Headquarters transmitting medical papers marked "D-1" through "D-8" inclusive, was submitted and both the letter and inclosures were read.

Prior to the meeting of the board, the medical members had been directed to examine into the past and present physical and mental condition of the party under examination, therefore it was unnecessary for the board to adjourn at this time for this purpose; letter of instructions appended marked "E".

The party under examination was asked if he wished to be retired and he replied:

"Well, I feel that my condition is, why I think I just can't go on. Well, yes, I got to do something, I don't think I can carry on."

The party under examination was duly sworn as a witness and took seat as such.

Examined by the recorder:

1. Q. Will you tell the board in your own way all you know about your sickness or disease, how long you've had it, and its cause if you know it?
   A. The cause I don't know. I can't find out. I have backaches, headaches, and legaches all the time. And things feel different to me than what they did. I can't seem to pick things up like I could.

2. Q. How long have you felt that way?
   A. About a year. A little better than a year, maybe fourteen months.

3. Q. How long have you been in the Coast Guard?
   A. I entered the Coast Guard in '22 and was discharged in '24. I enlisted in the Lighthouse Service in '25 and then was inducted into the Coast Guard in '40.

4. Q. What has been the nature of your duties since 1940?
   A. Connected with the Lighthouse Branch.

5. Q. Where were you stationed?
   A. At Boon Island Cape Neddick Light and at present Whaleback Light.

6. Q. You got your present rating of Boatswain's Mate, first class, in 1940?
   A. Yes, sir.

7. Q. How old are you?
   A. Forty-three.

8. Q. Married?
   A. Yes, sir...two children in the Coast Guard.

9. Q. I'm not quite clear as to what is bothering you. You have a feeling of weakness, your back aches..will you explain? The doctors have already indicated that something happened to your hair. Will you tell us about the hair of the head and what started it if you know?

9. A. It all came out about a year ago, approximately, longer than a year ago....(Submits to the board for inspection a picture taken before symptoms of his present ailment appeared.) There is a picture about thirteen or fourteen months old. (After examination, the board returned the picture to the party under examination.)

10. Q. What color was your hair?
A. Brown, what they call a medium brown, not black.

11. Q. You are not able to carry on your normal duties?
A. I don't see how I can. I have to row.

12. Q. Tell us what happens when you try to row?
A. I just peter out that's all. I go all to pieces. I can't row very far.

13. Q. Can you go up and down stairs all right?
A. No, sir.

14. Q. What happens?
A. My legs give out...My left knee especially swells up and stays that way as long as I get around on it.

15. Q. Is there any type of duty you are familiar with that you can do?
A. Maybe. I don't know right off hand what it would be.

16. Q. Did this come on suddenly or a gradual growth?
A. Came on suddenly.

17. Q. Had you been sick at the time?
A. No, I haven't been sick, not sick abed, but I haven't been feeling well, not the same as ten years ago.

Examined by the board:

18. Q. I still haven't got it clear in my mind. You say you felt a change about ten, twelve, fourteen months ago? What was the first symptom?
A. Weakness.

19. Q. There was no indication at that time that your hair was falling out, all that came at one time?
A. Yes, sir. Just suddenly. It was not exactly that way. I noticed I couldn't do the work I was used to..I was used to going and coming, hoping around, rowed boats. It never bothered me to row. Now, I can't do that.

20. Q. If you were at a station where it didn't require any rowing, at a shore station where just a normal watch job is concerned, do you feel you could take care of that?
A. I don't know, sir.

21. Q. You don't feel that you could tackle it?
A. Well, if I had to tackle it, I'd tackle it, yes, but I don't know how far I'd get with it.

22. Q. You mentioned before that heat and cold bothered you, and I notice you're wearing a sweater.
A. Another thing, cold weather,and in the summer time, I wear a sweater same as in the winter time.

Examined by the recorder:

23. Q. How does it bother you?
A. Freezing to death...when I was out in the lobby waiting for the doctors, I was with two others, and there was a slight draft that shouldn't have bothered anybody. It bothered me but not them.

Examined by the board:

24. Q. How about the summer time?
A. In the summer time, I don't stay in the wind like I'm used to.

25. Q. You felt cold then in the summer?
A. That's right.

Neither the board nor the recorder desired further to examine this witness.

The board informed the witness that he was privileged to make any further statement relative to his case which he thought should be a matter of record in connection therewith, which had not been fully brought out by the previous questioning.

The witness stated that he had nothing further to say.

The witness resumed his seat as the party under examination.

The report of the medical members of the board was submitted and sworn to, read, and appended hereto marked "F" and "F-1".

Passed Assistant Surgeon James A. Finger, U. S. Public Health Service, the junior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Dr. Finger, will you tell us in your opinion, from what cause Smith's disability proceeds?
   A. Smith's disability proceeds from Anterior Pituitary Hypofunction.

2. Q. Will you interpolate that?
   A. The Pituitary Gland is a small endocrine gland that lies at the base of the scull. That gland is divided into two parts--anterior and posterior part--. The anterior part is the one that we are concerned with in this case. The function of the gland is multiple, more or less a controlling mechanism for the entire body. That is, it controls the functions of the other endocrine glands, that is the thyroid, adrenals, and gonads. It is also concerned with growth metabolism in the body, and hypofunction means the glands are not functioning up to normal capacity, in other words, not secreting endocrine properties that it should to exert proper control, and as a result of this hypofunction, certain symptoms begin to exist which is shown in Smith's condition. This condition that he has happens to be only one particular symptom of hypofunction, pituitary hypofunction, of which there are several. This is characterized by weakness, loss of hair with replacement of fine white hair, sensitive to heat and cold, pallor, dryness, thinning of skin, loss of energy and easily fatigued and generalized weakness. I think that is all the symptoms Smith is suffering from.

3. Q. In your opinion, is that disability permanent?
   A. In my opinion, the disability is permanent.

4. Q. In your opinion is the disability such as to incapacitate him from active service?
   A. It is.

5. Q. What would be the effect of his trying to continue on active service?
   A. Physically, I don't know that it would particularly effect him at all. I just don't believe he could carry on the job, as he himself stated. I think lack of energy and loss of ambition would naturally cause him to lag behind in any particular work he was given. If he were normal he would certainly not do this.

6. Q. When, in your opinion, did this disability become incapacitating?
   A. I believe Smith's disability became incapacitating in April, 1942.

7. Q. In your opinion, have all reasonable measures for the amelioration of this disabling condition been tried?
   A. They have.

8. Q. Is his disability the result of an incident of the service?
   A. It is.

9. Q. Was there any information before the medical members which would lead you to believe that his present condition was due to vicious practices of his own?
   A. There was none.

Neither the board, the recorder, nor the party under examination desired further to examine this witness.

The witness resumed his seat as a member of the board.

Passed Assistant Surgeon William S. Baum, U. S. Public Health Service, the senior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Dr. Baum, will you tell the board from what cause, in your opinion, Smith's disability proceeds?
   A. In my opinion, the disability proceeds from Anterior Pituitary Hypofunction.

2. Q. Is there anything that you can add for the benefit of the layman, to what Doctor Finger said as to how the disease acts or reacts?
   A. There is not. Well, I could add to what Dr. Finger said. I might point out as he did that that gland is a controlling factor over other endocrine glands, and a discontinuance in their functions is translated into the form of some symptoms as those we see in Smith.

3. Q. In your opinion, is that disability permanent?
   A. In my opinion, it is permanent.

4. Q. Is it such as to incapacitate him from active service?
   A. In my opinion, he is incapacitated from active service with this disability.

5. Q. Do you feel that active service would react unfavorably so far as he is physically concerned?
A. I believe active service would react unfavorably in that it might, to a considerable degree, aggravate his well being. He fatigues easily; he is easily exerted by exposure; and I think they would be aggravated on active duty.

6. Q. Have you an opinion as to when this disabling condition became incapacitating for active service?
A. I would say it became incapacitating for active service shortly after development, approximately May, 1942.

7. Q. In your opinion, have all reasonable measures for the amelioration of this disease been tried?
A. Yes, they have.

8. Q. Do you think his disability is a result of an incident of service?
A. I do.

9. Q. Was there any information before the medical members of the board, which would lead you to believe his present condition is due to vicious practices of his own?
A. There is none.

10. Q. You were asked what effect active service would have on Smith's condition. Do you wish to add anything to that?
A. In addition, I would like to say that the patient's resistance is so low that any infection which he might develop, such a respiratory infection that he would normally throw off easily, might become quite serious and go into pneumonia or some other serious type of disease. For that reason, he should avoid all severe exposure and strenuous activity.

Neither the board, the recorder, nor the party under examination desired further to examine this witness.

The witness resumed his seat as a member of the board.

The party under examination was then recalled as a witness and was warned that the oath previously taken was still binding.

Examined by the recorder:

1. Q. Will you tell the board when you received your rating as first class?
A. I was inducted into the Coast Guard in 1940.

2. Q. That is the time you came in from the Lighthouse Service? And you came in as a Boatswain's Mate, first class?
A. Yes, sir.

3. Q. Did you have a physical at that time?
A. I don't think so, no, sir.

Neither the board, the recorder, nor the party under examination desired further to examine this witness.

The board informed the witness that he was privileged to make any further statement relative to his case which he thought should be a matter of record in connection therewith, which had not been fully brought out by the previous questioning.

The witness stated that he had nothing further to say.

The witness resumed his seat as the party under examination.

Neither the board, the recorder, nor the party under examination desired to call any more witnesses.

Hoyt P. Smith, Boatswain's Mate, first class, U. S. Coast Guard, did not desire to make a statement.

Hoyt P. Smith, Boatswain's Mate, first class, U. S. Coast Guard, did not desire to make an argument.

The recorder desired to make no argument.

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

After full and mature deliberation the board finds as follows:

FINDING OF FACTS

1. Hoyt P. Smith (143-233), Boatswain's Mate, first class, U. S. Coast Guard, is incapacitated for active service by reason of the following:

(a) Anterior Pituitary Hypofunction.

2. The incapacity is permanent.

FINDING OF FACTS
(Continued)

3. The incapacity is the result of an incident of service.

4. The incapacity is not the result of his own vicious habits.

OPINION

1. Hoyt P. Smith's disability became incapacitating approximately April, 1942, and in any case, subsequent to his promotion to his present rating.

Frank M. Meals

FRANK M. MEALS
Captain, U. S. Coast Guard, President

George C. Balzar

GEORGE C. BALZAR
Lieutenant Commander, U. S. Coast Guard, Member

James F. Farr

JAMES F. FARR
Lieutenant (j.g.), U. S. Coast Guard Reserve
Member and Recorder

William S. Baum

WILLIAM S. BAUM
Passed Assistant Surgeon, U. S. Public Health Service, Member

James A. Finger

JAMES A. FINGER
Passed Assistant Surgeon, U. S. Public Health Service, Member

The board then, at 3:00 p.m., adjourned to await the action of the convening authority.

Frank M. Meals

FRANK M. MEALS
Captain, U. S. Coast Guard, President

James F Farr

JAMES F. FARR
Lieutenant (j.g.), U. S. Coast Guard Reserve
Member and Recorder

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OFFICE OF
THE SUPERINTENDENT
FIRST DISTRICT

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PORTSMOUTH, N. H.

September 13, 1922.

U.S. COAST GUARD
REC'D SEP 14 1922
ANS'D

From: Superintendent, First District.
To: Commandant.

Subject: Surfman Hoyt Phillmore Smith; forwarding documents on enlistment.

Inclosure:
1. Enlistment contract and record, copy "A".
2. Record of Physical Examination.
3. Form 2529.
4. Form 2525 (Descriptive sheet).

1. Inclosures 1 to 4 inclusive are forwarded herewith in the case of the above named man who enlisted at station No. 5 (Islesford, Maine,) September 10, 1922 as surfman for the period of one year.

S.R. Sands.

TREASURY DEPARTMENT,
U. S. COAST GUARD,
Form 25[illegible] Ed. 10,000—Sept. 18-20.

ORIGINAL

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

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

(Act June 4, 1920.)

Station No.5. (Unit.), Islesford, Maine. (Place.)

September 10,1922 (Date.)

FROM: Surfman Hoyt P. Smith U. S. Coast Guard - G 1766

To: COMMANDANT (via Superintendent, First 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:

(a) I have a wife, required information concerning whom is as follows:

NAME. (First.) (Middle.) (Last.)	ADDRESS.	REMARKS.
Velora J. Smith	Jonesport, Maine.	

(b) I have no wife, but have a child or children, required information concerning each of whom is as follows:

NAME. (First.) (Middle.) (Last.)	ADDRESS.	REMARKS.

(c) I have neither wife nor child, but have a dependent relative, required information concerning whom is as follows:

NAME. (First.) (Middle.) (Last.)	RELATIONSHIP.	ADDRESS.	REMARKS.

Witnessed by:

W. H. Brown

Signed:

Hoyt Phillmore Smith

Rank C. B. M. (L)

Rank or rate Surfman

NOTE.—Complete only one of (a), (b), or (c).

2—10348

U. S. Coast Guard - G 1766

(9)

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500.
Ed. Dec. 21—20,000.

ENLISTMENT CONTRACT AND RECORD.

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

U.S. COAST GUARD REC'D SEP 14 1922 ANS'D

[1] **ENLISTMENT** of Smith, Hoyt Phillmore (Full name, surname to left.) as Surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 5, 1st District, Islesford, Maine (Location of vessel, or P. O. address of station.)
(Draw line through designation not applying.)

1. I, Hoyt Phillmore Smith (Full name.), this 10th day of September, 1922, 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 Jonesport, Maine, on August 6 1900 Citizenship[2] Native born

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation Fisherman Home address Jonesport, Maine.

Full name and address of the following:

Velora Jane Smith (Wife, if any.) Jonesport, Maine.

Phillmore Harland Smith (child) (Children under 18 years of age.) Jonesport, Maine.

Ruth Leone Smith (child) Jonesport, Maine.

Agnes A. Smith (mother) (Mother, if living.) Jonesport, Maine. Widowed? ____
(Next of kin, or person interested, if there are none of the above.)

3. I have not (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.

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

5. I was last discharged from the U. S. Coast Guard on ____, 19____, from Cutter Station No. ____ (Strike out one.) with ____ (Kind of discharge.) discharge, herewith submitted, serial No. ____

6. I agree to and with the United States of America, represented by W. I. Brown (Name of comdg. officer, or officer in charge of a unit.), United States Coast Guard, in manner and form following, that is to say:

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

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and 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 W. I. Brown (Name of comdg. officer, or officer in charge of a unit.), United States Coast Guard, does hereby covenant and agree to and with the said Hoyt Phillmore Smith (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.

Hoyt Phillmore Smith
(Signature of enlisted person.)

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD POSTED

UNITED STATES OF AMERICA

By W. I. Brown, U. S. C. G.
(Signature and rank of comdg. officer, or officer in charge of a unit.)
C. B. M. (L)

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

PERSONNEL CLERK
BY ____
DATE 9-15-22

W. I. Brown
C. B. M. (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

8. OATH OF ALLEGIANCE.

I, Hoyt Phillmore Smith (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.

Hoyt Phillmore Smith
(Signature of enlisted person.)

Subscribed and sworn to before me this 10th day of September, A. D. 192 2

H. H. Brown,
C. B. M. (T.)
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192

_____
(Signature of parent or guardian.)

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

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

Age, 22 years 1 months. Height, 5 feet 9 inches. Weight, 142 pounds. Eyes, Blue. Hair, Brown
Complexion, Medium Married, yes Distinguishing marks, none

I certify that I have carefully examined, in accordance with the regulations prescribed for standard A/B physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

J. A. Williams
Contract physician U. S. P. H. S.

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

_____; _____
(Date last vaccinated against smallpox.) (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

[1] Strike out letter not applicable.

[2] During current enlistment.

NAME Smith, Hoyt Phillmore

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
Averages							

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. 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.

Proficient in [1]

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer ~~Has not qualified owing to the temperature of water~~

(Date and place.)

Aug. 4, 1923, Cranberry Island Station.

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here.

PAY AND ALLOTMENT OFFICE REC'D OCT 1 1923

OFFICE OF
THE SUPERINTENDENT
FIRST DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PORTSMOUTH, N. H.

September 27, 1923.

U.S. COAST GUARD
REC'D SEP 29 1923
ANS'D

From: Superintendent, First District.
To: Commandant.

Subject: Surfman Hoyt Phillmore Smith; discharge.

Inclosure: 1. Enlistment contract and record, copy "C", Surfman Hoyt Phillmore Smith.

1. Inclosure 1 is forwarded herewith in the case of the above named man who was honorably discharged on September 9, 1923 at Cranberry Island Station.

O. A. Littlefield.
Acting.

(c)

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500.
Ed. Dec. 21—20,000.

U. S. COAST GUARD
REC'D SEP 29 1922
ANS'D

ENLISTMENT CONTRACT AND RECORD.

[1] **ENLISTMENT** of Smith, Hoyt Phillmore (Full name, surname to left.) as surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 5, 1st District, Islesford, Maine (Location of vessel, or P. O. address of station.)
(Draw line through designation not applying.)

1. I, Hoyt Smith (Full name.), this 10th day of September, 1922 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 Jonesport, Maine, on August 6 1900 Citizenship[2] Native born

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation Fisherman Home address Jonesport, Maine

Full name and address of the following: Velora Jane Smith, Jonesport, Maine. (Wife, if any.)
Phillmore Harland Smith (child) Jonesport, Maine. (Children under 18 years of age.)
Ruth Leone Smith (child) Jonesport, Maine.
Agnes A. Smith (mother) Jonesport, Maine. (Mother, if living.) Widowed? ____
(Next of kin, or person interested, if there are none of the above.)

3. I have not (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.

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

5. I was last discharged from the U. S. Coast Guard on ____, 19____, from Cutter Station No. ____ (Strike out one.) with ____ discharge, herewith submitted, serial No. ____ (Kind of discharge.)

6. I agree to and with the United States of America, represented by W. I. Brown (Name of comdg. officer, or officer in charge of a unit.), United States Coast Guard, in manner and form following, that is to say:

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

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ____ 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 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 W. I. Brown (Name of comdg. officer, or officer in charge of a unit.), United States Coast Guard, does hereby covenant and agree to and with the said Hoyt Phillmore Smith (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, ~~and if discharged by sentence of a Coast Guard court, or by reason of bad~~

Hoyt Phillmore Smith
(Signature of enlisted person.)

UNITED STATES OF AMERICA,
By W. I. Brown, U. S. C. G.
(Signature and rank of comdg. officer, or officer in charge of a unit.)

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD POSTED
BY ____
DATE 9-29-22

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

W. I. Brown
C. B. M. (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

8. OATH OF ALLEGIANCE.

I, Hoyt Phillmore Smith (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.

Hoyt P. Phillmore Smith
(Signature of enlisted person.)

Subscribed and sworn to before me this 10 day of September, A. D. 192 22

H. D. Brown,
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192

_____
(Signature of parent or guardian.)

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

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

Age, 22 years 1 months. Height, 5 feet 9 inches. Weight, 142 pounds. Eyes, Blue. Hair, Brown
Complexion, Medium Married, yes Distinguishing marks, none

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{A}_{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

J. A. Williams
Contract Physician, U. S. P. H. S.

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

11/3/22 (Date last vaccinated against smallpox.); 10/27/22 (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

Commended by Headquarters H/L 3/8/23 (667)

[1] Strike out letter not applicable.

[2] During current enlistment.

2—7931

Has not qualified as a good swimmer owing to temperature of water.

NAME .....

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
Dec 1922	3	4	4	2.5		Sta. 5	W. L. Brown
Mar. 1. 1923	2.5	4	4	3	Yes	Cranberry Island	W. H. Brown
June 1923	3.5	4	4	3	Yes	Cranberry Is.	W. H. Brown
Aug 1923	3.5	4	4	3	Yes	Cranberry Isl	W. H. Brown
Averages	3.5	4	4	3			

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. 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.

Proficient in [1] .....

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer ~~Has not qualified owing to the temperature of water~~, (Date and place.)

Qualified as a good swimmer at Coast Guard Station, Cranberry Island August 4, 1923.

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here.

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

20. ON DISCHARGE.

Date 9/9/23, 192 Place Islesford, Maine Serial No. 19473

Kind of discharge Honorable, authority of Regulations

Discharged on account of expiration of enlistment

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

21. ON DESERTION.

____, 192 ____
(Date.) (Place.)

22. ON RETIREMENT.

____, 192 ____ ____
(Date.) (Cause.) (Authority.)

23. ON DEATH.

____, 192 ____ ____ ____
(Date.) (Place.) (Cause.) (Place of burial or disposition of remains.)

(Disposition of effects.)

Was death incident to service? ____

Certified to be correct upon termination of service Sept. 9, 192 3

[1] W. J. Brown
Officer in Charge

Approved: D. A. Littlefield
Commanding Officer[2] District Superintendent.[2]
Acting

INSTRUCTIONS.

(a) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(b) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(c) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, retirement, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(d) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] To be signed by the officer having custody of this contract and record.

[2] Strike out words not applicable.

GOVERNMENT PRINTING OFFICE 2—7931

143-233

Form 2525.

DESCRIPTIVE SHEET.

Smith
(Surname)

Hoyt
(Christian name–s)

Rank or rate Surfman
(For which being examined)

Enlisted / ~~Appointed~~ / ~~Promoted~~ — Place Isleford, Maine
(Enlisted man only)

Date 9/10/22
(Enter when determined)

Previous service None.
(Number of years)

Diseases or injuries prior to entering Coast Guard (individual's statement)

Appendicitis (operated on)

Religion (denomination) None

Next of kin or friend Frank C. Smith
(Relation, name, and address)

West Jonesport, Me.

PHYSICAL EXAMINATION.

Place West Jonesport, Me.
(Of examination)

Date Sept 5, 1922.
(Of examination)

Nationality White U. S.
(White–U. S., Colored–U. S., Filipino, Samoan, etc.)

Born: Place Jonesport, Me. Date Aug 6 1900

Eyes Blue Hair Brown Complexion Medium

Height 69 inches. Weight 143 pounds.

Vision: Right 20/20, corrected to /20.

Left 20/20, corrected to /20.

Color perception Normal

Hearing: Right 15/15. Left 15/15.

Chest measurement: Mean 33 1/2 Expansion 5.
(Inches)

Teeth:

	Right.								Left.							
Upper:	~~M~~	M	M	B	B	C	I	I	I	I	C	B	B	M	M	M
Lower:	M	~~M~~	M	B	B	C	I	I	I	I	C	B	B	M	M	M

Teeth missing or useless mark by an "X"; if only partly decayed mark by a diagonal line "/".

Marks, scars, etc. Appendicitis operation scar.

Signature J. H. Williams M.D.
(Medical Examiner)

(See instructions on reverse.)

2—9064

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OFFICE OF
THE SUPERINTENDENT
FIRST DISTRICT

U.S.C.G. PAY AND ALLOTMENT OFFICE REC'D SEP 28 1923

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PORTSMOUTH, N. H.

September 26, 1923.

U. S. COAST GUARD
REC'D SEP 27 1923
ANS'D

From: Superintendent, First District.
To: Commandant.

Subject: Surfman Hoyt Phillmore Smith; reenlistment.

Inclosure: 1. Enlistment contract and record, copy "A".

1. Inclosure 1 is forwarded herewith in the case of the above named man who reenlisted at Cranberry Island Station, September 10, 1923 as surfman for the period of one year.

O.A. Littlefield
O.A. Littlefield.
Acting.

NAME Smith, Hoyt Phillmore

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
Averages							

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. 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.

Proficient in[1]

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer August 4,1923 at Cranberry Island Station.
(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here.

(a)

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500.
Ed. Dec. 21—20,000.

ENLISTMENT CONTRACT AND RECORD.

Re ENLISTMENT of Smith, Hoyt Phillmore as Surfman
(Full name, surname to left.) (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. Cranberry Island, 1st District, Islesford, Maine
(Draw line through designation not applying.) (Location of vessel, or P. O. address of station.)

1. I, Hoyt Phillmore Smith, this 10 day of September, 1923, 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 Jonesport, Maine, on August 6, 1900 Citizenship[2] Native born

If naturalized, place and date of naturalization ..... Certificate number .....

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

Occupation Fisherman Home address Jonesport, Maine.

Full name and address of the following: Velore Jane Smith, (Wife, if any.) Jonesport, Maine.

Phillmore Harland Smith (Child) Jonesport, Maine.
(Children under 18 years of age.)

Ruth Leone Smith, (child) Jonesport, Maine.

Agnes A. Smith, (mother) Jonesport, Maine. Widowed? .....
(Mother, if living.)

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

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

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

5. I was last discharged from the U. S. Coast Guard on Sept. 9, 1923, from ~~Cutter~~ Station ~~No.~~ Cranberry Island
(Strike out one.)
with Honorable discharge, herewith submitted, serial No. 19473
(Kind of discharge.)

6. I agree to and with the United States of America, represented by Wallace I. Brown, United States Coast Guard,
(Name of comdg. officer, or officer in charge of a unit.)
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 further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ..... 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 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 Wallace I. Brown, United States Coast Guard, does hereby
(Name of comdg. officer, or officer in charge of a unit.)
covenant and agree to and with the said Hoyt Phillmore Smith, who has hereunto signed his name, that he shall be paid
(Name of person enlisting.)
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.

Hoyt Phillmore Smith
(Signature of enlisted person.)

UNITED STATES OF AMERICA,

By Wallace I. Brown, U. S. C. G.
(Signature and rank of comdg. officer, or officer in charge of a unit.)
C. B. M. (L)

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD

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

Wallace I. Brown
C. B. M. (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—7831

8. OATH OF ALLEGIANCE.

I, Hoyt v Phillmore Smith (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.

Hoyt Phillmore Smith
(Signature of enlisted person.)

Subscribed and sworn to before me this 10 day of September, A. D. 192 3

Wallace T. Brown
(Comdg. officer, officer in charge of a unit, or notary public.)
C. B. M. (L)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192 _____
(Signature of parent or guardian.)

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

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

Age, 23 years 1 months. Height, 5 feet 9 inches. Weight, 142 pounds. Eyes, blue. Hair, brown
Complexion, medium Married, yes Distinguishing marks, None.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard [1] A/B physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

(Sig) J. A. Williams

Contract Physician, U. S. P. H. S.

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

11/3/22 (Date last vaccinated against smallpox.); 10/27/22 (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

Commended by Headquarters H/L 3/8/23 (651)

[1] Strike out letter not applicable.

[2] During current enlistment.

2—7931

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PORTSMOUTH, N. H.

OFFICE OF
THE SUPERINTENDENT
FIRST DISTRICT

September 16, 1924.

U.S. COAST GUARD
REC'D SEP 17 1924
ANS'D By

From: Superintendent, First District.
To: Commandant.

Subject: Surfman Hoyt P. Smith; discharge.

Inclosure:
1. Enlistment contract and record, copy "C".
2. Form 2529.
3. Medical Certificate on discharge, dated September 9, 1924. (Dr. J.D. Phillips, M.D.)
4. Medical Certificate on discharge, dated September 9, 1924 (Surfman H.P. Smith).

1. Forwarded.

John S. Cole.

John S. Cole.

Treasury Department,
U. S. Coast Guard,
Form 2510. Revised Oct. 1923.

U.S. COAST GUARD
REC'D SEP 17 1924
ANS'D By

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
First District
Rec'd SEP 16 1924

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Cranberry Island Station (Unit) Islesford, Maine. (Place)

Dec. 6, 1923 (Date)

From: Surfman Hoyt P. Smith
To : COMMANDANT (Via Superintendent).

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:

Velora Jane Smith	Jonesport, Maine.
(Full name of wife, if not married, so state)	(Address of wife)
Phillmore Harland Smith	Jonesport, Maine.
(Full name of child, if none, so state)	(Address of child)
Ruth Leone Smith	Jonesport, Maine.
(Full name of child, if none, so state)	(Address of child)
None	None.
(Full name of child, if none, so state)	(Address of child)

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

Agnes A. Smith	mother	Jonesport, Maine.
(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

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

Frank C. Smith	Father	Jonesport, Maine.
(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

Witnessed by:
W. I. Brown
Rank C.B.M.(L)

Hoyt P. Phillmore Smith
Rank or rate Surfman

(c)

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
Rec'd Aug 28 1924

U.S. COAST GUARD
REC'D SEP 17 1924
S'D
By

TREASURY DEPARTMENT,
U. S. Coast Guard
Form 2500.
Ed. Dec. 21—20,000.

ENLISTMENT CONTRACT AND RECORD.

143-233

Re ENLISTMENT of Smith, Hoyt Phillmore as Surfman
(Full name, surname to left.) (Rating.)

U. S. Coast Guard ~~Cutter~~ Station Cranberry Island, 1st District, Islesford, Maine.
(Draw line through designation not applying.) (Location of vessel, or P. O. address of station.)

1. I, Hoyt Phillmore Smith, this 10 day of September, 192 4, 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 Jonesport, Maine, on August 6, 1900 Citizenship[2] Native born

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation Fisherman Home address Jonesport, Maine

Full name and address of the following: Velora Jane Smith, Jonesport, Maine.
(Wife, if any.)
Phillmore Harland Smith (child) Jonesport, Maine.
Ruth Leone Smith (child) Jonesport, Maine.
(Children under 18 years of age.)
Agnes A. Smith (mother) Jonesport, Maine Widowed? ____
(Mother, if living.)
(Next of kin, or person interested, if there are none of the above.)

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

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

5. I was last discharged from the U. S. Coast Guard on Sept. 9, 1923 from ~~Cutter~~ Station Cranberry Island
(Strike out one.)
with Honorable discharge, herewith submitted, serial No. 19473
(Kind of discharge.)

6. I agree to and with the United States of America, represented by Wallace I. Brown, United States Coast Guard,
(Name of comdg. officer, or officer in charge of a unit.)
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 further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ____ 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 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 Wallace I. Brown, United States Coast Guard, does hereby
(Name of comdg. officer, or officer in charge of a unit.)
covenant and agree to and with the said Hoyt Phillmore Smith, who has hereunto signed his name, that he shall be paid
(Name of person enlisting.)
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.

Hoyt Phillmore Smith
(Signature of enlisted person.)

PAY AND ALLOTMENT OFFICE
U. S. COAST GUARD
POSTED
1

UNITED STATES OF AMERICA,
By Wallace I. Brown, U. S. C. G.
(Signature and rank of comdg. officer, or officer in charge of a unit.)
C. B. M. (L)

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

BY ____
DATE 9/17/24

Wallace I. Brown
C. B. M. (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—7831

8. OATH OF ALLEGIANCE.

I, Hoyt Phillmore Smith, do solemnly swear (or affirm) that I will bear true faith and allegiance to
(Full name.)
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.

Hoyt Phillmore Smith
(Signature of enlisted person.)

Subscribed and sworn to before me this 10 day of September, A. D. 192 3

Wallace T. Brown
(Comdg. officer, officer in charge of a unit, or notary public.)
C. B. M. (L)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____
(Father, mother, or guardian.)
in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192 _____
(Signature of parent or guardian.)

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

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

Age, 23 years 1 months. Height, 5 feet 9 inches. Weight, 142 pounds. Eyes, blue. Hair, brown
Complexion, medium Married, yes Distinguishing marks, None

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{A}_{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

(Sig) J. A. Williams

Contract Physician, *U. S. P. H. S.*

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

11/3/22; 10/27/22
(Date last vaccinated against smallpox.) (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

Commended by Headquarters, H/L 3/8/23 (651)

[1] Strike out letter not applicable.

[2] During current enlistment.

2—7931

NAME Smith Hoyt Phillmore

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
Sept. 1923	3.5	4	4	3	Yes	Cranberry Isl	H. J. Brown
Dec. 1923	3.5	4	4	3	Yes	Cranberry Isl	H. J. Brown
Mar. 1924	3.5	4	4	3	Yes	Cranberry Isl	H. J. Brown
June 1924	3.5	4	4	3	Yes	Cranberry Isl	H. J. Brown
Sept. 1924	3.5	4	4	3	Yes	Cranberry Isl	H. J. Brown
Averages	3.5	4	4	3	Yes	Cranberry	

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. 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.

Proficient in[1]

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer August 4, 1923 at Cranberry Island Station.
(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here.

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

20. ON DISCHARGE.

Date Sept. 9, 1924 Place Islesford, Maine Serial No. 14352

Kind of discharge Honorable, authority of Art 413 regulations

Discharged on account of Expiration of enlistment

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

21. ON DESERTION.

_____, 192 _____
(Date.) (Place.)

22. ON RETIREMENT.

_____, 192 _____ _____
(Date.) (Cause.) (Authority.)

23. ON DEATH.

_____, 192 _____ _____ _____
(Date.) (Place.) (Cause.) (Place of burial

_____ _____
or disposition of remains.) (Disposition of effects.)

Was death incident to service? _____

Certified to be correct upon termination of service Sept. 9, 1924

[1] W. J. Brown.
Officer in Charge

Approved: John L. Cole
Commanding Officer [2]—District Superintendent.[2]

INSTRUCTIONS.

(a) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(b) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(c) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, retirement, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(d) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] To be signed by the officer having custody of this contract and record.

[2] Strike out words not applicable.

GOVERNMENT PRINTING OFFICE 2—7031

U. S. COAST GUARD
OFFICE OF DISTRICT SUPERINTENDENT
First District
Rec'd SEP 1924

TREASURY

NAVY DEPARTMENT

UNITED STATES COAST GUARD

STATION No. Cranberry Island

Islesford, Maine.
(POST-OFFICE ADDRESS)

Sept. 9 1924

U.S. COAST GUARD
REC'D SEP 17 1924
ANS'D By

TO WHOME IT MAY CONCERN

This is to certify that I Hoyt P. Smith do not know of any physical defect from which I am suffering contracted in the Coast Guard Service.

Hoyt P. Smith
Surfman U. S. Coast Guard.

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
First District
SEP 16 1924

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Southwest Harbor, Maine.
(POST-OFFICE ADDRESS)

OFFICE OF
Cranberry Island
~~STATION~~ OFFICER

Sept. 9, 1924.

U. S. COAST GUARD
REC'D SEP 17 1924
ANS'D
By

CONTRACT PHYSICIAN STATEMENT

I certify that on this 9th day of September I have examined Hoyt P. Smith United States Coast Guard, and find that he is Physically sound.

J. D. Phillips M. D.

CONTRACT PHYSICIAN UNITED STATES COAST GUARD.

Form No. 2678
Treasury Department

REPORT OF FITNESS OF APPLICANT

Coast Guard Recruiting Station Kittery Point

From: U.S. Coast Guard Recruiting Officer. 29 May 1941
To : **Lieutenant Thomas Samson, U. S. C. G. Portland Base.**

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

Boon Island Light Station (Firm) -(School), **York Harbor, Maine** (Place)

Light Keeper (as) - (~~In Grade~~)

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

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

I. L. Hammond, Ch. Bos'n (L)
Recruiting Officer.

(Name of applicant) **Hoyt P. Smith**
(Filled in by recruiting officer)

Are you related to the applicant? No

Was the applicant ever in your (~~employ~~)-(charge)? Yes When? 10/1/36 ,194__

to Still employed ,194__ Where? Boon Island As Light Keeper

What was his (~~weekly~~ yearly wage)--(~~scholastic record~~)? $1440. per annum

Why did he (~~leave~~)--(~~quit~~)? Still Employed

How do you rate his---

	Check One: Good	Average	Poor
Trustworthiness?	X		
General intelligence?	X		
Ability?	X		
Skill as a Light Keeper?	X		

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so, state particulars Not to my knowledge

What was his reputation and standing when in your (employ)--(Charge)? Good

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

The above statement and answers are in my own handwriting (have been dictated and carefully read by me). NOTE:-If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

Thomas Samson
(Signature of reference)

2 June, 1941 ,19__
(Date)

259 High St., So. Portland, Maine.
(Post-office address)

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

KITTERY POINT STATION (Unit) — KITTERY POINT, MAINE. (Place)

21 JUNE, 1941 (Date)

FROM: SMITH, Hoyt Philmore, B.M.1c.

TO: COMMANDANT (via Commander, Boston 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:

Velora Jane Smith, (Full name of wife; if not married, so state)	West Jonesport, Maine. (Address of wife)
Coleman F. Smith, (Full name of child; if none, so state)	West Jonesport, Maine. (Address of child)
Hoyt E. Smith, (Full name of child; if none, so state)	West Jonesport, Maine. (Address of child)
Charles F. Smith, (Full name of child; if none, so state)	West Jonesport, Maine. (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:

Henry V. Smith, (Full name of relative)	Brother (Relationship)	Beals, Maine. (Address of relative)

No dependency. (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:

Edith Grover, (Full name of relative)	Sister (Relationship)	Jonesport, Maine. (Address of relative)

No dependency. (State briefly wherein dependency exists)

WITNESSED BY: Hugh F. Snow,

Rank C.B.M.

SIGNED: Hoyt Philmore Smith

Hoyt Philmore Smith,

Rank or Rating B.M.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

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

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

APPLICATION FOR ENLISTMENT

Position desired Boatswains Mate First Class.

WARNING

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

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

Kittery Point, Maine
(Place)

29 May, 1941
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 40 years 9 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 Hoyt Philmore Smith

Date of birth August 6, 1900

Place of birth Joesport, Maine Citizenship Native

Home address York Harbor, Maine

Are you married? Yes Number and relationship of persons dependent on you for support? Wife and five children

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

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

Name and address of next of kin Velora J. Smith, (wife) York Harbor, Maine.

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

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U. S. Light House Service	Portland, Maine	U.S.L.H.S.	1939	1939	Light Keeper
U. S. Coast Guard	Boston District	U.S.C.G.	1939	5/29/41	Light Keeper

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? None

2—13412

(OVER)

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

Completed Grammer School, Jonnsport, Maine.

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

If so, state which U. S. Coast Guard

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

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

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

When did you apply? 1922 Where? First Coast Guard District, Portsmouth, N. H.

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

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

(Sign your full name here) Boyt Phillmore Smith

Accepted or rejected accepted Cause of rejection

at Kittery Point Station, Kittery Point, Maine.

Date 21 June, 1941.

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

I. H. Hammond, Ch. Bos'n (L)

U. S. GOVERNMENT PRINTING OFFICE 2—13412

U. S. C. G.

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

16—9747

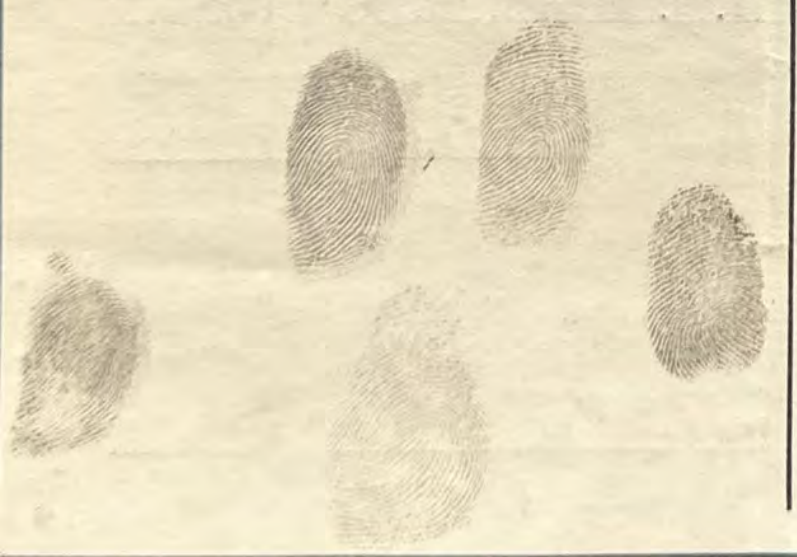
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

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

LEFT HAND

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



RIGHT HAND

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



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

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Kittery Point Station
(Place)

29 May, 1941
(Date)

To Chief of Police, York, Me

Dear Sir:

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

Hoyt Philmore Smith
(Name of applicant)

40 years	69½ inches	180 lbs.	White
(Age)	(Height)	(Weight)	(Color)

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

Has the above-named man, from the records of your office, been in: (1) Reform school? No

(2) Jail? No (3) Penitentiary? No (4) Convicted of crime? No (5) Arrested for any offense? No To your knowledge is he married or single? married

I. L. Hammond.
I. L. Hammond, Ch. Bos'n (L)
Recruiting Officer.

May 29, 1941
(Date)

To Recruiting Officer, Kittery Point Station

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

Harley J. Ellis
Chief of Police.

U. S. GOVERNMENT PRINTING OFFICE 16—9747

43 Sargent Street,
Melrose Highlands, Mass.,
June 5, 1941.

Commanding Officer,
Kittery Point Coast Guard Station,
Kittery Point, Maine.

Sir:

Your Form No. 2678 (Report of Fitness of Applicant) in the case of Hoyt P. Smith is returned herewith, with the advice that records indicate Mr. Smith to have had the following service in the former Second Lighthouse District:

20 July, 1925 - Appointed 3rd Assistant Keeper, Cape Ann Light Station, at $1,020 per annum.

30 Mar., 1926 - Promoted to position of 2nd Assistant Keeper, Cape Ann Light Station, at $1,080 per annum.

1 Jan., 1927 - Pay increased to $1,140 per annum.

8 Apr., 1927 - Promoted to 1st Assistant Keeper, Cape Ann Light Station, at $1,200 per annum.

16 Jan., 1928 - Transferred to position of Keeper, Straitsmouth Light Station, at $1,200 per annum.

1 July, 1928 - Pay increased to $1,320 per annum.

10 Oct., 1933 - Transferred in accordance with his own desires to 10th Lighthouse District, Buffalo, New York.

During the above periods, Mr. Smith's services were satisfactory in all respects.

Very truly yours,

Geo E Eaton

Geo. E. Eaton
Superintendent, Former 2nd Lighthouse District
(Retired)

Form No. 2678
Treasury Department

REPORT OF FITNESS OF APPLICANT

Coast Guard Recruiting Station **Kittery Point**

From: U.S. Coast Guard Recruiting Officer. **29 May** 194**1**
To : **Capt. George E. Eaton**

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

Thatchers' Island and Straitsmouth Island, **Second Lighthouse District.**
(Firm) -(School) (Place)
Light Stations.

Light Keeper
(as) - (In Grade)

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

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

I. L. Hammond

I. L. Hammond, Ch. Bos'n (L)
Recruiting Officer.

(Name of applicant) **Hoyt P. Smith.**
(Filled in by recruiting officer)

Are you related to the applicant?

Was the applicant ever in your (employ)-(charge)? When? **July** ,19**25**

to **October** ,19**32** Where? As

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

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

How do you rate his---

	Check One			
	Good	Average	Poor	
Trustworthiness?				
General intelligence?				
Ability?				
Skill as a ?				

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so, state particulars

What was his reputation and standing when in your (employ)--(Charge)?
Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars.
The above statement and answers are in my own handwriting (have been dictated and carefully read by me). NOTE:-If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

(Signature of reference)

,19
(Date)

(Post-office address)

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

ENLISTMENT CONTRACT

Cub. 7-31-41

143 233

REENLISTMENT of SMITH, Hoyt Philmore, (Full name, surname to left) (Service number) as B.M. 1c. (Rating)

U. S. Coast Guard ~~Cutter~~ Station KITTERY POINT STATION BOSTON, ____ District, KITTERY POINT STATION (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at ____ (Place)

1. I, Hoyt Philmore Smith, 143 233 (Full name), this 21st day of JUNE, 19 41, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: ____

2. I was born in Jonesport, Maine, on 6 August, 1900 Citizenship [a] NB

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

If intentions declared, place and date of declaration --

Home address West Jonesport, Maine.

Full name and address of the following: Velora Jane Smith, West Jonesport, Maine. (Wife, if any)

Ruth L. Smith, age 18 yrs. Coleman F. Smith, age 16 Yrs, Hoyt E. Smith, Jr. age 6 Yrs.

(Children under 21 years of age. Specify ages of children)

Charles F. Smith, age 4 yrs. West Jonesport, Maine.

Agnes Smith, West Jonesport, Maine. Widowed? No.

(Mother, if living)

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

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

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

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

None

(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 Lifesaving~~ 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 September 9, 19 24, from ~~Exact~~ Cranberry Island Station (Strike out one)

with HONORABLE (Kind of discharge) discharge, herewith submitted, serial No. 14352

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

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

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

Thirdly, the United States of America, represented by I.L. Hammond, (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Hoyt Philmore Smith, (Name of person enlisting) who has hereunto signed his

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

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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

Hoyt Philmore Smith
(Signature of enlisted person)

Hoyt Philmore Smith
UNITED STATES OF AMERICA,

By I.L.Hammond, Chief Boatswain (L)
(Signature and rank of enlisting officer)

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

I.L.Hammond,

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

11. OATH OF ALLEGIANCE

I, Hoyt Philmore Smith, 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.

Hoyt Philmore Smith
(Signature of enlisted person)

Subscribed and sworn to before me this 21st day of June, A. D. 19 41

I.L.Hammond, Chief Boatswain (L)
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 40 years 9 months. Height 5 feet 9½ inches. Weight 180 pounds. Eyes Blue

Hair Dk.Brown Complexion Fair Color White Married Yes

Distinguishing marks Tatoo on left arm Appendix scar.

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 June 1938

SERVICE RECORD

RECORD OF SMITH, Hoyt Philmore (Full name, surname to the left) (143-233) (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
Cape Neddick Lt.Sta	10-18-43	Charles W. Gardner CBM	Whaleback L/S	10/18/43	M.S. Schuller Bydir
Whaleback Lt.Sta.	5/1/44	N.F. Cannon	Retired	5/1/44	N.F. Cannon

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
PERMANENT RATING	B.M.1c		N.F. Cannon Lieut.(jg)

16—9676

RECORD OF SMITH, HOYT PHILMORE _____
(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
9-30-41	3.6	4.0		3.6			Boon Island L.S.	
12/31/41	3.6	4.0		3.6			Boon Island L.S.	
3/31/42	3.6	4.0		3.6			Boon Island L.S.	
6/30/42	3.6	4.0		3.6			Boon Island L.S.	Ernest R. Bird
9/30/42	3.6	4.0		3.6			Boon Island L.S.	Ernest R. Bird
12/31/42	3.6	4.0		3.6			Cp Neddick Lgt.	Ernest R. Bird.
6/30/43	3.5	3.5		3.0				W.F.C. Lt. Jg
Average								

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF SMITH, Hoyt P. (Full name, surname to the left) 143-233 (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	Seamanship ~~Conduct~~	Mech-Ability ~~Sobriety~~	Ability as leader of men	Conduct ~~Health~~	Adaptability for warrant grade	Vessel or station	Signature
3-30-43	3.5	3.5	3.5	3.2	4.0			N.F. Cameron Ens.
6/30/43	3.5	3.5	3.5	3.0	4.0			N.F. Cameron Lt. jg
9/30/43	3.3	3.4	3.2	3.1	4.0			Charles Bartnes CBM
10/18/43	3.3	3.4	3.2	3.1	4.0			Charles Bartnes CBM
3/31/44	3.3	3.4	3.7	3.1	4.0		Whalebak L/S	N.F. Cameron
5/1/44	3.3	3.4	3.7	3.1	4.0			N.F. Cameron

RECORD OF SMITH, HOYT PHILMORE
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date		Duty	Signature
	From—	To—		
Whaleback Light Sta.	10/18/43	5/1/44	Light Station	W. F. Cameron By dir

U. S. GOVERNMENT PRINTING OFFICE 16—9676

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

RECORD OF SMITH, Hoyt Philmore (Full name, surname to the left) (343-233) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
Kittery Pt. Sta.	6-21-41		30	30		W. L. Hammond.
Kittery Pt. Sta.	9/8/41		10	20		W. L. Hammond.
Kittery Pt. Sta.	10/3/42	10/12/41	8	12		W. L. Hammond.
Kittery Pt. Sta.	2/18/42	2/23/42	4	8		W. L. Hammond.
Kittery Pt. Sta.	5/23/42		30	29		W. L. Hammond.
KITTERY POINT STA.	**8/11/42**	**8/17/42**	**5**	**20**		**Ernest R. Beal.**
Kittery Point Sta.	11/16/42	11/22/42	5	15		Ernest R. Beal
Cape Neddick Lgt.	6/11/43	6/19/43	7	8	0	W. F. Cannon
Cape Neddick Lgt.	6/21/43	----------	CREDIT	30	0	W. F. Cannon By dir.
Whaleback L/S	11/5/43	11/13/43	7	23		W. F. Cannon By dir.

16—9676

RECORD OF SMITH, Hoyt Philmore _____
(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
Cape Neddick Lt.Sta.	NO DEDUCTIBLE TIME WHILE ATTACHED				TO THIS UNIT	Charles W Gardner CBM
Whaleback Lt.Sta.	NO DEDUCTIBLE TIME WHILE ATTACHED				TO THIS UNIT	H.F. Cameron

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

12. ON DISCHARGE

Date _____, 19____ Place _____ Serial No. _____

Kind of discharge _____ Authority for _____

Discharged on account of _____

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

SIGNATURE _____

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF SMITH, Hoyt Philmore (143-283)
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature
Whaleback Lt.	5/1/44	Phys.Disability	HQ/D-032147 (May, 1944)	N. F. Cameron

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:

2 (Years) 10 (Months) ~~19~~ 11 (Days) N.F.C

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

The within-named man has been furnished travel allowance amounting to $_____ at the rate of _____ cents per mile from _____ to _____ and paid $_____ in full to date of discharge. Name of pay officer _____

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { To / Not to } REENLIST NEXT DAY.

Certified to be correct upon termination of service 1 May, 1944

N. F. Cameron
N. F. CAMERON Lieut (jg)
Commanding Officer—Officer in Charge.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
BOSTON DISTRICT

Boston, Mass.,
24 June, 1941.

From: Commander, Boston District.
To : Commanding Officer, KITTERY POINT STATION.

Subject: SMITH, Hoyt P. ( ) B.M.1c.; reenlistment of.

Inclosure: (A) Copy of Form 2500, dated 21 June, 1941.
(B) Copy of Form 2529, dated 21 June, 1941.
(C) Health Record.

1. Inclosures are forwarded herewith for the files at your station. A service record should be opened in this case and retained at your station.

2. As this man had previous Coast Guard service no number is being assigned at this office. Headquarters' will be requested to assign the number and you will be further advised.

O. A. LITTLEFIELD,
By direction.

Form 2529
Treasury Department
U.S.Coast Guard
Revised September 2, 1941

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(Boone Island Light Station) KITTERY POINT STATION (Unit) — KITTERY POINT, MAINE. (Place)

1 October, 1942. (Date)

From: SMITH, Hoyt Philmore, B.M. 1c
To : Commandant (via DCGO 1 Nd. (143-233))

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

Velora Jane Smith. (Full name of wife, if not married, so state) — West Jonesport, Maine. (Address of wife)

Coleman F. Smith. (Full name of child; if none, so state) — West Jonesport, Maine. (Address of child)

Hoyt H. Smith. (Full name of child; if none, so state) — West Jonesport, Maine. (Address of child)

Charles F. Smith. (Full name of child; if none, so state) — West Jonesport, Maine. (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:

Henry V. Smith. (Full name of relative) — (Brother) (Relationship) — Beals, Maine. (Address of relative)

No dependency. (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:

Edith Grover. (Full name of relative) — (Sister) (Relationship) — Jonesport, Maine. (Address of relative)

No dependency. (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 5th day of November, 1942

E. L. Colbert (Signature)

Ch. Boatswain (Rank or title)

Hoyt Philmore Smith (Signature)
Hoyt Philmore Smith.

B.M. 1c (Rank or rating)

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

REPORT OF CHANGE IN PERSONNEL

SMITH (Surname) Hoyt (First name) P. (Middle initial) (143-233) (Service No.) P.M.1c (Rank or rating)

Kittery Point Station (Unit) Kittery Point, Maine. (Place) 21 June, 1941 (Date)

Resigned from former Lighthouse Service to accept enlistment in the Coast Guard as of the close of 20 June, 1941. Enlisted this date for a period of three years as Boatswain Mate First Class in Regular enlistment, this date transferred to Boon Island Light Station for assignment to duty, Position held Lighthouse Keeper, Salary $ 1440.00 per year, Creditable service for retirement under Lighthouse retirement Act computed to and including day prior to date of enlistment in the Coast Guard: 17 years, 11 months, 1 day. Prior Military Service: 2 years in the Coast Guard.

AUTHORITY: Headquarter's 3rd. Indorsement on Form 2525-B dated 23 May, 1941.

I. C. Hammond (Commanding)

Ch. Bosn (L) (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
United States Coast Guard

Office of
the
Commander
BOSTON DISTRICT

Boston, Massachusetts,

26 May, 1941.

From: Commander, Boston District.
To : Commanding Officer, KITTERY POINT STATION.

Subject: **Hoyt P. Smith, Keeper, Boon Island LH;**
Induction into the Coast Guard.

Inclosure: (A) Copy of Form 2525-B, dated
(B) Forms for effecting enlistment.
(C) Sheet indicating the forms required.

1. Headquarters' 3rd indorsement on inclosure (A) authorizes the enlistment of the subject-named man, in the rating of **B.M.1c., Regular Enlistment** providing he is found qualified in all respects therefor. His previous service up to and including this date is: **17 years, 10 months, 7 days.**

2. His enlistment will be effected at the earliest practicable date and all papers will be forwarded to this office without delay. If the above-named man declines induction into the Coast Guard, this office will be notified promptly and all papers will be returned. Service numbers will be assigned by this office.

SAMPLE OF INFORMATION REQUIRED ON FORMS 2599 AND 2668.

Resigned from former Lighthouse Service to accept _____ (Enlistment or reenlistment) in the Coast Guard as of the close of _____ (Show the date prior to date of enlistment or reenlistment).

_____ (Enlisted or reenlisted) this date, _____ (Use ORIGINAL if applicable), for a period of three years, as _____ (Show rating), in _____ (Show Special Temporary or Regular) enlistment.

Entitled to clothing bounty of $112.75. (Applicable if ORIGINAL ENLISTMENT) PAFE: _____ (Show P.O. address of station)

_____, this date, transferred to _____, for assignment to duty.

Position held: _____ (UNIT) Salary _____

Creditable service for retirement under Lighthouse retirement act computed to and including day prior to date of _____ (Enlistment or Reenlistment) in the Coast Guard: _____

Classification: _____ Prior military service: Indicate what branch _____

O. A. LITTLEFIELD,
By direction.

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CAPE NEDDICK LIGHT STATION (Unit) — York Beach, Maine. (Place)

1 October, 1943. (Date)

FROM: SMITH, Hoyt P.(143-233) B.M.1c

TO: COMMANDANT (via DCGO,1ND, Boston, Mass.)

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:

Velora Jane Smith (Full name of wife; if not married, so state)	West Jonesport, Maine. (Address of wife)
Coleman F. Smith (Full name of child; if none, so state)	same as above (Address of child)
Hoyt E. Smith (Full name of child; if none, so state)	same as above (Address of child)
Charles F. Smith (Full name of child; if none, so state)	same as above (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:

Henry V. Smith (Full name of relative)	Brother (Relationship)	Beals, Maine. (Address of relative)

No Dependency
(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:

Edith Grever (Full name of relative)	Sister (Relationship)	Jonesport, Maine. (Address of relative)

No dependency
(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

N. F. Cameron
N. F. CAMERON, Lieut.(jg)
(Signature)

Commanding Officer.
(Rank or title)

Hoyt Philmore Smith
Hoyt Philmore Smith
(Signature)

B.M.1c
(Rank or rating)

16—25758-1

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

KITTERY POINT STATION (Unit) — KITTERY POINT, MAINE. (Place)

21 JUNE, 1941 (Date)

FROM: SMITH, Hoyt Philmore, B.M.1c.

TO: COMMANDANT (via Commander, Boston 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:

Velora Jane Smith, (Full name of wife; if not married, so state)	West Jonesport, Maine. (Address of wife)
Coleman F. Smith, (Full name of child; if none, so state)	West Jonesport, Maine. (Address of child)
Hoyt E. Smith, (Full name of child; if none, so state)	West Jonesport, Maine. (Address of child)
Charles F. Smith, (Full name of child; if none, so state)	West Jonesport, Maine. (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:

Henry V. Smith, (Full name of relative)	Brother (Relationship)	Beals, Maine. (Address of relative)

No dependency. (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:

Edith Grover, (Full name of relative)	Sister (Relationship)	Jonesport, Maine. (Address of relative)

No dependency. (State briefly wherein dependency exists)

WITNESSED BY: Hugh F. Snow
Hugh F. Snow,
Rank C.B.M.

SIGNED: Hoyt Philmore Smith
Hoyt Philmore Smith,
Rank or Rating B.M.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised September 2, 1941.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(Boon Island Light Station)
KITTERY POINT STATION (Unit)

PORTSMOUTH, N. H. (Place)

1 June, 1942. (Date)

FROM: SMITH, Hoyt P. (143-233) B.M.1c

TO: COMMANDANT (via District Coast Guard Officer-First 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:

Velora Jane Smith (Full name of wife; if not married, so state)	West Jonesport, Maine. (Address of wife)
Coleman F. Smith (Full name of child; if none, so state)	West Jonesport, Maine. (Address of child)
Hoyt E. Smith (Full name of child; if none, so state)	West Jonesport, Maine. (Address of child)
Charles F. Smith (Full name of child; if none, so state)	West Jonesport, Maine. (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:

Henry V. Smith, (Full name of relative)	Brother (Relationship)	Beals, Maine. (Address of relative)

No dependency.
(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:

Edith Grover, (Full name of relative)	Sister (Relationship)	Jonesport, Maine. (Address of relative)

No dependency.
(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 June, 1942.

Hoyt P. Smith, (Signature)

F. B. Lincoln, (Signature)

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

Commander. (Rank or title)

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CAPE NEDDICK LIGHT LIGHT STATION (Unit) York Beach, Maine (Place)

1 April, 1943 (Date)

FROM: SMITH, Hoyt P.(143-233)B.M.1c.

To: COMMANDANT (via DCGO,1ND Boston, Mass.)

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:

Velora Jane Smith (Full name of wife; if not married, so state)	West Jonesport, Maine (Address of wife)
Coleman P. Smith (Full name of child; if none, so state)	West Jonesport, Maine (Address of child)
Hoyt E. Smith (Full name of child: if none, so state)	West Jonesport, Maine (Address of child)
Charles F. Smith (Full name of child; if none, so state)	West Jonesport, Maine (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:

Henry V. Smith (Full name of relative)	Brother (Relationship)	Beals, Maine (Address of relative)

No dependency (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:

Edith Grover (Full name of relative)	Sister (Relationship)	Jonesport, Maine (Address of relative)

No dependency (State briefly wherein dependency exists)

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

Subscribed and sworn to before me this

1st day of April, 19 43

H. F. Cameron

H. F. CAMERON, Ens USN (Signature)

Commanding Officer (Rank or title)

Hoyt Philmore Smith

Hoyt Philmore Smith (Signature)

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

16—25758-1

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

(1)-Ⓟ NAME (PRINT CLEARLY)	(LAST)	(FIRST)	(MIDDLE)	B.M.1/c SERVICE NUMBER	FT.	IN.	LBS. WEIGHT	RACE
	SMITH	HOYT	P.	143-233	5	10½	185	W

(2) HOME ADDRESS: YORK VILLAGE, MAINE

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

(4)-Ⓡ DATE OF BIRTH: 6 AUG 1900 — 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: 2

(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	✓		JONESPORT, ME.		
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-Ⓡ TOTAL SCHOOL YEARS	8	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)	FRENCH (L-24)	GERMAN (L-25)	OTHER LANGUAGES (L-26)
	S R W	S R W	S R W	S R W
FAIRLY WELL	NONE			
FLUENTLY (L-27)				

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: BOON ISLAND LT STA. DATE: JULY 22, 1941

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
✓				

(13)-Ⓣ MAIN OCCUPATION: LIGHTHOUSE KEEPER — YEARS AT IT: 16 — WKLY. WAGE: $36

D. O. T. CODE: 5-61-310

JUST WHAT DID YOU DO? HE TENDED AND MAINTAINED A LIGHTHOUSE AND ITS EQUIPMENT

LAST DATE OF EMPLOYMENT: JULY-1941

EMPLOYER (FIRM NAME): U.S. LIGHTHOUSE SERVICE

ADDRESS OF EMPLOYER: BOSTON (MASS.) DISTRICT

DEPT., SHOP OR BRANCH — KIND OF BUSINESS

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

D. O. T. CODE

JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE				
GRADE —SCORE	(15)-Ⓡ 40	(16)-Ⓡ 49	(17)-Ⓡ 93				

PORTSMOUTH-NH.

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR

1.
2.
3.

(19)-Ⓢ NONE SERVICE SCHOOLS DESIRED

1.
2.
3.

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

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)
U.S.C.G.	2	S.1/c	1924				

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. NONE			
2.			
3.			
4.			

(22) REMARKS:

NO SEA DUTY
IN CHARGE - CAPE NEDDICK LIGHT STA.
FEELS HE IS BEYOND SCHOOL AGE
INTERESTED IN MECHANICS.
APPEARS IN GOOD HEALTH

(23) NEXT OF KIN

NAME: VELORA SMITH (WIFE)
ADDRESS:
CITY: YORK VILLAGE STATE: ME.

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
8-30-41	COONE I3. LT. STA.	B.M. 1c	RE-ENLISTMENT
12-31-42	CAPE NEDDICK LT. STA.	B.M. 1c	

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

ENLISTMENT CONTRACT

REENLISTMENT of SMITH, Hoyt Philmore (Full name, surname to left) (243-233) (Service number) as B.M.1c. (Rating)

U. S. Coast Guard Cutter Station KITTERY POINT STATION BOSTON District, KITTERY POINT STATION (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at Entrained Room Kittery Pt. Me. for A.D. Cutter Lee for A.D. on 21 June 1941 (Place)

1. I, Hoyt Philmore Smith, (Full name), this 21st day of JUNE, 19 41, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: .....

2. I was born in Jonesport, Maine, on 6 August, 1900 Citizenship [a] NB

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

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

Home address West Jonesport, Maine.

Full name and address of the following: Velora Jane Smith, West Jonesport, Maine. (Wife, if any)

Ruth L. Smith, age 15 yrs. Coleman F. Smith, age 16 Yrs. Hoyt E. Smith, Jr. age 6 Yrs. (Children under 21 years of age. Specify ages of children)

Charles F. Smith, age 4 yrs. West Jonesport, Maine.

Agnes Smith, West Jonesport, Maine. (Mother, if living) Widowed? No.

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

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

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

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

None (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 September 9, 19 24, from ~~Cutter~~ Cranberry Island Station (Strike out one)

with HONORABLE discharge, herewith submitted, serial No. 14352 (Kind of discharge)

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

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

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

Thirdly, the United States of America, represented by I.L. Hammond, (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Hoyt Philmore Smith, (Name of person enlisting) who has hereunto signed his

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

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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

Hoyt Philmore Smith
Hoyt Philmore Smith (Signature of enlisted person)
UNITED STATES OF AMERICA,
By I.L. Hammond, Chief Boatswain (L)
(Signature and rank of enlisting officer)

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

I.L. Hammond,
Chief Boatswain (L), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Hoyt Philmore Smith, (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.

Hoyt Philmore Smith
Hoyt Philmore Smith (Signature of person)

Subscribed and sworn to before me this 21st day of June, A. D. 19 41

I.L. Hammond, Chief Boatswain (L)
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 40 years 9 months. Height 5 feet 9½ inches. Weight 180 pounds. Eyes Blue

Hair Dk.Brown Complexion Fair Color White Married Yes

Distinguishing marks Tatoo on left arm Appendix scar.

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

h

Hoyt Pillmore SMITH (143-233)
B.M.1c. RETIRED: 5-1-44
"Incapacitated for active service by reason of (a) Anterior Pituitary Hypofunction; that incapacity is permanent"

CG-73
706

29 April, 1944

To: Boatswain's Mate, first class, Hoyt Phillmore Smith (143-233)
United States Coast Guard

Via: DCGO, First Naval District, and COTP, Portsmouth, New Hampshire

Subj: Retirement

1. On 28 April, 1944, the President approved the proceedings and finding of acts of the retiring board in your case. You are therefore retired from active service effective 1 May, 1944, in accordance with the provisions of U.S.C., title 14, sec. 169, and U.S.C., title 5, sec. 47a.

2. In accordance with the provisions of Section 7 of the Act approved August 5, 1939,(Public - No. 291 - 76th Congress; Chapter 477 - Last Session), your monthly retired pay effective on and after 1 May, 1944, will be $89.77 per month, which is seventy-five per centum of $119.70.

3. Acknowledge receipt hereof stating address to which check for retired pay for the month of May should be mailed. You are required to submit a request for travel of dependents and transportation of household effects to your permanent home. When submitting this request specify the number of dependents, ages and sex of children, approximate weight of household effects and month during which travel of dependents and transportation of household effects will be effected.

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

R. R. WAESCHE

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

CC: General Accounting Office
Allotment and Retired Pay Section
BEABES:mae

~~Service Record~~
~~Health Record~~
Smith

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 193[illegible]

FOLLOW INSTRUCTIONS ON BACK

SMITH, Hoyt P. (Name, surname first) | None (Service number) | Civilian Employee (Rank or rating) | Keeper, Boone Isle Light Station. (Unit)

Civilian Employee
~~REGULAR~~
~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Portsmouth, N.H., Date 2 Mar 28, 1944

To: Kittery Point Station
(Coast Guard unit)
Kittery Point, Maine.
(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
Burn, Eye	3021	Mar 28	Mar 28

U. S. COAST GUARD
RECD APR 7 1944 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.

[signature]
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.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 19[illegible]

U. S. COAST GUARD
RECD APR 5 1941

FOLLOW INSTRUCTIONS ON BACK

SMITH, Hoyt P. (Name, surname first) | None (Service number) | Keeper, Boone Island Light Station. (Rank or rating) (Unit)

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

Civil Service
~~REGULAR~~
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

Place Kittery Point, Maine, Date 28 March, ~~193~~ 1941.

To: A. A. Surgeon, W. P. Clare, U. S. P. H. S.

Portsmouth, N. H.

BOSTON DISTRICT RECEIVED APR 3 1941 U.S. COAST GUARD

Sir: You are requested to examine the above-named {~~*officer~~ / ~~*enlisted man~~} Civilian employee 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 Kittery Point Station, Kittery Point, Maine.

Hoyt P. Smith
(Signature of patient)

I. L. Hammond,
Ch. Bos'n (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Portsmouth, N. H., Date March 28, 1941

I certify that I have examined the above-named person and find him suffering from Burn 1° eye left 3021
(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 [illegible] {~~*hospital~~ / *office} on [illegible], 193

U. S. COAST GUARD RECD APR 7 1941 MEDICAL SECTION

A. A. Surgeon, W. P. Clare
U. S. Public Health Service.

*Having been informed that I am suffering from [illegible]
(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.

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DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 9

TO:

Date Prepared June 21, 1941

Name: Smith, Hoyt F.

From: U. S. Coast Guard

Bureau No.: 1369

Change in status - civilian to military.

	FROM	TO
Position Grade Salary	Keeper Field (Range $1440-1800) $1500 p.a. plus $240 p.a.Qtrs.	Boatswain's Mate, 1c. No change in pay and allowances, Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment	Boston, Mass. Boon Island Lt. Stn., Maine Civilian Employees, C. G.	Boston, Mass. Boon Island Lt. Stn., Maine. Pay and Allowances, C. G.

FIELD ☒ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

EFFECTIVE June 21, 1941.

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

125.00 20.772215- @640:or 64.91

Mil. = 59.77

Justification:

145.00 = 20.772215 = 75.29

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 6-6-1900

LEGAL RESIDENCE: Maine

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? Yes

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-15

DATE OF OATH

DATE APPROVED BY THE SECRETARY

7-9-41

Form 93

75

NOTICE OF RESIGNATION OR DEATH

U. S. COAST GUARD (11)

TREASURY DEPARTMENT REC'D JUN 25 1941

United States Coast Guard

Office of the Commander, Boston District,

Boston, Massachusetts, 24 June, 1941.

Commandant:

Herewith is transmitted the resignation, in duplicate, of the following-named employee:

Name, Hoyt P. Smith — Position, Keeper

Legal residence, Maine — Station, Boon Island Light Station

Salary, $1500.00 per annum

The acceptance of this resignation (~~with~~ without) prejudice is recommended effective at the close of 20 June, 1941.

This employee has not taken leave in excess of the accrued rate.

REMARKS:

Mr. Smith's resignation was effective at the close of 20 June, 1941. He was inducted into the Coast Guard as a B.M.1c. and the oath was administered on 21 June, 1941.

O. A. Littlefield

O. A. LITTLEFIELD, Lieut.-Comdr., U.S.C.G.,
Personnel Officer, Boston District.

Married

U. S. Coast Guard
Washington

Submitted to the Secretary of the Treasury,

U. S. COAST GUARD (11)
REC'D JUN 25 1941

From: **Hoyt Philmore Smith.**
To : Commander, Boston District.

Subject: Resignation.

1. I hereby submit my resignation to be effective at the close of **20 June, 1941.** in order to accept **Reenlistment** in the U. S. Coast Guard.

Respectfully,

Hoyt Philmore Smith

Hoyt Philmore Smith.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

GFL:FSW

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES
JUN 19 9 12 AM '39

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

June 16, 1939

To Dept
ORE
6/19

Commissioner of Lighthouses:

H. P. Smith, Keeper, Boon Island Light Station, Maine.
Follow-up report on letter of caution dated December 29, 1938.

Pursuant to requirement for a further report at the expiration of six months following the issuance of a letter of caution, Bureau is advised that no information has reached this office which would appear to indicate that the defects in operation of engine generators at Boon Island Light Station still continue.

Since letter of caution was issued, however, a situation has arisen at Boon Island Light Station which resulted in the storage battery in station motor boat freezing up due to admitted negligence on the part of this keeper, following which the keeper personally bought a replacement battery and installed it in the boat without having submitted a report of the instance to the District Office. The substitution was noted while boat was at Portland Depot for repairs, and upon inquiry of the keeper the facts were learned, following which the keeper was directed to purchase a replacement battery of the same size and type as the one which was damaged, and he has done so.

As it is considered that no further instances of this sort will be apt to occur, it is not believed that further disciplinary action at this time is required.

H. W. Ingalls

INGALLS
Superintendent

E-K

Bureau of Lighthouses, Washington, D. C.
June 20, 1939.

Submitted to Secretary of Commerce for information.

For the Commissioner:

R.J.Gross
Chief, Personnel Division.

75

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

GFL:FSW

DEPARTMENT OF COMMERCE
XXXXXXXXXXXXXXXXXXXX XXXXXX
LIGHTHOUSE SERVICE
United States Coast Guard
XXXXXXXXXXXXXXXXX

BOSTON DISTRICT RECEIVED AUG 17 1939 U.S. COAST GUARD

U. S. COAST GUARD 4

REC'D AUG 18 1939 By

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

16 August, 1939

From: Superintendent of Lighthouses, South Portland, Maine.
To: Hoyt P. Smith, Keeper, Boon Island Light Station, Maine.

Subject: Letter of caution.

At an inspection of your station on 15 August, 1939, conditions indicated that the provisions of Articles 13, 14, and 15, of "Instructions to Employees, 1927" were not being observed. A lot of lobster bait was found at entrance to boathouse, constituting an unsightly, unsanitary, and malodorous condition. The cellar of your dwelling was found in an untidy condition, with an accumulation of waste that should have been disposed of. Station generally was in an unsightly and untidy condition, and it was apparent that refuse is not being properly disposed of, but is being scattered about the station. Neither upon the arrival nor upon the departure of the tender HIBISCUS was the customary salute given her required by Article 148 of "Instructions to Employees, 1927."

You are directed to tidy up the station in the manner required by the instructions, and to observe strictly in the future the various provisions of instructions to employees cited herein, and are cautioned that should a later inspection of your station indicate that the proper improvement in the condition of the station has not been effected, charges will be preferred against you.

INGALLS
Superintendent

Two copies to The Commandant via Commander, Boston District.

A further inspection of the station will be made within the next two months, and should its appearance indicate that the Keeper is not properly attending to his duties, steps looking toward his dismissal will be taken. There are cited for Headquarters' information previous letter of caution addressed to the above employee dated December 29, 1938, and also letter from this office dated June 16, 1939, with regard to admitted negligence on his part resulting in destruction of storage battery in station motor boat, etc.

BOSTON DISTRICT
75-119

1st Indorsement

Boston, Mass.,
17 August, 1939.

From: Commander, Boston District.
To : Commandant.

1. Forwarded.

L. SPENCER,
Acting.

CP-75

1 September, 1939.

Chief, Division of Appointments,
Treasury Department,
Washington, D. C.

Sir:

There is attached hereto letter of caution dated 16 August, 1939, addressed to Hoyt P. Smith, Keeper, Boon Island Light Station, Maine, for information and the official record of this employee.

By direction of the Commandant,

Very truly yours,

R. J. Gross
Assistant to the Chief Personnel Officer.

E-K

RG

75

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

TREASURY DEPARTMENT
United States Coast Guard
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

29 February, 1940

From: Supt. of Lighthouses, South Portland, Maine
To: Commandant (Via Commander, Boston District)

Subject: Hoyt P. Smith, Keeper, Boon Island Light Station, Me.; letter of caution.

References: (a) Superintendent's letter, 16 Aug., 1939.
(b) Article 440, Regulations for the Lighthouse Service, 1927.

1. In pursuance of instructions contained in reference (b), Headquarters is advised that since the issuance of reference (a) Mr. Smith's conduct and conditions at his station have improved considerably, and it is recommended that no further disciplinary action be taken at this time.

S W Ingalls
INGALLS
Superintendent

BOSTON DISTRICT 1st Indorsement Boston, Mass.,
75 1 March, 1940.

1. Forwarded, approved.

O.A.LITTLEFIELD,
By direction.

2nd indorsement. CP-75
5 March, 1940.

From: Commandant.
To: Commander, Boston District.

Returned approved.

By direction,

MAILED
MAR 5-1940
MAIL DESK

C.H.Jones,
Chief Personnel Officer.

RS

STANDARD FORM NO. 1
(Approved by the President, May 7, 1924)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Coast Guard T. H. Detroit Date Sept 11/39.

1. Name in full (Mr., Miss, or Mrs.) Smith Hoff Philmore

2. Present address Boon Island York Harbor Maine
(Number) (Street) (City) (State)

3. Legal (voting) residence Maine 3rd Washington Gouldsboro me.
(State and Congressional District) (County) (City or town)

4. Where born Gouldsboro Maine When born August 6 1900
(State or foreign country) (City or town) (Month Day Year)

5. If foreign-born, state whether naturalized or alien

6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)		
Male √	Female	Single	Married √	Divorced	Widowed	White √	Colored	

7. Number and ages of dependents domiciled with you # 6 — 19 – 17 – 15 – 5 – 3 and wife.

8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
Lighthouse	Chelsea Mass	3 asst. Light Keeper Second district	per year 1020	7	20	1925			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? No If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below: No

(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service? No

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard √	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted Sept 10 – 1923 Discharged Sept 9 – 1923 | Enlisted Sept 10 – 1923 Discharged Sept 9 – 1924

Rank ____ Rank Surfman | Rank ____ Rank Surfman.

Organization ____ Organization ____ | Organization ____ Organization ____

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) None.

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Wm. Underwood Sardine	Running machine	1 A.

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs. Velora J. Smith

Relationship wife Post office address York Harbor Maine

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Hoyt Philmore Smith
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE: 1930 10—1930

17. Have you been retired from the Civil, Military, or Naval service of the United States? —. If so, state (a) whether for age, length of service or disability —. (b) Amount of retired pay —.

Copy of this form has not been furnished the Department

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared: January 9, 1941

Name: Smith, Hoyt P.

From: U. S. Coast Guard

Bureau No: 1369

Promotion

	FROM	TO
Position		Keeper
Grade		
Salary	Field (Range $1440-1800) $1440 p.a. plus $240 p.a. Qtrs.	Field (Range $1440-1800) $1800 p.a. plus $240 p.a. Qtrs.
Bureau or Div.		
Organizational Subdivisions		U. S. Coast Guard
Headquarters		
Post of Duty		Boston, Mass.
Appropriation		Boon Island Lt. Sta., Me.
Allotment		Civilian Employees, G.C.
Field or Deptl.		Field

EFFECTIVE
Remarks: January 16, 1941

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 8-6-1900

LEGAL RESIDENCE: Maine

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT? Lighthouse Act

DATE OF OATH

Justification:

No increase in pay since October 1, 1926.

S. P. MEHLMAN,
Lt. Commander, U. S. Coast Guard,
Acting Assistant Personnel Officer.

H.P.M.

BUREAU SUSPENSE AND FILE COPY

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SWA

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

LIGHTHOUSES
JAN 11 8 28 AM '39

January 9, 1939

Mr. H. P. Smith, Keeper
Boon Island Light Station, Maine

Your letter dated January 1, reporting assistance rendered by you on that date to disabled motor boat No. 1B430, is acknowledged and this office is pleased to commend you for your prompt action and assistance rendered.

A copy of this letter is being furnished to the Commissioner of Lighthouses for his information and in order that it may be made a part of your official record.

Copy to Dept apn 1/11

H. P. Ingalls
INGALLS
Superintendent

Two copies for Bureau of Lighthouses, enclosing copies of Mr. Smith's letter.

- - - - - - - - -

E-K

Bureau of Lighthouses, Washington, D. C.,
January 11, 1939.

Submitted to Secretary of Commerce for information.

For the Commissioner:

R.J.Gross
Chief, Personnel Division.

(COPY--SWA)

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

FIRST DISTRICT

Boon Island
(STATION, DEPOT, OR VESSEL)

January 1, 1939

SUPERINTENDENT OF LIGHTHOUSES,

South Portland, Maine.

Sir:

Wish to report I rendered assistance to a disabled motor boat #1B430 about two miles northwest of this island, towed boat to mooring and took the two men off and called Coast Guard at Isles of Shoals. The boat belonged to York Harbor.

(SGD) H. P. SMITH

H. P. Smith, Keeper

January 11, 1939.

1st Supt's. letters of caution dated December 29,1938 to Douglass L. Larrabee,kpr.,Spring Pt.Ledge L.S.,& Hoyt P. Smith,kpr.,Boon Is.,L.S.

Submitted to Secretary of Commerce for information.

For the Commissioner:

R. J. Gross
Chief, Personnel Division.

E-K

Form 73
GFL:SWA

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES SEP 18 8 55 AM 36

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.
259 High Street
So. Portland, Maine (City), September 16 (Date), 1936

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion — Legal residence, Maine

Name, Hoyt P. Smith — Proposed salary, $1440. p. a.

Position, Temporary Additional Keeper — Proposed range, $1440.-$1800. (Quarters $240.)

Location, Boon Island Light Station, Maine — Appropriation, Salaries, Keepers, Lighthouses

Effective, October 1, 1936 — [1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, 1st Assistant Keeper — Former salary, $1260. p. a.

Location, Boon Island Light Station, Maine — Former range, $1260.-$1620. (Quarters $240.)

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

(Identical with Lt.#1369)

Previous incumbent and his pay, New position / Services terminated, ---

Dept says approved

Reason, ---

Members of family in Government service, ---

Remarks: The Keeper, Charles E. Tracy, has been on leave without pay since August 1, 1936, and has been granted extended leave without pay for not exceeding 6 months from October 1, 1936. See letter of even date requesting temporary additional position

Selection regular, subject to the action of the of keeper.

U. S. Civil Service Commission, , 19-----

For and in the absence of the Superintendent:

(Direct) Secretary, Civil Service District.

Sampson
SAMPSON
Assistant Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

September 22, 1936

Submitted to the Secretary of Commerce, approved, and recommending the authorization of a temporary additional position as indicated for not exceeding six months from October 1, or date of entrance on duty of the nominee. This temporary position is necessary in order to provide proper complement for the station in the interest of safeguarding life and property during the absence of the regular keeper, Charles E. Tracy, who is ~~----~~ on leave without pay due to a temporary disability.

W. P. HARMAN
Acting Commissioner of Lighthouses.

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

11—2314

Form A-88

DEPARTMENT OF COMMERCE

~~APPOINTMENT DIVISION~~

WASHINGTON

DIVISION OF PERSONNEL

October 1, 1936.

Mr. Hoyt P. Smith,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty and to continue for a period not to exceed six months. (Change of duties.)

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

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER

Chief, Division of Personnel.
~~Chief of Appointment Division.~~

From: $1260 per annum.

To: $1440 per annum.

Service and grade:

Appropriation (unit): Field.

OCT 12 1936

C
1

GOVERNMENT PRINTING OFFICE 11—9051

S. C. Form No. 11

Signal Corps, United States Army

Received at War Department Message Center, Room 3441, Munitions Building, Washington, D. C.

RADIOGRAM

3—9313

U. S. GOVERNMENT PRINTING OFFICE: 1934

1 WVO U 22 COM

SOUTH PORTLAND MAINE 9A OCT 8 1936

LIGHTHOUSE COMMISSIONER

WASHINGTON DC

ADVISE BY RADIO WHETHER NOMINATION SEPTEMBER SIXTEENTH HOYT P SMITH AND BOYT W CHENEY AND SEPTEMBER TWENTY SECOND HARRY H MCCLURE APPROVED

BRUSH

945AM

10/8/36 wired

OK

OK

CHIEF OF ENG

OCT 8 AM 5:12

Dept

Bapok

acting
commissioner of lighthouses

hlm

lhs

washington dc oct 8 1936

superintendent lighthouses south portland maine

reread hoyt w cheney harry mcclure and hoyt p smith approved

PARK

confirmation

Department notice in Smith case not yet received in Bureau but will be forwarded upon receipt. Other notices already forwarded.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE
OFFICE HOURS 8 TO 3:30 E.S.T.
SATURDAYS 8 TO 12

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

CP

October 16, 1936.

LIGHTHOUSES
OCT 19 8 39 AM '36

Commissioner of Lighthouses:

Report of effective date ~~xxxxxxxxxxxxxx~~ promotion.

1. The effective date of entrance on duty in the following case is October 1, 1936.

Name of employee: Hoyt P Smith

Date of Department letter: October 1, 1936

Former position: 1st Asst. Keeper, Boon Island LH., Me.

Former salary and range: $1260 p. a. ($1260-$1620 p.a.)

Appropriation: Sals., Kprs., etc.

New position: Temporary Additional Keeper, Boon Island LH., Me.

Present salary and range: $1440 p. a. ($1440-$1800 p.a.)

Appropriation: Sals., Kprs., etc.

Vice: New position.

2. Remarks:

OCT 19 1936

Submitted to Secretary of Commerce for his information

For the Commissioner,

Chief, Personnel Division

BRUSH
Superintendent

f

Form 73a

CP

REPORT OF TRANSFER OF APPOINTEE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

LIGHTHOUSES
JAN 8 3 36 PM '37

South Portland, Maine, January 7, 1937. , 19

COMMISSIONER OF LIGHTHOUSES:

It is proposed to transfer the following-named employee as indicated, on or about January 16, 1937.
(See instructions on reverse side)

Name, Hoyt P Smith

Position, Keeper

From Keeper (Additional) Boon Island LH., Maine.

To Keeper, Boon Island LH., Me.

Salary and range, $1440 ($1440-$1800)

Salary and range, $1440 ($1440-$1800)

Previous incumbent and pay, Charles E Tracy, $1440 per annum. (LT.#1369)

Services terminated, close December 31, 1936.

Reason, Recommended for disability retirement after being granted six months' leave without pay from October 1, 1936.

For and in the absence of the Supt:

Thomas Sampson

THOMAS SAMPSON, Assistant Superintendent

, 19

The above-referred-to transfer became effective beginning with February 1, 1937
(Enter effective date in this space if transfer has been actually completed)

cwd dc

BUREAU OF LIGHTHOUSES

WASHINGTON

FEB - 4 1937

Submitted to the Secretary of Commerce for his information.

For the Commissioner:

Chief of Personnel Division.

11—11251 U. S. GOVERNMENT PRINTING OFFICE: 1934

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

EEE:JAS

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

LIGHTHOUSES
JAN 3 9 06 AM '39

December 29, 1938

Hoyt P. Smith, Keeper
Boon Island Light Station, Maine.

Care and upkeep of engine generators.

1. During the recent visit to your station by a depot mechanic it was observed that a large quantity of rust scale had collected within the fuel sump of one engine generator, also that the fuel strainer in one engine generator was missing, whereas in the other engine generator the fuel strainer was broken out in such a manner as to make it ineffective.

2. Reference is made to the November 1938 monthly battery report form wherein the inserted voltages indicate normal operation, whereas the district mechanic found the machines operating at a voltage in excess of that needed for proper charging of the battery. In this connection you are directed to adjust the engine generators to a speed so that, with only the engine room lights burning and the battery switch off, the voltage output of the generator will be 126.

3. There appears to be some misunderstanding of previous instructions about the "light load" of the engine generator. The "light load" of the engine generator means that the generator is operating with a light load, i. e., a small amount of current is being drawn, such as the low current when the battery is fully charged. The "light load" does not mean the load when the main light is burning.

4. Reference to paragraphs 1 and 2 shows inattention and indifference on your part in allowing the accumulation of rust in the fuel sumps. There is no excuse for not having strainers in the filters. False entries in the battery report forms can not be tolerated.

5. In the future you are directed to exercise more care and interest in the operation of equipment in your charge. Your station will be again inspected within 30 to 40 days and you are cautioned that unless indications point to a more cooperative attitude on your part, more drastic action will be taken.

Copies to Bureau (2)
Copy for Smith's file

H. M. INGALLS
Superintendent

Two attached letters from single dist indicate importance of mechanically competent persons as keepers, to greater extent than formally.

WDH
1/3

Need/cal

Shows also need for technical supervision of mechanical + power equipment

LLS 1/6

Form 84

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

M.F. 4

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES First DISTRICT

1935 JUL 8 AM 8:36

South Portland, Maine, July 3, 1935.

7/6/35 ans

COMMISSIONER OF LIGHTHOUSES,
Washington, D. C.

No reply has been received from the Bureau to communication (Form 73)
from this office dated June 10, 1935 on the subject of transfer of Hoyt P Smith from position to Third Asst. Keeper, Ashtabula LH., Ohio, to position of 2nd Asst. Keeper, Boon Island LH., Maine.

For and in the absence of the Superintendent:

Sampson
SAMPSON
Assistant Superintendent

- -

Bureau of Lighthouses
Washington July 6, 1935

Returned to 1st Superintendent. Mr. Hoyt's case is still pending at the Department and has not as yet been approved. Action in the matter will be forwarded your office as soon as received in the Bureau.

For the Commissioner:

Chief of Personnel Division

H-M

To be forwarded in duplicate. Indicate in blank space inclosed in parentheses character of the communication—that is, whether letter, indorsement, Form 80, Form 97, etc.

U. S. GOVERNMENT PRINTING OFFICE: 1931

M.F.

July 12, 1935

Superintendent of Lighthouses, Portland, Me.

In reference to your reminder in the case of Hoyt P. Smith, the Bureau was unable to learn about this case other than that it was pending at the Secretary's Office until today, and the notice is forwarded herewith.

For the Commissioner:

Chief of Personnel Division

H-M

6

Form A-38

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

LIGHTHOUSES
1935 JUL 12 PM 1 54

July 8, 1935.

Mr. Hoyt P. Smith,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty (change of station).

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

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER
Chief of Appointment Division.

From: $1440 per annum.

To: $1200 per annum.

Service and grade: Field.

Appropriation (unit):

C
1

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, MAINE.

CP

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

1935 JUL 16 PM 3:37

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, MAINE

July 15, 1935

Commissioner of Lighthouses:

Referring to Department Form A-38, dated July 8, 1935, in the case of Hoyt P Smith, whereby he was transferred from the position of Third Assistant Keeper, Ashtabula Lighthouse, Ohio, at $1440 per annum, to the position of 2nd Assistant Keeper, Boon Island Lighthouse, Maine, at a salary of $1200 per annum:

The effective date of the above change is July 8, 1935.

E. J. BRUSH
Superintendent

JUL 17 1935

[illegible] to Secretary of Commerce for his information.

For the Commissioner,

Chief, Personnel Division

Form 73
EJD:SWA

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

South Portland, Maine (City), August 10 (Date), 1936

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion

Legal residence, Maine

Name, Hoyt P. Smith

Proposed salary, $1260.00 p. a.

Position, 1st Asst. Keeper

Proposed range, $1260.00-$1620.00 (Quarters $240.00)

Location, Boon Island Light Station, Maine

Appropriation, "Salaries, Keepers"

Effective, August 15, 1936

[1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, 2nd Asst. Keeper

Former salary, $1200.00 p. a.

Location, Boon Island Light Station, Maine

Former range, $1200.00-$1560.00 (Quarters $240.00)

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

(Lt. #1370)

Previous incumbent and his pay, John L. PenDell / $1260.00 p. a.

Services to be terminated, August 15, 1936, or thereafter.

Reason, Resignation without prejudice recommended August 10, 1936

Members of family in Government service, ---

Remarks: ---

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

(Direct)
Secretary, Civil Service District.

G. BRUSH
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

AUG 13 1936

Submitted to the Secretary of Commerce, approved.

W. P. HARMAN

Acting Commissioner of Lighthouses.

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

11—2314

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

August 20, 1936.

Mr. Hoyt P. Smith,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty (change of duties).

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

By direction of the Secretary.

Respectfully,

A. DELONG

Acting Chief of Appointment Division.

From: $1260 per annum.

To: $1260 per annum.

Service and grade:

Appropriation (unit): Field.

1
p

SEP - 1 1936

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
SEP 5 8 44 AM '36

GFL:SWA

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

September 3, 1936

Commissioner of Lighthouses

Referring to Department form A-38 of August 20 regarding change in pay of Hoyt P. Smith incident to promotion from the position of second assistant keeper to that of first assistant keeper at Boon Island Light Station, Maine, the Bureau is advised that the effective date of this promotion is September 1, 1936.

For and in the absence of the Superintendent:

LAURITZEN
Chief Clerk

SEP - 9 1936

Submitted to Secretary of Commerce for his information.

For the Commissioner,

Chief, Personnel Division

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

GFL:SWA
2 Encls.

LIGHTHOUSES
SEP 18 8 55 AM '36

September 16, 1936

Commissioner of Lighthouses

WSH 9/18

It is requested that a position of temporary additional keeper, Boon Island Light Station, Maine, in the range $1440.-$1800. per annum be authorized for a period not to exceed six months from October 1, 1936. This request is made due to disability of Charles E. Tracy who has been on leave without pay since August 1 and who has this day been granted an extension of leave without pay for not exceeding six months from October 1, 1936.

Nominations for the promotion of Hoyt P. Smith, at present first assistant keeper, to the temporary additional position of keeper and for the temporary promotion of Hoyt W. Cheney, present second assistant keeper, to the position of first assistant keeper are enclosed herewith.

For and in the absence of the Superintendent:

Sampson
SAMPSON
Assistant Superintendent

Form 73
GFL:SWA

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.
259 High Street
South Portland, Maine, June 10, 1935
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer — Legal residence, Maine

Name, Hoyt P. Smith — Proposed salary, $1,260. p. a.

Position, Second Assistant Keeper — Proposed range, $1,200.-$1,560. (Qtrs. $240.)

Location, Boon Island Lighthouse, Maine — Appropriation, Sals., Kprs., etc.

Effective, June 16, 1935 — [1] ~~the date of his entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Third Assistant Keeper — Former salary, $1,440. p. a.

Location, Ashtabula Lighthouse, Ohio — Former range, $1,380.-$1,740. (~~Qtrs. $240.~~)

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

(Lt. #1377)

Previous incumbent and his pay, John M. Hall, $1,208 p. a. Services terminated, June 10, 1935

Reason, Resigned

Members of family in Government service, ---

Date of birth, ---

Remarks: Mr. Smith's request for transfer is herewith.

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

(Direct)
Secretary, Civil Service District.

G. B. BRUSH
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

June 28, 1935

Submitted to the Secretary of Commerce, approved. While the proposed transfer will involve a reduction in cash pay, the gross pay will not be changed. Mr. Smith, a former employee of the First Lighthouse District, has requested this transfer in order to return to the Atlantic Coast.

W. P. HARMAN
Acting Commissioner of Lighthouses.

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

11—2314

(COPY--SWA)

DEPARTMENT OF COMMERCE
Lighthouse Service

Tenth District
Ashtabula, Ohio
May 18, 1935

Superintendent of Lighthouses
Buffalo, N. Y.

Sir:

To be forwarded to Portland, Maine.

Please inform me if any men are needed in the first district as I would be interested to get back on the coast.

I was transferred from the second district in nineteen thirty-three because of economy, station being automatically controlled by electricity. My reason for being transferred is because my home is in Maine. I have been in the Service for the past ten years. I was assistant keeper on Thatchers Island and transferred from there to Straitsmouth Island as keeper when the station went unattended. I am not interested only in a station job but most any in the Service that will provide for the family.

(SGD) H. P. SMITH

3rd Asst. Keeper

Respectfully forwarded.

(SGD) J. E. BROPHY

Keeper

Form 61

REPORT OF INSPECTION OF LIGHT STATION OR DEPOT

LIGHTHOUSE
1931 OCT 7 PM 2-58

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, Second DISTRICT,

Chelsea, Mass., October 6, 1931.

1. Name of aid, Straitsmouth Light Station
2. Inspected by Geo.E.Eaton, Superintendent, on October 5, 1931.
3. Does aid conform in characteristic and description to official lists? Yes.
4. Is the aid in efficient condition and does it function properly? Yes.
   (a) Light. O.K.
   (b) Fog signal. None.
   (c) ----------
5. Is the station in clean and orderly condition? Fair - see below.
6. Is the station in proper state of repair as to—
   (a) Work that can be done by the keepers? No.
   (b) Work that can not be done by the keepers? Yes.
7. Station rating: Cleanliness, 75 ; orderliness, 70 ; operation, 90 (See Instructions for scale.)

8.

		NAME	NEATNESS	CONDUCT	EFFICIENCY
PERSONNEL RATING	Keeper	Hoyt P. Smith	90	90	75
	1st Asst.				
	2d Asst.				

9. Remarks.—Give further information as may be necessary relative to negative answers to questions 3 to 6. Mention should be made of all important facts concerning the station.

The station was last inspected on August 19, 1931, and found in an unsatisfactory condition and report of inspection sent to Bureau.

It was again inspected today, and some improvement is shown. The dwelling has been painted, and the oilhouse completed. South side of wood shed is yet to be shingled by the Keeper. The wood has been piled up, but there still remains wood near site of old barn and back of wood shed which is yet to be cleared up, sawed, and neatly piled. The ground on the south side of wood shed do not yet present a tidy appearance.

The Keeper appears to start too many jobs before others are completed. Therefore material is left at a job until the spirit moves him to start it again. Today three jobs were underway - namely, the living room in dwelling, painting beneath tower gallery, scraping railing, and painting inside tower.

Useless material inside and outside of boathouse is to be disposed of.

A copy of this inspection report is being sent to the Commissioner and Keeper.

Chelsea, Mass., October 6, 1931.

Forwarded to the Commissioner of Lighthouses for his information. See copy of Form 61 dated August 19, sent with copy of letter to Keeper dated August 21, 1931.)

Geo. E. Eaton
Superintendent.

11—877

Form 73
Ed. April, 1929 RH:JD

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 10th DISTRICT,

Buffalo, N. Y. (City) Sept. 12, 1933 (Date), 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER

Name, HOYT P. SMITH

Position, Keeper (3rd. Asst.)

Location, Ashtabula Lighthouse, Ohio

Effective, Date of appointment ~~xxxx

Form A-88

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

LIGHTHOUSES
1933 SEP -25- PM 2:34

September 21, 1933.

Mr. Hoyt P. Smith,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty (change of station).

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

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER.

Chief of Appointment Division.

From: $1320 per annum.

To: $1440 per annum.

Service and grade:

Appropriation (unit): Field.
10
C

SEP 26 1933

GOVERNMENT PRINTING OFFICE 11—9051

RH:WJD

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
P. O. BOX 136
BUFFALO, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
1933 OCT - 12 - AM 11:02

OFFICE OF SUPERINTENDENT, 10TH DISTRICT
ROOM 313, OLD POST OFFICE BUILDING
BUFFALO, N. Y.

October 11, 1933.

Commissioner of Lighthouses:

Referring to Department notice of Sept. 21, 1933, Form A-38, covering the transfer of Mr. Hoyt P. Smith, Keeper, from 2nd. Lighthouse District to Ashtabula Lighthouse, Ohio, 10th. District, I have to advise that the effective date of this transfer was October 10, 1933.

Roscoe House
Superintendent of Lighthouses.

Submitted to Secretary of Commerce for his information

For the Commissioner,

Chief, Personnel Division

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
South PORTLAND, MAINE.

GFL:SWA
Encl.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES

OFFICE OF SUPERINTENDENT, 1ST DISTRICT

1935 JUN - 11 - PM 3 : 26 South PORTLAND, MAINE

June 10, 1935

Commissioner of Lighthouses:

There is transmitted herewith nomination for the transfer of Hoyt P. Smith from the position of third assistant keeper, Ashtabula Lighthouse, Ohio, to the position of second assistant keeper, Boon Island Lighthouse, Maine, with request that it be substituted for form 73a forwarded under date of June 8. When form 73a was forwarded the fact there would be a change in Mr. Smith's cash salary was overlooked.

BRUSH
Superintendent

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE

BUREAU OF LIGHTHOUSES

WASHINGTON

1935 JUN - 15 · AM 9 : 11

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUN 15 1935
SOUTH PORTLAND, MAINE

June 10, 1935

WPK
6/15

South
Superintendent of Lighthouses, Portland, Me.

There is herewith returned your Form 73a for the transfer of Hoyt P. Smith

From	To
3d Assistant Keeper Ashtabula Lighthouse, Ohio, $1440 per annum ($1440-1800) (Quarters $60 p.a.)	2d Assistant Keeper Boon Island Lighthouse, Me. $1260 per annum ($1440-1800 gross range) (Qrs.240 pa)

vice John M. Hall, effective on or about June 16:

According to the Bureau's record $60 quarters are not provided for the third assistant keeper at Ashtabula, in the 10th District, and unless the 10th Superintendent has advised you that such quarters are available to the occupant of that position, the transfer of Smith should be effected at a cash salary of $1200 per annum. Also, any change in the cash pay of an appointed employee requires the approval of the Department, and therefore the matter should be resubmitted on Form 73.

It is customary for districts to show the net ranges on the nomination form, this being done uniformly throughout the Service, and this practice should be adhered to for the present. In the present case, the records show the range of third assistant at Ashtabula as $1380-1740 and at Boon Island that of second assistant as $1200-1560. Separate notation may be made on the nomination form as to the value of quarters at each station involved.

For the Commissioner:

W. P. HARMAN

Administrative Assistant

H-M
Incl
GFL:SWA

Office of Superintendent, 1st District
259 High Street
South Portland, Maine, June 13, 1935

1. Returned to Bureau. See district letter of June 10 transmitting form 73. It is requested that form 73 be amended as to proposed salary and reference to value of quarters in present position be deleted.

2. This office was advised by the tenth superintendent that "No quarters are available for the family of this employee." It was, therefore, assumed that the station is one with quarters for keepers only such as in this district, and in an effort to expedite consummation of the transfer, nomination was submitted on that basis. The error is regretted.

Brush
BRUSH
Superintendent

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE
BUREAU OF LIGHTHOUSES
WASHINGTON

SUPT. OF LT. HOUSES
10TH DIST.
JUN 13 1935
BUFFALO, N. Y.

1935 JUN - 17 - AM 9 : 08

June 12, 1935

Superintendent of Lighthouses, Buffalo, N. Y.

The Superintendent of the 1st Lighthouse District has forwarded the Bureau a recommendation for the transfer of HOYT P. SMITH

From	To
3d Assistant Keeper Ashtabula, Ohio $1440 ($1380-1740) $60 quarters	2nd Assistant Keeper Boon Island, Maine $1260 ($1200-1560) $240 quarters.

According to the Bureau's record there are no quarters available for the third assistant keeper at Ashtabula Lightstation, and in this connection your attention is invited to your letter of November 4, 1933, stating that the only station at which $60 quarters were available was at Toledo Harbor for the first and second assistant keepers.

It is requested that you advise the Bureau promptly whether or not quarters with a valuation of $60 per annum were used by Mr. Smith at Ashtabula Lightstation, and if so the effective date on which they were first made available to him.

For the Commissioner:

Chief of Personnel Division

H-M

Office Supt. of Lighthouses, Buffalo, N.Y.,
June 14, 1935.

Returned to the Commissioner with information that no quarters are furnished Mr. Smith. Mr. Smith's salary is $1440 per annum in the Range $1380-1740 per annum.

For and in the absence of the Superintendent.

W. D. Gardner
W. D. Gardner
1st. Assistant Superintendent.

RLC:EMF

January 18, 1928.

Superintendent of Lighthouses, Chelsea, Mass.

1. Referring to your form 73 dated January 10 for the transfer of Hoyt P. Smith from first assistant keeper, Cape Ann Light Station at $1200 per annum (Range $1140-$1500) to keeper at Straitsmouth Light Station at $1140 per annum (Range $1140-$1500):

2. Inasmuch as this transfer is to a position in the same range, it does not appear that the transfer should be effected at a reduction in pay. The Bureau has therefore amended your nomination making the transfer at the same salary ($1200 per annum) and the nomination has been submitted to the Department as a form 73a.

J. S. CONWAY

Acting Commissioner of Lighthouses.

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

14348

Bureau No. _____ *Sheet No.* 2(b)62

Space reserved for the use of the Board

1. Smith (Surname) Hoyt (Given name) P. (Initial)
2. Department Commerce
3. Bureau Lighthouses
4. Field service Lighthouse Service
5. (a) Field station Straitsmouth Light Station
   (b) Subdivision Second District
   (c) City or town Rockport State Mass.
6. Pay roll title Light Keeper
7. Customary office title Keeper
8. Present administrative allocation $1200-1560
9. Present gross rate of pay $ 1560.00
10. Deduction for allowances $ 240.00
11. Net rate paid in cash $ 1320.00

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

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

14. If any special equipment or a bond is required by law or regulation to be furnished at the employee's expense, state kind and annual cost uniform - $100.00

15. (a) Regular hours of work: From No regular hours m. to _____ m. (b) How many hours per week excluding unusual or irregular overtime work?
Summer _____ Winter _____ (c) If not a full time and all-the-year-round position, state number of hours per day _____;
number of days per { week / month / year } _____ (d) If certain hours of availability for duty, outside of regular working hours, are required, state hours and type of such duty _____

16. (a) Rate of pay for overtime _____ (b) Amount of overtime pay in last 12 months _____

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

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

19. (a) Is the employee in any way directed, supervised, or instructed, or his work reviewed? Yes (b) If so, in what way? (See Form 16 before answering.)
Works largely upon his own responsibility but is governed by general directions set forth in the Instructions to Employees and by specific oral and written instructions from the Superintendent; works without close observation of his superiors, but is subject to periodical inspections by the Superintendent without previous notice.

20. What is the name, official position, and sheet number of the employee's immediate superior? George A. Eaton - Superintendent Sheet No. 2(a)1

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

Elementary								High				Normal				College				Postgraduate or professional				
1	2	3	4	5	6	7	X 8	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	(Kind)

Other education (describe): _____

22. What length and kind of experience or other training did the employee possess upon original entrance into this position which was most qualifying or pertinent?
Two years Coast Guard training.

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

Percentage of working time	
50 %	My duties consist of tending a class six fixed white kerosene light with one hundred and forty candle power, visible for nine miles, in a thirty seven foot tower. I light and extinguish light each morning and night, polish and fill light each morning, clean lens and windows, brass and paint in tower, and dust and sweep tower.
25%	I have four buildings for upkeep, dwellings, oil house, paint locker, barn and boathouse. I clean, paint and do minor repairs on these buildings.
15%	The station has a fourteen foot power dory with a three horse power Lathrop engine and a fourteen foot row dory, which I clean and paint.
10%	My occasional duties are delivering supplies brought by tender such as coal, wood, oil and other supplies to buildings. I go for mail and household supplies. Cleaning of grounds.

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

Hoyt P. Smith
(Signature of Employee)

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

I concur in the above statement.

26. How long have the employee's duties been substantially as described above? 9 months

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

September 29, 1928 (Date) — Edward J. Curran (Signature of Preparing Officer) — Chief Clerk (Title)

28. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief, the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ____ In my judgment the compensation of this position should be in a range from $1260 to $1560

September 29, 1928 (Date) — Geo. E. Eaton (Signature of head of field office or station) — Superintendent. (Title)

29. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ____ In my judgment the compensation of this position should be in a range from $1260, to $1560

OCT -8 1928, 1928 (Date) — J. S. CONWAY (Signature of head of bureau or his representative) — Acting Commissioner of Lighthouses. (Title)

U. S. GOVERNMENT PRINTING OFFICE: 1928

Form 61

REPORT OF INSPECTION OF LIGHT STATION OR DEPOT

LIGHTHOUSE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1931 AUG 24 AM 9:38

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, Second DISTRICT,

Chelsea, Mass., August 19, 1931.

1. Name of aid, Straitsmouth Light Station
2. Inspected by Geo.E.Eaton,Superintendent, on August 19, 1931
3. Does aid conform in characteristic and description to official lists? Yes
4. Is the aid in efficient condition and does it function properly? Yes
   (a) Light. O.K.
   (b) Fog signal. None
   (c) ----------
5. Is the station in clean and orderly condition? No.
6. Is the station in proper state of repair as to—
   (a) Work that can be done by the keepers? No.
   (b) Work that can not be done by the keepers? Yes.
7. Station rating: Cleanliness, 70 ; orderliness, 60 ; operation, 80 (See Instructions for scale.)

8.			NAME	NEATNESS	CONDUCT	EFFICIENCY
	PERSONNEL RATING	Keeper	Hoyt P. Smith	75	85	70
		1st Asst.				
		2d Asst.				

9. Remarks.—Give further information as may be necessary relative to negative answers to questions 3 to 6. Mention should be made of all important facts concerning the station.

The station is in an unsatisfactory condition. The grounds, backyard, wood shed, boathouse, oilhouse, and cellar are cluttered up. The lantern is untidy; the green shade cracked and white section open to seaward. The oilhouse is partly painted. Dwelling needs painting. Heater needs repairs; ashes not cleaned out. South side of wood shed to be shingled. Kerosene drums not emptied since spring. Wood cluttered up and not sawed; strewn around oil tank. Keeper to be warned and copy sent to Bureau, and station again inspected in three months.

Chelsea, Mass., August 21, 1931.

Forwarded to the Commissioner of Lighthouses for his information., with copy of letter to the Keeper of Straitsmouth Light Station attached.

Superintendent.

11—877

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHELSEA, MASS.

GXE-MRH

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

COPY
1931 AUG 24 AM 9 38

OFFICE OF SUPERINTENDENT, 2D DISTRICT
37 MARGINAL STREET
CHELSEA, MASS.

August 21, 1931

H. P. Smith, Keeper,
Straitsmouth Light Station.

Subject: Unsatisfactory condition of station.

1. Referring to the Superintendent's inspection of your station on August 19, which was found in an untidy and unsatisfactory condition.

Wood landed by the tender last fall was strewn around the ~~brick~~ Rock oil tank instead of being sawed up and piled neatly in its proper place. Articles were found lying around inside and beneath the boathouse, many of them useless and apparently left when and where last used. A half gallon of lead color paint with brush in it was on the floor of the boathouse, hardened over, spoiling, and drying up for lack of proper care. The oilhouse was half painted and left unfinished, and the inside was not properly whitewashed. Poor workmanship is shown in the whitewashing of the tower, the black surface being spattered over and allowed to remain that way without being cleaned off. The lantern is untidy; a piece broken out of shade and evidently no steps taken to correct same.

3. The cellar is slovenly kept. The ashes are still in bottom of heater and carelessly cared for. The yard behind the wood shed is cluttered up with old boxes, wood, barrels, tin cans, and trash, presenting an unsightly appearance. Four drums of kerosene landed by the tender in the spring are still in the boathouse, not having been emptied at once.

4. When you were transferred to this station, relieving Keeper Woodman, it was in fine condition, well kept, and the painting was done in a workmanlike manner and not in the present apparent careless way. You have allowed this station to run down badly through neglect and carelessness, probably caused by too frequently going ashore and riding about in automobile.

5. Your leave is hereby restricted for pleasure purposes, and you will go ashore only for provisions and supplies, returning as soon as practicable.

6. You will correct at once the conditions noted herein, complete whitewashing and painting, giving a thin coat to trimming and ridge boards of oil house. Repair walks, and paint dwelling and wood shed one thin coat well and carefully applied. Scrape old thick paint from doors of oil house and tower.

7. Your station will be inspected again by the writer, and if conditions are not greatly improved recommendation will be made to the Commissioner of Lighthouses for your dismissal from the Service. for neglect of duty andinefficiency.

8. A copy of this letter is being sent to the Commissioner for his information.

Geo. E. Eaton
Superintendent

Copy for Commissioner of Lighthouses.

J

June 4, 1926.

Hoyt P. Smith, Second Assistant Keeper,
Cape Ann Light Station, Massachusetts.
(Through Superintendent of Lighthouses, Boston, Mass.)

The Bureau is in receipt of a report from the keeper forwarded by the Superintendent, regarding assistance you rendered the occupants of a disabled motor boat in the vicinity of the station. The Bureau is pleased to commend you for the assistance rendered on this occasion and to note the matter on the records as part of your official history.

J. S. CONWAY

Acting Commissioner of Lighthouses.

Reported in Monthly Rep. July 5, 1926.
" " Bulletin Aug 1, 1926.

Bureau of Lighthouses, Wash., Copy to 2nd Supt.

See Supt's. report of May 27, infile of Elno C. Mott.

LIGHTHOUSES---Appointment Division's Files
Letter copy as signed by
Mailed by

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
BOSTON, MASS.
TAL-HL

DEPARTMENT OF COMMERCE
LIGHTHOUSES LIGHTHOUSE SERVICE

1927 OCT 24 AM 9 16

OFFICE OF SUPERINTENDENT, 2D DISTRICT
CUSTOMHOUSE
BOSTON, MASS.
CHELSEA, MASS.
October 21, 1927

Commissioner of Lighthouses:

Subject: Nominations, Hoyt P. Smith and Simeon A. Orne. reference file

On account of declination of Hoyt P. Smith, it is requested that the nominations forwarded under date of October 15 in the case of Hoyt P. Smithand Simeon A. Orne be canceled.

Superintendent.

2 incls.
RLC:EMF

Bureau of Lighthouses, Washington, D. C., October 24, 1927.

Submitted to the Secretary of Commerce, recommending the cancellation of the inclosed Department notices of appointment of Messrs. Orne and Smith.

J. S. CONWAY
Acting Commissioner of Lighthouses.

Airways
Surveys
Lighting
Radio
Weather
Clerical
Chief Engr
Hydro.
Radio
Insp. Const.
Mar. Engr.
Personnel
Finance
Law & Prop.
Asst.
Comm.
Commissioner.

RLC
LWS

GPO

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
BOSTON, MASS.

GEF-EJC

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
1925 JUL 29 AM 11 58

JUL 30 1925

OFFICE OF SUPERINTENDENT, 2D DISTRICT
CUSTOMHOUSE
BOSTON, MASS.

July 28th, 1925.

Commissioner of Lighthouses.

Subject. Oath of Office, Hoyt P. Smith.

Reference: Bureau's endorsement on copy of letter to Secretary of Commerce, dated July 25, 1925, re. change in pay of keepers.

1. The Bureau is advised that Oath of Office of Hoyt P. Smith which was supposed to have been returned with above letter was not received at this office for amendment.

Superintendent.