SEP 10 2024 PM12:20

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

Date: 9/9/2024

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Anderson, Kraig	
E-Mail Address:	**Phone Number:**
kraiga@gmail.com	858-357-5100

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
Urquhart, Millard, H		1899 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: 1986 ME

State of Residence (upon entry into service):

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

Researcher Signature: Kraig Anderson

CIVILIAN SERVICE

(Agency & Location)		
Lighthouse Service (ME)		
From: 1926	To: 1940	
(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: 2-301104440 83

CMRS Search Request Number(s):

Attendant Signature:

Remarks: Submitted to Arch Search 10/11/24 KA

Soundex V626

"24 NOV 1 PM12:31:12

SCREENING NOTES

☐ Reviewed and Nothing Removed ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

LIGHTHOUSE SERVICE/LIFESAVING SERVICE—RECORDS CHECKED

Employee Name: URQUHART, MILLARD H. **DOB:** 1/1/1899, ME

SOUNDEX: U626

Records checked:

Agency: Commerce 6028 Area: Bay 10, Lower Catwalk positive **negative**

Agency: Commerce 6029 Area: Bay 10, Lower Catwalk positive **negative**

Agency: Old Commerce Area: Bay 10, Lower Catwalk positive **negative**

AND

Agency: Treasury 2189 Area: Bay 13, Lower Catwalk **positive** negative

Agency: Treasury 2188 Area: Bay 13, Lower Catwalk positive **negative**

Agency: Old Treasury Area: Bay 13, Lower Catwalk positive **negative**

If Negative:

Agency: Treasury SRCs series 1 Area: Bay 13, Lower Catwalk positive negative

Agency: Treasury SRCs series 2 Area: Bay 13, Lower Catwalk positive negative

Agency: Treasury SRCs series 3 Area: Bay 13, Lower Catwalk positive negative

Agency: Coast Guard SRCs Area: Bay 13, Lower Catwalk positive negative

If Negative:

CMRS: _____ Area: _____ positive negative

ARCIS: _____ Area: _____ positive negative

Notes: **DOS: 1926 TO 1940; DOD: 1/1/1986, ME; LIGHTHOUSE SERVICE, ME**

STANDARD FORM 127
APRIL 1952
PRESCRIBED BY GENERAL SERVICES ADMINISTRATION
REG. 3-IV-302.

REQUEST FOR OFFICIAL PERSONNEL FOLDER
(SEPARATED EMPLOYEE)

Submit in duplicate to the Federal Records Center, St. Louis, Mo.

1. DATE OF REQUEST: 3 May 1960

SECTION I—TO BE COMPLETED BY REQUESTING OFFICE

RECEIVED
MAY 6 9 48 AM '60
FEDERAL RECORDS CENTER

General Services Administration
Records Management Service, Region 6
Federal Records Center
1724 Locust Street
St. Louis 3, Mo.

2. NAME (*Last, first, middle*) U-626
Urquhart, Millard Harris H-620

3. NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (*If other than item 2*)

4. DATE OF BIRTH: 11-26-1899

5. FORMER FEDERAL EMPLOYING OFFICE (*Agency, bureau or equivalent, address, and dates of employment*)

Lighthouse Service and U. S. Coast Guard
Boston, Massachusetts
8-16-26 to 7-16-41

(*If formerly employed by agencies in addition to above, list under item 7*)

6. PERSONNEL FOLDER ACTION (*Check appropriate box*)

- [ ] a. CURRENTLY EMPLOYED. REQUEST TRANSMISSION OF FOLDER COVERING PREVIOUS FEDERAL EMPLOYMENT FOR PERMANENT RETENTION
- [X] b. REQUEST TRANSMISSION OF FOLDER FOR TEMPORARY USE
- [ ] c. CONSOLIDATE ATTACHED PAPERS WITH OFFICIAL PERSONNEL FOLDER PREVIOUSLY FORWARDED

7. REMARKS

SECTION II—FOR USE BY FEDERAL RECORDS CENTER, ST. LOUIS, MO.

8.

- [ ] a. CONSOLIDATE ATTACHED PAPERS WITH FOLDER PREVIOUSLY FORWARDED
- [✓] b. FOLDER ENCLOSED MAY 10 1960
- [ ] c. FOLDER NOT LOCATED
- [ ] d. FLAGGED. FOLDER TO BE FORWARDED WHEN LOCATED
- [ ] e. FOLDER PREVIOUSLY REQUESTED IS ENCLOSED
- [ ] f. FOLDER FORWARDED ON A LOAN BASIS IN LIEU OF INFORMATION REQUESTED. IF EMPLOYEE IS REHIRED, FOLDER SHOULD BE RETAINED BY YOUR AGENCY

9. REMARKS

NOTE.—Original will be used as charge-out by Federal Records Center. Duplicate will be returned as transmittal sheet when appropriate.

TO:
ADDRESS: Chief, Civilian Personnel Division
U. S. Coast Guard
1300 E Street N. W.
ATTN: Washington 25, D. C.

Requesting agency will type name and address of office submitting request in address box. To be used to mail folder or reply.

U. S. GOVERNMENT PRINTING OFFICE 16—66097-1

STANDARD FORM 127
APRIL 1952
PRESCRIBED BY GENERAL SERVICES ADMINISTRATION
REG. 3-IV-302.

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Urquhart, Millard Harris		11-26-1899

5. FORMER FEDERAL EMPLOYING OFFICE (*Agency, bureau or equivalent, address, and dates of employment*)

Lighthouse Service and U. S. Coast Guard
Boston, Massachusetts
8-16-26 to 7-16-41

(*If formerly employed by agencies in addition to above, list under item 7*)

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U. S. GOVERNMENT PRINTING OFFICE 16—66097-1

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

42941

PAGE:

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL

Date 17 July, 1941

Name: Urquhart, Millard Harris

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No.:

Nature of Recommendation

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Boatswain's Mate, 1c.
Grade	Field (Range $1500-1860)	No change in pay and allowance, Sec. 7 Act of August 5, 1939, applies.
Salary	$1560 p.a. plus $240 p.a.Qtrs.	
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Boston, Massachusetts.	Boston, Massachusetts.
Post of Duty	Libby Island Lt.Sta., Me.	Libby Island Lt.Sta., Me.
Appropriation	Civilian Employees, C. G.	Pay and Allowances, C. G.
Allotment		
	FIELD [X] DEPRTMTL. [ ]	FIELD [X] DEPRTMTL. [ ]

EFFECTIVE 17 July, 1941

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds

N. R. STILES,
Commander, U. S. Coast Guard
Assistant Personnel Officer.
(BUREAU OR DIVISION HEAD)

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 11-26-99

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 6-20-18

DATE OF OATH

(FOR USE OF DIRECTOR OF PERSONNEL. TREASURY DEPARTMENT)

DATE APPROVED BY THE SECRETARY

INTERLEAVED-PATD

APPLICANT OR EMPLOYEE MUST FILL THE FOLLOWING

Name (in full) Willard Harris Urquhart Sex male

Present address Starboard Maine Date of birth 26 November 1899

Give below all places of residence during the past FIVE years

From-- (Month and year)	To-- Month and year)	Number and Street	City and State
March 1935	July 1939	Sugar St. Station	Pepperell Mass
July 1939	March 1940	Libby Islands	Starboard Me

Give, in your own handwriting, the information requested below:

Have you ever been arrested for any reason whatsoever? No (Yes or no)

If so, give details in space provided below.

Date of Arrest	Age	Charge	Court and Location	Judge	Disposition

No Reply Received From F. B. I.
Apparently No Criminal Record.

Have you ever been fingerprinted? Yes Where? Cranberry Island U.S.C.G.

When? 1924 If for the Civil Service, what position

I hereby swear (or affirm) that the above statements are complete and accurate in every detail.

W.H. Urquhart
Customary payroll signature of employee.

U. S. COAST GUARD

Subscribed and sworn to before me this 16 day of March 1940.

Orrin W. Marshall
Notary Public

My commission expires Nov 6. 1942.

July 1, 1939. Lighthouse Districts No. First and Second

consolidated with Boston Coast Guard District,

Headquarters Boston, Mass.

See U. S. Coast Guard General Order No. 37, dated June 20, 1939.

7/1/39 Transferred from Bureau of Lighthouses, Department of Commerce, and consolidated with United States Coast Guard, under terms of Plan No. 2 of Reorganization Act of 1939, approved by Congress April 3, 1939.

File received - FEB 9 1940

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION

Millard H Urquhart (Name) — Me (Legal Residence)

DATE OF BIRTH 11-26-1899

STATUS

11—8940

DESIGNATION	ACTION	SALARY	120 BUREAU—SERVICE—STATION	DATE OF EFFECT
Keeper	Prob.	1260	L.H. Ram'd Ledge,	Aug. 16, 1926
"	INCREASE IN COMPENSATION	1320	" "	JUL 1 1927
"	Transfer	1200	" Sequin L.H. Me.	Sept. 1, 1927
"	COMPENSATION Act. May 28, 1928.	1320	" " " "	JUL 1 1928
Keeper	Prom.	1380	L.H. — Sequin 1st. Dist. L.H. Me	Oct. 1, 1930.
"	Prom.	1500	" — " "	Oct. 1, 1931.
"	INCREASE IN COMPENSATION	1560	" — " "	MAR 1 1939
"	Trans. (73a)	1560	" — Libby Islands	6-30-39

Form 73 a

75

REPORT OF TRANSFER OF APPOINTEE

GP

U. S. COAST GUARD 3

REC'D JUL 10 1939 By

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

South Portland, Maine, June 12, 1939. , 19

DIVISION OF PERSONNEL SUPERVISION AND MANAGEMENT
JUL 31 1939
RECEIVED
DEPARTMENT OF COMMERCE

COMMISSIONER OF LIGHTHOUSES:

It is proposed to transfer the following-named employee as indicated, on or about July 1, 1939.
(See instructions on reverse side)

Name, Millard H Urquhart — Position, Keeper

From Seguin Lighthouse, Maine — To Libby Islands Lighthouse, Maine

Salary and range, $1560 p.a. ($1500-$1860) — Salary and range, $1560 p.a. ($1500-$1860)

Previous incumbent and pay, New position.

Services terminated, ---- — Reason, ----

CARDED

S M Ingalls
INGALLS
Superintendent

South Portland, Maine, 7 July 1939. , 19

The above-referred-to transfer became effective beginning with June 30, 1939.
(Enter effective date in this space if transfer has been actually completed)

S M Ingalls
INGALLS
Superintendent

Dept. Auth: 6/24/39.

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce for his information.

For the Commissioner:

R J Trost
Chief of Personnel Division.

11—11251 U. S. GOVERNMENT PRINTING OFFICE: 1934

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE
BUREAU OF LIGHTHOUSES
WASHINGTON

DEPARTMENT OF COMMERCE
JUN 20 1939
DIVISION OF PERSONNEL

June 19, 1939.

Mr. Millard H. Urquhart, Keeper,
Sequin Light Station, Maine.
(Through Supt. of Lighthouses, South Portland, Me.)

I have read with interest a report relative to the assistance rendered by you on May 20 to a man who had trouble with his motor boat and who had injured his finger. It is noted that first aid was rendered to the man, and repairs made to his boat.

I take pleasure in commending you for your meritorious action on this occasion and in having the matter made a part of your official history.

H. D. King
Commissioner of Lighthouses.

E-K

LIGHTHOUSES - Appointment Division's files
Exact copy mailed by _____
Mailed _____ by _____

June 24, 1939.

Commissioner of Lighthouses:

In accordance with the Bureau's recommendation of June 24, the Department has authorized a new position of keeper at $1560 per annum at Libby Islands Lighthouse, Maine, and the assignment thereto of Millard H. Urquhart, effective upon entrance on duty.

A new appointment certificate will not be issued as a result of this action, nor will an oath of office be required.

By direction of the Secretary:

Oliver C. Short

JUL -6 1939

OLIVER C. SHORT
Director of Personnel.

B

LIGHTHOUSES

Form 73 a

CP

REPORT OF TRANSFER OF APPOINTE[illegible] 3 44 PM '39

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE JUN 27 1939 DIVISION OF PERSONNEL

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

South Portland, Maine, June 12, 1939. , 19

COMMISSIONER OF LIGHTHOUSES:

It is proposed to transfer the following-named employee as indicated, on or about ~~July 1~~, June 26, 1939.
(See instructions on reverse side)

Name, Millard H Urquhart — Position, Keeper

From Seguin Lighthouse, Maine — To Libby Islands Lighthouse, Maine.

Salary and range, $1560 p.a. ($1500-$1860) — Salary and range, $1560 p.a. ($1500-$1860)

Previous incumbent and pay, ~~Harvey H Wass, $1740 p.a.~~ New Position (#1408)

Services terminated, close June 30, 1939. Reason, Recommended for retirement.

S H Ingalls
INGALLS
Superintendent

, 19

The above-referred-to transfer became effective beginning with _____
(Enter effective date in this space if transfer has been actually completed)

BUREAU OF LIGHTHOUSES

WASHINGTON

June 24, 1939.

Submitted to the Secretary of Commerce for his information, and recommending the authorization of a new position as indicated in order that Mr. Urquhart may be entered on duty thereon about June 26th, or a date to be later reported. This action is necessary in view of the fact that Mr. Wass is retiring, but he will occupy the regular position until the close of June. However, that position will be automatically abolished coincident with the retirment of Mr. Wass at the close of the fiscal year.

For the Commissioner:

Chief of Personnel Division.
W.P.Harman
W.P.HARMAN,
Administrative Assistant.

11—11251 U.S. GOVERNMENT PRINTING OFFICE: 1934

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

March 1, 1939.

Mr. Millard H. Urquhart,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective March 1, 1939.

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,

EDWIN G. GARDNER
MAR 10 1939
Chief, Division of Personnel.

DIVISION OF PERSONNEL
ENTERED ON JOURNAL
MAR 25 1939
SHEET NO. 39-38
DEPARTMENT OF COMMERCE

From: $1500

To: $1560

Service and grade:

Appropriation (unit): Field.

R
1

CARDED

FOR BASIS OF THIS ACTION SEE
LETTER DATED 1/18/39
IN FILE F 248.8

GOVERNMENT PRINTING OFFICE 11—9061

LIGHTHOUSES
FEB 8 3 41 PM

Form 78
CP

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

4063-1
DEPARTMENT OF COMMERCE
FEB 11 1939
DIVISION OF PERSONNEL

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

South Portland, Me., February 7, 1939.

Name of vessel, station, or other aid to navigation involved:
Seguin Lighthouse, Maine.
Date of accident: January 22, 1939.

Nature and cause of accident: While returning from placing lens cover on lantern, slipped on stairs, bruising and straining back.

Estimated cost of damage { to property of the Department: $ ----
to private property: $ ----

What steps have been taken to recover cost of damage to Department property? ----

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
Millard H Urquart	Keeper	Contusion	Yes.

CARDED

Reports will be duly submitted to the Employees' Compensation Commission in case any medical or other charges are involved under the Employees' Compensation Act.

Remarks or recommendations: Forms C. A. 1 and 2 will be forwarded upon completion.

H. M. Ingalls
INGALLS, *Superintendent of Lighthouses.*

Date February 9, 1939

Submitted, in duplicate, to the Secretary of Commerce, for his information.
Noted.

Chief Clerk

For the Commissioner.
R.J.Gross, Chief, Personnel Division.

11—11418

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

GFL:CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

To Dept

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE
1937 JUL 17 AM 10 31
CHIEF CLERK

July 14, 1937

DEPARTMENT OF COMMERCE
JUL 19 1937
DIVISION OF PERSONNEL

Millard H. Urquhart,
Keeper, Seguin LH., Me.

Your letter of July 10, 1937, reporting assistance rendered to the gill-netter "Nora A" of Portland, which was noticed disabled and in distress off your light at 5.30 P.M. on that date, has been received and read with interest.

This office is pleased to commend you for your prompt and efficacious action in the case and to advise you that a copy of your report and of this commendation has been forwarded to the Commissioner of Lighthouses at Washington to be made a part of your official history.

For and in the absence of the Superintendent:

LAUHITZEN
Chief Clerk

TWO COPIES FOR BUREAU OF LIGHTHOUSES.

*

BUREAU OF LIGHTHOUSES
WASHINGTON

July 16, 1937

Submitted to the Secretary of Commerce for information.

For the Commissioner:

C. J. Ludwig, Jr.
Chief Clerk

See 10

CARDED

COPY - CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

First District

Seguin

July 10th, 1937.

Superintendent of Lighthouses,

South Portland, Maine.

Sir:

My attention was called to a disabled gill netter by a distress signal 5.30 P.M. today. Set a distress signal from the tower at once for the Coast Guard. They failed to see same. I left the station 6 P.M., towed to harbor the NORA A. of Portland, Me., 56 ft. in length, 13 tons, owner Enrico Montebello, Capt. Ray Stoddard in charge. Picked up two miles S. E. this light.

Then to Pond Island had the keeper call the Coast Guard. They towed the disabled boat to Boothbay for repairs to its engine.

Got back to station 9 P.M. Both Asst. Keepers were at the station. Light north wind sea smooth.

Very respectfully,

(SGD) M H URQUHART,

Keeper.

Form 78

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

CP

LIGHTHOUSES

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

4063-1

To Dept.

1936 FEB 6 PM 3 38

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT

DEPARTMENT OF COMMERCE
FEB 11 1936
APPOINTMENT DIVISION

South Portland, Maine, January 29, 1936.

Name of vessel, station, or other aid to navigation involved:
Seguin Lighthouse
Date of accident: January 16, 1936

1936 JAN 30 PM 3 34
LIGHTHOUSES

Nature and cause of accident: While pulling on winch line, trying to keep peapod from pounding on rocks in heavy surf, strained muscles in back, chest and arms.

Estimated cost of damage { to property of the Department: $ ---
to private property: $ ---

What steps have been taken to recover cost of damage to Department property?

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
Millard H Urquhart	Keeper	Strained muscles in back, chest and arms	No.

Remarks or recommendations:

No time lost and no medical attendance received; Therefore no report to US Employees' Compensation required.

CHARLES C BRUSH
Superintendent of Lighthouses.

Date February 8, 1936.

Submitted, in duplicate, to the Secretary of Commerce, for his information.

Noted:

Chief Clerk.

For the Commissioner.
R. J. Gross
Chief, Personnel Division
Deputy Commissioner.

11—11418

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, MAINE.
South
GFL:SWA

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
AUG 24 1935
APPOINTMENT
DIVISION

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
South PORTLAND, MAINE

1935 AUG 23 AM 1935 AUG 24 AM 9:31

CHIEF CLERK August 21, 1935

M. H. Urquhart, Keeper
Seguin Light Station, Maine

I am pleased to note the assistance rendered by you and First Assistant Keeper J. M. Connors on July 13, as reported in your letter of that date and in further explanatory letter of August 19.

The fact that you were able to get a line aboard the disabled yacht on the first attempt and were subsequently able to tow the yacht away from the breakers until the Coast Guard boat arrived is particularly gratifying to me and I am pleased to commend both you and First Assistant Keeper Connors for your prompt and effective action. The matter has been reported to the Commissioner of Lighthouses at Washington, D. C., and will be made a part of your official service records.

B.
BRUSH
Superintendent

Copy to First Assistant Keeper J. M. Connors, Seguin Light Station, Maine, via Keeper.

Copy for Bureau of Lighthouses for its information and files, there being attached copies of the keeper's letters dated July 13 and August 19 referred to above.

- - - - - -

E-K

Bureau of Lighthouses, Washington, D. C.,
August 23, 1935.

Submitted to Secretary of Commerce for information.
For the Commissioner:

Chief, Personnel Division.

CARDED

(COPY--SWA)

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FIRST DISTRICT

Seguin
(STATION, [illegible])

July 13, 1935

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

Keeper and first assistant J. M. Connors absent from station this P. M. from 4 until 5:15. Went to disabled motor yacht drifting near the Sisters. Took same in tow and continued towing until the Kennebec U. S. Coast Guard arrived on the scene. I notified them before we left the station. Due to the strong wind I was afraid the yacht would go ashore before they could get out there.

Very respectfully,

(SGD) M. H. URQUHART

Keeper

(COPY--SWA)

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FIRST DISTRICT

Seguin
(STATION. [illegible])

August 19, 1935

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

In reply to your letter of August 16, 1935:

1. Strong South Southwest winds, tide going out, sea very choppy. 2. From here it appeared the yacht was in danger of drifting on the Sisters. 3. Forty-five feet long. Do not know its beam. Yes, we were able to tow it with good success. The following is what took place from the time the first assistant saw the yacht until we turned it over to the Coast Guard boat. J. M. Connors called my attention to the yacht around 3:40 P. M. At that time they were waving something that looked like a sheet. I called the Coast Guard. Then I sounded the bell continuous for about three minutes. The first assistant waved a sheet for three or four minutes. They continued to wave and appeared very excited. I called the Coast Guard again about twenty minutes after the first call. At this time they stated they were about ready to leave. Then I decided to go to their aid. I told the second assistant to keep watch for the Coast Guard boat and to signal me if he saw they were going to get out there in time so we wouldn't have to go all the way. He did signal but we didn't see it and we didn't see the Coast Guard boat until we had the yacht in tow. We were unable to see the yacht until we were half way over there. The sea was so choppy. We successfully got a line aboard the yacht the first attempt. The Coast Guard crew made three attempts before they could get a line aboard the yacht after we cast off. I had no trouble in handling the station boat although it was necessary to reduce speed several times due to the tide rips. The men aboard the yacht either didn't know the value of a sea anchor or had nothing they could substitute for one. They were out of gasoline. There were three young men aboard the yacht.

Very respectfully,

(SGD) M. H. URQUHART

Keeper

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

GFL:CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES

1932 OCT - 4 - PM 3:24

DEPARTMENT OF COMMERCE
OCT 13 1932
APPOINTMENT DIVISION

To Dist

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, ME.

LETTER OF COMMENDATION

October 3, 1932

M H Urquhart, Keeper, Seguin LH., Me.

I am pleased to note from your letter of the 28th ultimo the assistance rendered by you and Second Assistant Keeper Clinton L. Dalzell to a fisherman in locating him in his disabled motor boat which was drifting onto the south side of Wood Island and towing it from its precarious position until the arrival of the Coast Guard crew.

It is my desire to commend you for your prompt action in this case.

SHERMAN
Superintendent

TWO COPIES TO BUREAU OF LIGHTHOUSES.

DEPARTMENT OF COMMERCE
1932 OCT - 12 - PM 3:20
CHIEF CLERK

Bureau of Lighthouses, Washington

Oct.11,1932

Submitted to Secretary of Commerce for information

For the Commissioner:

Chief, Personnel Division.

COPY - CP -

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSE SUPT.
1932 OCT - 4 - PM 3:24

First District
Seguin Light Sta.
September 28, 1932.

Superintendent of Lighthouses,
Portland, Maine.

Sir:

Keeper and second asst. while ashore after mail Tuesday went to rescue a Harpswell fisherman who was disabled and drifting onto the south side of Wood Island. The Coast Guard had been notified by the first asst. keeper. They failed to locate the boat and Mrs. Urquhart called me on the telephone at the Popham Beach P. O. stating his hopeless plight. We arrived just in time to save him and his boat. We towed him off from the island to a safe distance and turned him over to the Coast Guard crew.

We were late in getting back to our station being a little after sunset, but not dark.

Very respectfully,

(SGD) M H URQUHART

Keeper.

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

August 25, 1931.

Mr. Millard H. Urquhart,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective October 1, 1931 (by change in 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 AUG 26 1931

Chief of Appointment Division.

From: $1380 per annum

To: $1500 per annum

Service and grade:

Appropriation (unit): Field

CARDED

1st
JP

APPOINTMENT DIVISION
ENTERED ON JOURNAL
SEP - 5 1931
SHEET NO. 3125
DEPARTMENT OF COMMERCE

GOVERNMENT PRINTING OFFICE 11—9051

Form 73
Ed. April, 1929

GFL:CP

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,
Portland, Maine (City) (Date) 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, PROMOTION To fill Pending vacancy.

Name, Millard H Urquhart

Position, Keeper

Location, Seguin LH., Me.

Effective, October 1, 1931

Former position, 1st Asst. Keeper

Location, Seguin LH., Me.

Legal residence, Maine

Proposed salary, $1500

Proposed range, $1500-$1860

Appropriation, Sals., Kprs.,etc.

[1] the actual date of entrance on duty, ~~as soon thereafter as he enters on duty.~~

Former salary, $1380

Former range, $1320-$1680

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

1500

Previous incumbent, Frank E Bracey(Lt.#1451) Services terminated, September 30, 1931

Reason, Recommended for transfer Eagle Island LH.,Me, this date. herewith

Members of family in Government service, ---

Date of birth, ---

Remarks:

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

(DIRECT)
Secretary, Civil Service District.

C. E. SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON August 20, 1931.

Submitted to the Secretary of Commerce, approved. The filling of this position is necessary in order to safeguard life and property.

Action O. K.

Acting Commissioner of Lighthouses.

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

11—2314

DEPARTMENT OF COMMERCE AUG 21 1931 APPOINTMENT DIVISION

AUG 19 AM 9:42

DEPARTMENT OF COMMERCE AUG 17 1931

DEPARTMENT OF COMMERCE AUG 25 1931 APPOINTMENT DIVISION

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

September 15, 1930.

Mr. Millard H. Urquhart,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective October 1, 1930.

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

SEP 16 1930

Chief of Appointment Division.

From: $1380 per annum

To: $1380 per annum

Service and grade: Field.

Appropriation (unit):

RECORDED

APPOINTMENT DIVISION ENTERED SEP 20 1930 ON JOURNAL DEPARTMENT OF COMMERCE

1
N

GOVERNMENT PRINTING OFFICE 11—9051

Form 73
Ed. April, 1929

GFL:CP

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SPECIAL

CHIEF CLERK
SEP 7 PM 2

DEPARTMENT OF COMMERCE
SEP 12 1930
APPOINTMENT DIVISION

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

Portland, Maine, September 9, 1930.
(City) (Date)

DEPARTMENT OF COMMERCE
SEP 15 1930
APPOINTMENT DIVISION

COMMISSIONER OF LIGHTHOUSES:

Action recommended, PROMOTION To fill prospective vacancy — **Legal residence,** Maine

Name, Millard H Urquhart — **Proposed salary,** $1380 p.a.

Position, (1st Asst.) Keeper — **Proposed range,** $1320–$1620 p.a.

Location, Seguin LH., Me. — **Appropriation,** Sals., Keepers. etc.

Effective, October 1, 1930 — {[1] the actual date of entrance on duty, ~~as soon thereafter as he enters on duty~~

Former position, (2nd Asst.) Keeper — **Former salary,** $1320 p.a.

Location, same — **Former range,** $1260–$1560 p.a.

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

Previous incumbent, Frank E Bracey – (LT.#1452) **Services terminated,** September 30, 1930.

Reason, Recommended for promotion to Keeper, Seguin LH., Me., this date Pending

Members of family in Government service, ----

Date of birth, ----

Remarks:

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

8/12-30

(DIRECT)
Secretary, *Civil Service District.*

SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

SEP 11 1930

APPOINTMENT DIVISION
NECESSARY ACTION TAKEN
SEP 16 1930
DEPARTMENT OF COMMERCE

Action O. K.

Chief Clerk

Acting Commissioner of Lighthouses

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

11—2314

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 1, 1928.

Mr. Millard H. Urquhart,

Through the Chief, Bureau of Lighthouses.

Sir:

You are advised that under the Welch Act your compensation has been changed as indicated below, effective July 1, 1928.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1200

To: $1320

11—9564

1

CARDED
JUL 2
ON JOURNAL
DEPARTMENT OF COMMERCE

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

August 15, 1927.

M
r. Millard H. Urquhart,
Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 1320 per annum to $ 1200 per annum, effective September 1, 1927.

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,

AUG 19 1927
EDW. I. GARDNER
Acting Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

R

CARDED

APPOINTMENT DIVISION
AUG 19 1927
DEPARTMENT OF COMMERCE

1st.

Form 73

JCW:CP

Enclosure

LIGHTHOUSES 1927 AUG 12 AM 9 08

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine (City) August 10, 1927 (Date), 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER

Name, Millard H Urquhart (Request)

Position, (2nd Asst.) Keeper

Location, Seguin Lighthouse, Maine

Effective, September 1, 1927

Former position, (2nd Asst.) Keeper

Location, Ram Island Ledge Lighthouse, Maine

Legal residence, Maine

Proposed salary, $1200 per annum (same step above minimum)

Proposed range, $1140-$1500 per annum

Appropriation, Sals., Krps., etc.

[1 the actual date of entrance on duty, ~~as soon thereafter as he enters on duty~~

Former salary, $1320 per annum

Former range, $1260-$1620 per annum

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

Previous incumbent, Pierre A Fagonde 1140 Services terminated, August 31, 1927

Reason, Transfer and promotion

APPOINTMENT DIVISION NECESSARY ACTION TAKEN AUG 18 1927 DEPARTMENT OF COMMERCE

Members of family in Government service,

Date of birth,

Remarks: Mr. Urquhart's request for this transfer is herewith.

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

(DIRECT)
Secretary, Civil Service District.

SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

EMF

August 12, 1927.

Submitted to the Secretary of Commerce, approved.

H. B. Bowerman
Acting Commissioner of Lighthouses.

APPROVED: [illegible]
ACTING ASSISTANT SECRETARY

[1 Strike out the clause which does not apply.

11—2314

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
LIGHTHOUSES

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JUN 30 1927
PORTLAND, MAINE.

1927 AUG 12 AM 9 08

FIRST DISTRICT

Ram Island Ledge Light Stat.
(Station, Depot, or Vessel)

June 29, 1927

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

Bllow is a list of light stations I would like to go To. white head, Seguin, Petit Manan. Libby Island, Great Duck Island and matinicus Rock.

Thank You.

Very Respectfully

Milland H. Urquhart. 2nd ~~asst~~ K

Respectfully

John B Dewyea.
Kepper.
Ram Island Ledge

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

M

July 1, 1927.

Through the

r. Millard H. Orquhart,

Commissioner of Lighthouses.

Sir: You are advised that your compensation has been changed as indicated below, effective

July 1, 1927.

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,

CLIFFORD HASTINGS

Chief of Appointment Division.

From:

To: $1260 per annum.

Service and grade: $1320 per annum.

Appropriation (unit): Field.

APPOINTMENT DIVISION RECEIVED JUL 1 - 1927 DEPARTMENT OF COMMERCE

1.

CARDED

GOVERNMENT PRINTING OFFICE 11—9051

Standard Form No. 17
Approved by the President, March 26, 1926

CP

LIGHTHOUSES 1927 JAN 21 AM 8 58

DEPARTMENT OF COMMERCE JAN 25 1927 APPOINTMENT DIVISION

REPORT ON PROBATIONARY APPOINTEE

This report to be made at expiration of fifth month of service. In cases where the probationary period comprises one year, this report is to be made at the expiration of the tenth month of service.

If service has been unsatisfactory, recommendation for discontinuance under the provisions of paragraph (c) of section 1 of Civil Service Rule VII should be forwarded immediately to the Department. A full statement of reasons should be set forth under "Remarks."

JAN 24 PM 3 5 48

DEPARTMENT OF COMMERCE
(Department)

LIGHTHOUSE SERVICE
(Bureau or office)

Portland, Maine, January 19, 1927
(Place and date)

To Commissioner of Lighthouses:
(Head of department or establishment)

The probationary period of the person named below expires at the close of business on February 15, 1927.

The conduct and capacity of this employee have been satisfactory during the probationary period, and (he) ~~(she)~~ is considered qualified for absolute appointment.

Name Millard H. Urquhart

Position 2nd Asst. Keeper

Salary $1260 per annum

Appropriation Salaries, Lighthouse Keepers, 1927

Station Ram Island Ledge Lighthouse, Maine

Date of entrance on duty August 16, 1927

Remarks:

Submitted: 1[illegible]2 4 1927

Acting Commissioner of Lighthouses

(Head of bureau or office)

SHERMAN
Superintendent
(Signature of immediate superior)

GOVERNMENT PRINTING OFFICE 10—1732

STANDARD FORM NO. 6
(Approved by the President March 28, 1924)

LIGHTHOUSES 1926 AUG 19 PM 3 50

1926 AUG 20 AM 10

CHIEF CLERK

DEPT OF COM AUG 20 26

PERSONAL HISTORY

(Statement to be prepared by appointee in his own handwriting)

Bureau, division, or office DEPARTMENT OF COMMERCE - Lighthouse Service - First District

1. Name in full Millard Harris Hayhurst

2. Legal (voting) residence Jonesport Me. 4 Washington town
(State and Congressional District) (County) (City or town)

3. Where born? Jonesport Me. town When born? 1891 Nov 26
(State or foreign country) (City or town) (Date)

4. If foreign, state whether naturalized or alien —

5. Indicate sex, marital condition, and race by check, thus: √

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single	Married √	Divorced	Widowed	White √	Colored

6. A complete record of your past civil service for the United States Government:

BRANCH OF SERVICE AND PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
			Month	Day	Year	Month	Day	Year
None								

7. 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 Nov. 1, 1922 Discharged Feb. 29, 1924 | Enlisted ____ Discharged ____

Organization U. S. C. Guard Surfman | Organization ____

8.

EDUCATION (Circle number of years)	Common school	High school	College	Degrees, if any
	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	

9. State special qualifications rough Carpenter

CARDED

10. Name, relationship, and address of person to be notified in case of emergency:

Mrs. Millard H. Hayhurst (Name) Wife (Relationship)

Winthrop Maine (Post office address)

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Millard H. Hayhurst
(Name as usually written and which will be used as official signature)

Aug. 16, 1926 (Date) Present address Jonesport Maine

16—1659

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES 1926 AUG 19 PM 3 50

SUPT. of LIGHTHOUSES, FIRST DISTRICT, AUG 17 1926 PORTLAND, MAINE.

CHIEF CLERK

AUG 20 1926 1926 AUG 20 AM 10 0

I, MILLARD H URQUHART

do solemnly[1] swear (See below) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter: So help me God.

Millard H. Urquhart.
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this [3] 16th day of August, A. D. 19 26.

(Affix official seal here)

[4] (Name) O. C. Faulkingham

(Official title) Master U.S.L.H.S.
Auth. by L.H.B. Aug 21 1920

My commission expires

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment.
Present Keeper	$1260 per annum	Second assistant keeper, Ram Island Ledge Lighthouse, Maine.
Former[5] New appointee.		

(The above should be filled in by the district officer before sending to appointee)

Office of Superintendent of Lighthouses, First District

Portland, Maine (Address), August 17, 1926 (Date)

The above-named appointee entered upon duty on August 16, 1926 (Date)

CARDED

C. E. Sherman

C. E. SHERMAN, Superintendent
(Signature, followed by title)

[1] Insert here "swear" or "affirm," as the case may be.
[2] Insert here "sworn to" or "affirmed," as the case may be.
[3] The oath may be taken any time on or after the effective date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.
[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, a chief clerk in the office of a superintendent of lighthouses or other employee in the Lighthouse Service designated by a chief clerk, or any other officer having authority to administer oaths, but never before a collector of customs or postmaster, as neither officer has power to administer oaths in such cases. In case the officer administering the oath has no seal, his official character should be duly certified to by the clerk of the proper court or the proper county clerk, except in the case of chief clerks in the offices of superintendents of lighthouses and other employees in the Lighthouse Service designated by them, who are not required to have a seal.
[5] Give this information in all cases where new oath is required.
Failure to fill out this oath properly will result in its return for correction.

11—944

C. S. REPORT DATA ENTERED

Form A-30

NOT TO BE ACCEPTED AS AUTHORITY FOR INVESTIGATION OPERATIONS UNLESS ACCOMPANIED BY OFFICIAL CREDENTIALS

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

August 7, 1926.

Mr. Millard H. Urquhart,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office,

Keeper

in the Lighthouse Service

at a salary of Twelve Hundred and Sixty dollars per annum

effective August 16, 1926, or as soon thereafter as you enter on duty.

Nature of appointment: Probationary.

Civil Service authority: Secretary, First Civil Service District.

Classification allocation:

APPOINTMENT DIVISION ENTERED AUG 10 1926 ON JOURNAL DEPARTMENT OF COMMERCE

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER.

AUG 10 1926

Acting Chief of Appointment Division.

P.
1.

Appropriation: Field.

Vice: Bertrill E. Little.

Legal Residence: Maine.

CARDED

11-8657

Form 73 GFL

NOMINATION.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES 1926 AUG 5 PM 3 40

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine (City.) August 6 (Date.) 1926.

DEPARTMENT OF COMMERCE APPOINTMENT DIVISION AUG 7 1926

CHIEF CLERK 1926 AUG 5 PM 4 20

DEPARTMENT OF COMMERCE AUG 10 26 APPT. DIV.

COMMISSIONER OF LIGHTHOUSES:

Action recommended, PROBATIONARY APPOINTMENT

Name, Millard H. Urquhart

Legal residence, Maine

Position, Keeper (2nd) in Lighthouse Service

Salary, $1260. p. a. (Range: $1260.-$1500. p. a.)

Location, 2nd Asst. Keeper, Ram Island Ledge L. H., Me.

Appropriation, ~~Sals., Kprs., etc.~~ Lighthouse Service

Effective August 16, 1926, ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, New appointee

Former salary, -----

Location, -----

Rank on eligible list, 1st Rating, Asst. Keeper. Howell P. Smith (A); Henry P. Morrison (FR); Albert J. Clinch (C).

Percentage, 89.8, Other eligibles considered: The name of Mr. H. P. Morrison has been dropped from the register until he responds to letter of inquiry.

Previous incumbent, Bertrill E. Little (1320)

Services terminated, July 31, 1926.

Reason, Resigned.

Members of family in Government Service, Two brothers, surfmen, Coast Guard, both married.

Date of birth, Nov. 26, 1899.

Remarks: There are no quarters provided for families of keepers at this station.

Selection regular, subject to the action of the U. S. Civil Service Commission, AUG 4 1926, 19

For and in absence of the Superintendent:

C. A. Nolan
Acting Secretary, First Civil Service District.

R. Luther
R. LUTHER
1st Asst. Superintendent.

BUREAU OF LIGHTHOUSES
WASHINGTON

APPOINTMENT DIVISION RECEIVED AUG 10 1926 DEPARTMENT OF COMMERCE

RECEIVED AUG 6 1926 FIRST U.S. CIVIL SERVICE DISTRICT, BOSTON, MASS.

Submitted to the Secretary of Commerce, approved.

APPROVED: AUG 10 1926
ACTING ASSISTANT SECRETARY.

H. B. Bowerman
Acting Commissioner of Lighthouses.

AUG 4 1926

8/7-26

1 Strike out the clause which does not apply.

11—2314

11 January 1943.

Senior Coast Guard Officer,
First Naval District,
Boston Mass.

BOSTON DISTRICT
RECEIVED
JAN 12 1943
U.S. COAST GUARD

For 19 years I have been skeptical of the integrity of the Coast Guard for a very good reason. I enlisted in the service 1 March 1922 recived an honorable discharge button and recommanded for good conduct medal. Enlisted 1 March 1923 and was discharged 29 February 1924 ordenary discharge becaure of physical disability. It took me two years to get my health back. I intered the light house service 16 August 1926. From that date until I enlisted in the Coast Guard again I received just and fair treatment. I have the highest praise for that branch of the goverment service. I feel as an American citizen I recieved the most unfair and unjust consideration from the Coast Guard

concerning the above disibility mentioned. I was loath to enlist in the coast Guard because of lack of faith in same, when interviewed by Lt. Foster I stated my above grievance and he assured me I could expect just and fair treatment in the future. Personnel bulliten No 16-39, 5 October 1939. Paragraph 2 (B) clearly states that former light house keepers were to receive all benefits & Previliges as of Civil service. To date I have recieved no state aid for the support of my school children which we allways recieved. It appears from the inclosed letter from A. W. Gordon that we can no longer get that support. If this is so it is plain to me I am recieving a cut in pay. I relize that you are most busy and I am sorry to take up so much of your time. I do feel I am entitled to a letter of explination. Thank you.

Willard H. Woodard B.M.C.
Jonesport Maine.

COPY

January 8, 1943

Mr. Millard H. Urquhart,
Libby Island Light Station,
Starboard, Maine.

My dear Mr. Urquhart:

Your application under date of November 6, 1942, for payment by the state to your wife for board of your children for attendance at school has been given careful consideration. It appears, however, that under present conditions your family would be unable to live at Libby Island Light Station and hence it would be necessary for you to maintain a home for them elsewhere, regardless of the schooling of the children.

The payment for board of lighthouse children is made by the State of Maine to assist parents when they are caused an extra expense on this account in maintaining a separate home during the regular school year. It would clearly seem in your case that this is not being done, and I therefore regret to say that apparently your application should not be approved.

Very truly yours,

A. W. Gordon
General Agent for Unorganized Territory

AWG/H

URQUHART, Millard Harris B.M.3c 17 July, 1941. Cross Island L.B. Sta.
NAME, SERVICE NUMBER AND RATING. DATE ENLISTED AND PLACE.

BOSTON DISTRICT RECEIVED JUL 21 1941 U.S. COAST GUARD

PAPERS AND FORMS REQUIRED WHEN MAKING ORIGINAL ENLISTMENTS IN THE COAST GUARD

✓ Form 2668, Report of Change in Pay Status- - - - - - - - - - - - -Two

✓ Form 2599, Report of Change in Personnel- - - - - - - - - - - - - -Two

✓ Form 2678, Report of Fitness of Applicant- - - - - - - - - - - - -One from each reference.

~~Form 2551, Consent of Parent or Guardian - - - - - - - - - - - -

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

REPORT OF CHANGE IN PERSONNEL

URQUHART (Surname) Millard (First name) H. (Middle initial) ..... (Service No.) B.M.1c (Rank or rating)

Machiasport Station (Unit) Machiasport, Maine. (Place) 17 July, 1941. (Date)

Resigned from Former Lighthouse Service to accept reenlistment in the Coast Guard as of the close of 16 July, 1941.
Reenlisted this date for a period of three years, as Boatswain's Mate First Class, in Regular enlistment.
Not entitled to clothing bounty of $112.75. PAFE: Machiasport, Maine, Machiasport Station.
Position held: Keeper. Salary: $ 1800.00.
Creditable service for retirement under Lighthouse retirement act computed to and including day prior to date of reenlistment in the Coast Guard: 16 years 11 months, 1 day. Classification: Keeper. Prior military service: 2 years previous Coast Guard service.

AUTHORITY: Boston District Letter 2 July, 1941, (75)

Herman R. Carr.
Herman R. Carr (101-807) (Commanding)

B.M.1c (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Cross Island Lifeboat Station. (Unit) Machiasport, Maine. (Place)

(Date)

FROM: URQUHART, Millard H. 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:

Nellie Augusta Urquhart (Full name of wife; if not married, so state)	Jonesport, Maine. (Address of wife)
Allen Edward Urquhart	Jonesport, Maine.
Philip Harris Urquhart Jr. (Full name of child; if none, so state)	Jonesport, Maine. (Address of child)
Adelmar Franklin Urquhart	Jonesport, Maine.
Madie Lucill Urquhart (Full name of child; if none, so state)	Jonesport, Maine. (Address of child)
Mary Lillian Urquhart	Jonesport, Maine.
Harvard Wndell Urquhart (Full name of child; if none, so state)	Jonesport, Maine. (Address of child)
Orrin Maxwell Urquhart	Jonesport, Maine.

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:

- - - -

23 July, 1941.

From: Commander, Boston District.
To : Commandant.

Subject: URQUHART, Millard H. ( ) B.M.1c.; reenlistment of.

Inclosures: (A) Forms on reenlistment.

1. Inclosures are forwarded herewith for the files at Headquarters. Photographs have been returned to the station for resubmission and when received will be forwarded to Headquarters.

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

P. J. SMENTON,
By direction.

73

OFFICE OF COMMANDER
BOSTON DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

BOSTON, MASS.

BOSTON DISTRICT
RECEIVED
AUG 5 1941
U.S. COAST GUARD

23 July, 1941.

From: Commander, Boston District.
To : Commanding Officer, MACHIASPORT STATION.

Subject: URQUHART, Millard H. ( ) B.M.1c.; reenlistment of.

Reference: (a) Article 4321, Personnel Instructions.
(b) Personnel Bulletin 19-41.

Inclosure: (A) Three photographs, case of subject-named man.

1. Inclosures are returned herewith and it is requested that the subject-named man furnish three photographs, as required by references (a) and (b). The photographs previously submitted do not show a clear view of the face as they are taken at a distance. The photographs shall show a clear view of the face and without head covering.

2. On the station copy of Form 2500, right above Article 10, make the following notation in red ink:

"This enlistment made pursuant to the Act of August 5, 1939."

P. J. SMENTON,
By direction.

Machiasport Station-73 1st. Indorsement. Machiasport, Maine.
31 July, 1941.

1. Returned: References (a) and (b) complied with.

Paragraph (2) complied with.

Herman R. Carr.
Herman R. Carr, B.M.1c.

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

FOLLOW INSTRUCTIONS ON BACK

URQUHART, Millard H. (Name, surname first) ..... (Service number) ..... P.H.1c (Rank or rating) Machiasport, Station. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Relief Station #269, Machias, Me. Date Aug 5, 194

To: Cross Island LB. Station.
(Coast Guard unit)

Machiasport, 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
Anti typhoid Ed Vac		July 22	Aug 5

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.

Oscar F. Larson
Dr. Oscar F. Larson.
A. A. Surgeon. U. S. Public Health Service.

No absence off duty sick.

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

FOLLOW INSTRUCTIONS ON BACK

URQUHART, Millard H. (Name, surname first) | (Service number) | B.M.1c (Rank or rating) | Machiasport, Station. (Unit)

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

*REGULAR
~~RESERVE~~
~~EMERGENCY~~
(Enlistment status)

Place Machiasport, Maine, Date 22 July, 19~~4~~ 41

To: Dr. O. F. Larson, A.A. Surgeon, U.S.P.H.S.

Machias, Maine.

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 Cross Island LB. Station.

Millard H. Urquhart.
(Signature of patient)

Herman R. Carr.
Herman R. Carr, B.M.1c
Commanding Officer. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Relief Station #269, Machias, Me. Date July 22, 19~~4~~

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

acute typhoid immunization
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *~~No.~~} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *~~No.~~} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at _____ {*~~hospital~~ / *office} on July 22, 19~~4~~1

Dr. Oscar F. Larson.
A. A. Surgeon. U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

3—663

75
73

OFFICE OF COMMANDER
BOSTON DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

BOSTON, MASS.

U.S. COAST GUARD BOSTON DISTRICT RECEIVED AUG 22 1941

18 August, 1941.

From: Commander, Boston District.
To : URQUHART, Millard H. ( ) B.M.1c., Libby Islands Light Station.

Via : 1. Commanding Officer, MACHIASPORT STATION.

Subject: Induction into Coast Guard.

Inclosure: (A) Form 2249, covering your change in status from civilian to military.

1. Inclosure (A) is forwarded you herewith for your information and personal files.

P. J. SMENTON,
By direction.

Machiasport Station.-75-73. 1st. Indorsement. Machiasport, Maine. 21 August, 1941.

1. Inclosure (A) Form 2249, forwarded.

Herman R. Carr.
Herman R. Carr, B.M.1c.

75
73

18 August, 1941.

From: Commander, Boston District.
To : URQUHART, Millard H. ( ) B.M.1c., Libby Islands Light Station.

Via : 1. Commanding Officer, MACHIASPORT STATION.

Subject: Induction into Coast Guard.

Inclosure: (A) Form 2249, covering your change in status from civilian to military.

1. Inclosure (A) is forwarded you herewith for your information and personal files.

P. J. SMENTON,
By direction.

DEPT. STOCK FORM 2249
REV. 1941

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared 17 July, 1941

Name: Urquhart, Willard Harris

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Boatswain's Mate, 1c. no no
Grade	Field (Range $1500-1860)	
Salary	$1560 p.a. plus $240 p.a.Ctrs.	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	Boston, Massachusetts.	Boston, Massachusetts.
Appropriation	Libby Island Lt.Sta., Me.	Libby Island Lt.Sta., Me.
Allotment	Civilian Employees, C. G.	Pay and Allowances, C. G.
	FIELD ☐ DEPRTMTL. ☐	FIELD ☒ DEPRTMTL. ☐

EFFECTIVE *Remarks:* 17 July, 1941

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

Cancel

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

Reg.

DATE OF BIRTH

11-26-99

LEGAL RESIDENCE

Maine

SEX	RACE
M	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 6-30-16

DATE OF OATH

SUBORDINATE ADMINISTRATIVE OFFICE

DATE APPROVED BY THE SECRETARY

7-24-41

75

Boston, Massachusetts,

14 July, 1941.

From: Commander, Boston District.
To : Commanding Officer, MACHIASPORT STATION.

Subject: URQUHART, Millard H., Keeper, Libby Islands LH; induction into the Coast Guard.

Reference: (a) Boston District letter, 2 July, 1941 (75).

1. Authorization for the regular enlistment of the subject-named man, in the rating of boatswain's mate, first class, providing he was found qualified in all respects, was forwarded you with reference (a) with request that his enlistment be effected at the earliest practicable date and all papers forwarded to this office without delay.

2. To date this office has received no information relative to the status of the enlistment of the subject-named man. If he declined induction into the Coast Guard, this office should be notified promptly and all papers returned.

O. A. LITTLEFIELD,
By direction.

75

TREASURY DEPARTMENT
United States Coast Guard

Office of
the
Commander
BOSTON DISTRICT

Boston, Massachusetts,

2 July, 1941.

From: Commander, Boston District.
To : Commanding Officer, MACHIASPORT STATION.

Subject: URQUHART, Millard H., Keeper, Libby Islands 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: 16 years, 10 months, 17 days. (Includes 2 years previous Coast Guard service.)

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.

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
WASHINGTON

19 April, 1941.

Machiasport Sta

From: Commandant.
To: **URQUHART, Millard H., Keeper, Libby Islands Lighthouse.**

Via: **Commander, Boston District.**

Subject: Induction into Coast Guard.

Reference: (a) Regulations to Carry into Effect Section 4 of the Act of August 5, 1939 (Public No. 291, 76th Congress).

Inclosure: (A) Form letter to be returned to Commandant.

1. Under the provisions of reference (a) you are hereby tendered a ([redacted])(regular enlistment) of three years as **boatswain's mate, 1st, cl.** subject to the physical examination prescribed by paragraph 6 of reference (a), and evidence that you meet the qualifications for enlistment contained in Personnel Instructions, U. S. Coast Guard, except for age and marriage.

2. For your information paragraph 6, mentioned above, reads as follows:

> "Each candidate shall be required to take the standard physical examination. If his service, as computed pursuant to section 6 of the Act of August 5, 1939, is less than fifteen years, the standard of physical qualification shall be the same as that required for original appointment; Provided, That minor defects may be waived upon the recommendation of Chief Medical Officer of the Coast Guard. If the service of the candidate shall exceed fifteen years, physical defects may be waived by the Secretary of the Treasury unless they impair ability to perform all the duties of his grade or are likely to result in premature retirement."

3. You are advised that, having accepted an enlistment in the Coast Guard, you will be eligible for promotion in the same manner and under the same regulations as other men in the Coast Guard in the same rate. You are further advised that your enlistment is for general service and that you may be transferred and assigned to duty as the needs of the Service require.

4. Should you decline induction such action will not operate to prejudice your present position and pay.

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

Date 7 May 1941

From: URQUHART, Millard H., Keeper, Libby Islands Lighthouse.
To: Commandant.

Via: Commander, Boston District.

Subject: Induction into Coast Guard.

Reference: (a) Headquarters' letter 19 April, 1941 (P-75).

1. Receipt is acknowledged of reference (a) on 7 May, 1941.

2. I desire to be enlisted in the Coast Guard in the rate tendered me by reference (a), and I shall make immediate application to the district commander for this purpose.

3. ~~I hereby decline enlistment in the Coast Guard in the rate tendered me in reference (a).~~

Millard H. Urquhart.
Millard H. Urquhart.

(Note: With reference to paragraph 2, strike out the paragraph which does not apply to your case.)

Boston District 1st Indorsement Boston, Mass.,
75 8 May, 1941.

1. Forwarded. Report of physical examination will be promptly forwarded under separate cover when received.

O. A. LITTLEFIELD,
By direction.

75

TREASURY DEPARTMENT

United States Coast Guard

Office of the Commander

Boston, Massachusetts,

8 May, 1941.

BOSTON DISTRICT

From: Commander, Boston District.
To : Commanding Officer, MACHIASPORT STATION.

Subject: **Millard H. Urquhart, Keeper, Libby Islands LH;** Induction into Coast Guard.

Reference: (a) Headquarters' letter, 19 April, 1941 (P-75).

Inclosure: (A) Forms 2525-B, Physical Examination Record, in triplicate.

1. The above-named man having indicated that he desires to be inducted into the Coast Guard, you will make the necessary arrangements for the required standard physical examination at the nearest Public Health Service Facility. Blood test shall be taken at the time of the examination and the results of this blood test shall be noted on Form 2525-B.

2. Forward Form 2525-B, in triplicate, to this office at the earliest practicable date in order that the physical examination report may be submitted to Headquarters for appropriate action.

3. If you are aware of any reason why his onlistment should not be effected, advise this office, stating your reasons. This statement, if any is necessary, should accompany completed report of physical examination

O. A. LITTLEFIELD,
By direction.

Form 93

NOTICE OF RESIGNATION OR DEATH

T R E A S U R Y D E P A R T M E N T

United States Coast Guard

Office of the Commander, Boston District,

Boston, Massachusetts, 21 July, 1941.

Commandant:

Herewith is transmitted the resignation, in duplicate, of the following-named employee:

Name, URQUHART, Millard Harris Position, Keeper

Legal residence, Maine Station, Libby Islands Light Station

Salary, $1560.00 per annum

The acceptance of this resignation (with) prejudice is recommended
(without)

effective at the close of 16 July, 1941.

This employee has ... taken leave in excess of the accrued rate.

REMARKS:

Mr. Urquhart's resignation was effective at the close of 16 July, 1941. He was inducted into the Coast Guard as a B.M.1c. and the oath was administered on 17 July, 1941.

P. J. SMINTON, By direction.

U. S. Coast Guard
Washington

Submitted to the Secretary of the Treasury,

From: URQUHART, Millard Harris:
To : Commander, Boston District.

Subject: Resignation.

1. I hereby submit my resignation to be effective at the close of 16 July, 1941, in order to accept reenlistment in the U. S. Coast Guard.

Respectfully,

Millard H. Urquhart

Millard H. Urquhart.

Urquhart

28 June, 1941.

Mrs. Millard H. Urquhart,
P. O. Box 41,
Jonesport, Maine.

Madam:

Receipt of your letter of June 14, 1941, regarding payment of salary due your husband, Millard H. Urquhart, for the month of May, 1941, is acknowledged.

You are advised that the matter has been taken up with Headquarters at Washington and this office has been informed that Mr. Urquhart must be in a leave without pay status from 9 May, 1941, until his return to duty, inasmuch as he has used all of his accrued annual, compensatory and sick leave to the close of May, 1941, in addition to having been granted 30 days' advance sick leave.

In this connection, you are advised that Mr. Urquhart's salary check for eight days in May will be forwarded him in a few days. Since Mr. Urquhart returned to duty on 20 June, 1941, he will be paid for 11 days' services during the month of June.

Very truly yours,

L. H. MORINE
Lieutenant, U.S.C.G.,
By direction.

Copy to:
Pay Officer.

BOSTON DISTRICT 75

Boston, Mass.,
16 June, 1941.

Subject: Millard H. Urquhart, Keeper.

---

4. Information is desired as to whether or not Keeper Urquhart will be entitled to benefits under the U. S. Employees' Compensation Act in the event that he cannot be continued in a pay status while absent on account of sickness in the hospital.

O. A. LITTLEFIELD
By direction.

Dispatch of 17 June, 1941
26231.5; from Hodges
Hodges advised L W O P.

16 June, 1941.

From: Commander, Boston District.
To: Commandant.

Subject: Millard H. Urquhart, Keeper, Libby Islands Light Station.

Reference: (a) Leave of absence due to illness; hospitalization.

Inclosure: (A) Report of Medical Officer, U. S. Marine Hospital, Portland, Maine, 1 June, 1941.
(B) Mrs. Urquhart's letter 11 April, 1941.
(C) Mrs. Urquhart's letter 14 June, 1941.

1. Headquarters is advised that subject-named man was admitted to the U. S. Marine Hospital at Portland, Maine, on 3 January, 1941, for treatment of chronic appendicitis and influenza, and was discharged from the hospital on 28 February, 1941, with recommendation that he be granted two week's convalescent leave before returning to duty. During the two week's convalescent leave, he was under the care of a Public Health Service physician at Jonesport, Maine, who diagnosed his case as "severe bronchitis", and ordered him to return to the Marine Hospital at Portland, Maine, for further treatment. Mr. Urquhart was readmitted to the hospital on 27 March, 1941, for "acute bronchitis" and discharged on 5 April, 1941, with report that he was fit for duty. On 7 April, 1941, he returned to the light station but was unable to perform his duties, leaving the station again for in-patient treatment at the marine hospital on 8 April, 1941, being confined there at the present time.

2. In this connection, Headquarters is advised that Mr. Urquhart has exhausted all of his accrued annual, compensatory and sick leave to the close of 30 April, 1941, in addition to having been advanced 30 days' sick leave during that period, in accordance with provisions contained in Leave Regulations.

3. It is desired that this office be advised by dispatch as to what disposition should be made in this case in order that appropriate reply may be made to inclosure (C) at the earliest practicable date. Keeper Urquhart has completed approximately 17 years' honorable service and as noted by inclosure (B) his family will be without the necessary means of support until he returns to duty.

3. It will be noted from inclosure (A) that the medical officer reports no improvement in his condition.

Commander Of Boston Dist.
U. S. C. G. Custom house.
Boston Mass.

BOSTON DISTRICT
RECEIVED
JUN 16 1941
U.S. COAST GUARD

June 14, 1941.

Dear Sir:-

I beg to inquire why Mr. Millard H. Urquhart hasn't received his may chque, and if he will receive any more pay until he returns to duty. If his pay is stoped I will have to write some one else and see what can be done in his case and how his family is to be taken care of.

Yours Truly.

Mrs. Millard H. Urquhart
Jonesport Me.
Box 41.

FEDERAL SECURITY AGENCY

U. S. PUBLIC HEALTH SERVICE

U. S. Marine Hospital
Portland, Maine
June 1, 1941

IN REPLYING, ADDRESS THE
Medical Officer
in Charge

Commander, Boston District
U. S. Coast Guard
Boston, Massachusetts

Sir:

In reply to your letter of 20 May, 1941, in regard to Millard H. Urquhart, Keeper, Seguin Light Station, Mr. Urquhart's physical condition is essentially the same as on admission.

It is very difficult to estimate the exact length of time it will be necessary for him to remain in the hospital, but an estimate of approximately 30 days appears most probable.

Respectfully,

Edward R. Pelikan, Surgeon USPHS
Medical Officer in Charge

JER:MWM

20 May, 1941.

From: Commander, Boston District.
To: Medical Officer in Charge, U. S. Marine Hospital, Portland, Maine.

Subject: Millard H. Urquhart, Keeper, Seguin Light Station.

Reference: (a) Leave of absence on account of illness.

1. The records of this office indicate that subject-named man was readmitted to your hospital for in-patient treatment on 8 April, 1941, and is still confined at the hospital.

2. It is requested that this office be furnished with a statement as to Mr. Urquhart's physical condition and when it is expected that he will be able to return to duty.

O. A. LITTLEFIELD
Lieut.-Comdr., U.S.C.G.,
Personnel Officer,
Boston District.

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

REPORT OF CHANGE IN PERSONNEL

URQUHART,	Millard	H.		Keeper.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

LIBBY ISLANDS LIGHT MACHIASPORT STATION,	Machiasport, Maine.	20 June, 1941.
(Unit)	(Place)	(Date)

Reported for duty 3:00 p.m. this date from U.S. Marine Hospital, Portland, Maine.

AUTHORITY: Article 2147 (1). Regulations.

Herman R. Carr

Herman R. Carr, B.M.1c.
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

8

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

REPORT OF CHANGE IN PERSONNEL

URQUHART,	Millard	H.		Keeper,
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

LIBBY ISLANDS LIGHT MACHIASPORT STATION,	Machiasport, Maine.	20 June, 1941.
(Unit)	(Place)	(Date)

Reported for duty 3:00 p.m. this date from U.S. Marine Hospital, Portland, Maine.

AUTHORITY: Article 2147 (1). Regulations.

Herman R. Carr.
Herman R. Carr, B.M.-lc.
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

April 11, 1941.

Commander,
U. S. C. G.
Boston Mass.

Dear Sir:-

April 3rd I received a note for Keeper M. H. Urquhart saying as a result of absence from station since 2 January his annual and sick leave had been exhausted sometime during March and after a cheque of leave records had been made he would get his pay for the portion of the month. He returned to duty after I sent him the note in no fit condition to work but he had to do something in order to feed his family. He stood his watch and suffered all night. The first assistant called the Dr. during that time. I went to meet him the next day and Dr. Larson said he would have to send him back to the hospital

he was not able to work. He has served 17 years and 7 Months in the goverment service now sick and not able to work and his pay has stoped. How can a man get well when he has a family of 7 at home with out money and no way to get any. Is it possiable for a man to serve that much time in the goverment service and not be able to get any money to take care of his family while he is sick. If there is any information or way you can help in this matter I will be very grateful. Thank you.

Yours Truly
Mrs M. H. Turquhart
Jonesport Me.
Box 41

16 April, 1941.

Mrs. M. H. Urquhart,
P. O. Box 41,
Jonesport, Maine.

Madam:

In reply to your letter of 11 April, 1941, in connection with the illness of your husband, Millard H. Urquhart, Keeper, Libby Island Light Station, you are advised that this office has advanced Mr. Urquhart 30 days additional sick leave in addition to the amount of sick leave that has accumulated to his credit.

Mr. Urquhart's pay check for the month of March will be mailed to him in a few days.

Very truly yours,

O. A. LITTLEFIELD
Lieut.-Comdr., U.S.C.G.,
Personnel Officer,
Boston District.

Copy to:
Mr. Urquhart, US Marine Hospital, Portland, Me.

OFFICE OF COMMANDER
BOSTON DISTRICT

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
BOSTON, MASS.

BOSTON DISTRICT RECEIVED APR 9 1941 U.S. COAST GUARD

31 March, 1941.

From: Commander, Boston District.
To: Medical Officer in Charge, U. S. Marine Hospital, Portland, Maine.

Subject: Millard H. Urquhart, Keeper, Libby Islands Light Station.

1. This office has been advised by the Officer in Charge, Machiasport Station, that the subject-named man was ordered to return to your hospital by Dr. C. W. Milliken of Jonesport, Maine, for further in-patient treatment.

2. It is requested that this office be furnished with a detailed statement in the case of the subject-named man including the probable duration of hospital treatment required and the approximate date of his return to duty.

O. A. LITTLEFIELD
Lieut.-Comdr., U.S.C.G.,
Personnel Officer,
Boston District.

1st indorsement

U. S. Marine Hospital
Portland, Maine
7 April, 1941

Respectfully returned to the Commander, First District, U. S. Coast Guard, Boston, Massachusetts with the following information:

Date of admission: 27 March, 1941
Diagnosis: Bronchitis, acute - confirmed by X-ray of lungs
He was discharged 5 April, 1941, improved, and further hospitalization not necessary. He is considered fit to perform his duties.

Edward R. Pelikan, Surgeon USPHS
Medical Officer in Charge

JER:MWM

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

FOLLOW INSTRUCTIONS ON BACK

Machiasport, Station.

URQUHART, Millard H. (Name, surname first) — (Service) — Keeper, Libby Island Light Sta. (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Portland, Maine, Date 8 April, 1941

To: Officer in Charge, Machiasport Station
(Coast Guard unit)
Libby Island Light Sta.
Machiasport, Maine
(Address)

BOSTON DISTRICT RECEIVED APR 11 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
Bronchitis, acute	0191	27 March	5 April, 1941

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

CONDUCT REPORT:

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

MWM

J. E. Robinson
J. E. Robinson, P. A. Surgeon (R)
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

Machiasport, Station.

URQUHART, Millard H. (Name, surname first) (Service) Keeper, Libby Island Light Sta. (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital Portland, Maine, Date 8 April, 1941

To: Officer in Charge, Machiasport Station (Commanding officer)
Libby Island Light Sta.
Machiasport, 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
Bronchitis, acute	0191	27 March	8 April, 1941

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

CONDUCT REPORT:

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

MMM

J. E. Robinson
J. E. Robinson, P. A. Surgeon (R)
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

Urquhart, Millard H. (Name, surname first) | (Service number) | Keeper (Rank or rating) | Libby Island Light Machiasport 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 Machiasport, Maine., Date 8 April, 1941., 193

1ST DIST. RECEIVED APR 11 1941 U.S. COAST GUARD

To: Dr. O.F.Larson, A.A. Surgeon, U.S.P.H.S.

Machias, Maine

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 ~~Medical Officer~~ Surgeon

RETURN MEDICAL CERTIFICATE be returned to ~~Officer in Charge~~ Machiasport Lifeboat Station.

Millard H. Urquhart
Millard H. Urquhart
(Signature of patient)

Sidney F. Dill
Sidney F. Dill M.M.1c.
Officer in Charge Acting U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Relief Station #269, Machias Me. Date April 8, 1941

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

Mental stomach, gastro neurosis
(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 Mac

{*hospital / *office} on April 8, 1941

Oscar F. Larson
Dr. O.F. Larson
A.A. Surgeon. U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

Urquhart, Millard H. (Name, surname first) ; (Serial number) ; Keeper (Rank or rating) ; Libby Island Light Machiasport 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 Machiasport, Maine., Date 8 April, 1941., 193

To: Dr. O.F.Larson, A.A. Surgeon, U.S.P.H.S.
Machias, Maine

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 Machiasport Lifeboat Station.

Millard H. Urquhart
(Signature of patient)

Sidney F. Dill M.M.1c.
Officer in Charge
Acting U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Relief Station #269, Machias Me., Date April 8, 1941

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

Ulcer Duodenal, gastric Neurosis
(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 90 days absence from duty. He was admitted to {*impatient / *outpatient} treatment at

{*hospital / *office} on April 8, 1941

Dr. O.F. Larson
A.A. Surgeon.
U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)
U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

URQUHART, Millard H. (Name, surname first) ..... (Service number) ..... Keeper, Libby Island Light Station. (Rank or rating) Machiasport, Station. (Unit)

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

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

Place Machiasport, Maine., Date 27 March, 1941., 193

BOSTON DISTRICT RECEIVED APR 11 1941 U.S. COAST GUARD

To: U.S. Marine Hospital

Portland, Maine.

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 Cross Island Lifeboat Station.

Millard H. Urquhart
Millard H. Urquhart.
(Signature of patient)

Herman R. Carr.
Herman R. Carr, B.M.1c.
Officer in Charge. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Portland, Maine, Date 27 March, 1941

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

0191-Bronchitis, acute
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 10 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U. S. Marine Hospital, Portland, Maine {*hospital / *office} on 27 March, 1941

J E Robinson

MWM

J. E. Robinson, P. A. Surgeon (R)
U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

URQUHART, Millard H. (Name, surname first) ____ (Service number) 4 ____ Keeper, Libby Island Light Station. (Rank or rating) Machiasport, Station. (Unit)

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

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

Place Machiasport, Maine., Date 27 March, 1941., 193

To: U.S. Marine Hospital

Portland, Maine.

SIR: You are requested to examine the above-named {*officer / *enlisted man} ~~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 Cross Island Lifeboat Station.

Millard H. Urquhart
Millard H. Urquhart. (Signature of patient)

Herman R. Carr.
Herman R. Carr, B.M.1c.
Officer in Charge. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Marine Hospital Portland, Maine, Date 27 March, 1941

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

0191-Bronchitis, acute
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 10 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U. S. Marine Hospital, Portland, Maine {*hospital / *~~office~~} on 27 March, 1941

MWM

J. E. Robinson
J. E. Robinson, P. A. Surgeon (R)
U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
BOSTON DISTRICT

BOSTON, MASS.

5 March, 1941.

BOSTON DISTRICT
RECEIVED
MAR 15 1941
U.S. COAST GUARD

From: Commander, Boston District.
To: Medical Officer in Charge, U. S. Marine Hospital, Portland, Maine.

Subject: Millard H. Urquhart, Keeper, Libby Islands Light Station.

1. In view of the probable prolonged absence from duty on account of sickness, it is requested that this office be furnished with a detailed statement in the case of the subject-named man. This statement should indicate the probable duration of hospital treatment required.

O. A. LITTLEFIELD
Lieut.-Comdr., U.S.C.G.,
Personnel Officer,
Boston District.

1st Endorsement

U. S. Marine Hospital
Portland, Maine
14 March, 1941

Respectfully returned to the Commander, Boston District, U.S. Coast Guard, Boston, Massachusetts, with the information that the above-named man was discharged from this hospital on February 28, 1941, recovered, except for two weeks' convalescent leave which was recommended.

E. R. Pelikan, Surgeon USPHS
Medical Officer in Charge

MWM

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

BOSTON DISTRICT RECEIVED MAR 6 1941 U.S. COAST GUARD

Machiasport

COAST GUARD STATION

Machiasport, Maine.
4 March, 1941.

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

Subject: Urquhart, Millard H., Keeper of Libby Islands Light Station.

1. In compliance with the request of the Medical Officer in Charge, U.S. Marine Hospital, Portland, Maine you are advised that subject man arrived at his home in Jonesport, Maine at 7:30 p.m. 28 February, 1941.

2. I have been informed by Keeper Urquhart that he is home on convalescent leave. Length of time not stated.

Herman R. Carr

Herman R. Carr B.M.1c.
Officer in Charge.

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

FOLLOW INSTRUCTIONS ON BACK

UQUHART, Millard H. [redacted] Keeper Libby Island Light, Machiasport Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

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

Place Machiasport, Maine., Date 2 January, 1940., 193

To: Dr. O.F. Larson, A.A. Surgeon, U.S.P.H.S.

Machias, Maine.

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 Machiasport Lifeboat Station.

Millard H. Uquhart
Millard H. Uquhart
(Signature of patient)

Herman R. Carr
Herman R. Carr B.M.1c.
Officer in Charge. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Relief Station #269, Machias, Me. Date Jan. 2, 194~~1~~

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

Gastritis
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. *~~No.~~} Fit for duty? {*~~Yes.~~ *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*~~inpatient~~ *outpatient} treatment at _____ {*~~hospital~~ *office} on Jan 2, 194~~1~~

O.F. Larson
Dr. O.F. Larson
A.A. Surgeon. U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—863

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

FOLLOW INSTRUCTIONS ON BACK

UQUHART, Millard H. (Name, surname first) ____ (Service number) Keeper (Rank or rating) Libby Island Light Machiasport Station. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Relief Station #269, Machias, Maine. Date _____, 193

To: Machiasport Lifeboat Station.
(Coast Guard unit)

Machiasport, 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

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

CONDUCT REPORT:

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

Dr. Oscar F. Larson
A.A. Surgeon. *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

Unquhart, Millard H., who has been under {*~~inpatient~~ / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at Relief Station #269 for
Gastritis (Diagnosis) since Jan 2, 193~~5~~, has been
transferred this date Jan 2, 193~~5~~, to the U. S. Marine Hospital at Portland
for further treatment.

Oscar F. Larson
A.A. Surgeon. *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

31 March, 1941.

From: Commander, Boston District.
To: Medical Officer in Charge, U. S. Marine Hospital, Portland, Maine.

Subject: Millard H. Urquhart, Keeper, Libby Islands Light Station.

1. This office has been advised by the Officer in Charge, Machiasport Station, that the subject-named man was ordered to return to your hospital by Dr. C. W. Milliken of Jonesport, Maine, for further in-patient treatment.

2. It is requested that this office be furnished with a detailed statement in the case of the subject-named man including the probable duration of hospital treatment required and the approximate date of his return to duty.

O. A. LITTLEFIELD
Lieut.-Comdr., U.S.C.G.,
Personnel Officer,
Boston District.

73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Machiasport, Maine.
(POST OFFICE ADDRESS)

27 March, 1941.

BOSTON DISTRICT
RECEIVED
MAR 29 1941
U.S. COAST GUARD

Machiasport
COAST GUARD STATION

Boston.
DISTRICT

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

Subject: URQUHART, Millard H. Keeper, Libby Islands Light Station, return to Hospital.

1. You are advised that subject man was ordered to return to U.S. Marine Hospital at Portland, Maine this date by Dr. Clarence W. Milliken of Jonesport, Maine.

Herman R. Carr

Herman R. Carr, B.M.1c.

TREASURY DEPARTMENT

UNITED STATES
PUBLIC HEALTH SERVICE

OFFICE OF
MEDICAL OFFICER IN CHARGE

March 21, 1941

O. A. Littlefield
Lieutenant Commander
United States Coast Guard
Custom House, Boston, Mass.

Subject: Millard H. Urquhart, Keeper
Libby Island Light Station

Dear Sir:

Urquhart came to me about ten days after he returned from the hospital. At that time he complained bitterly of his stomach. He said it was as bad as before he went to the hospital.

He was in my office yesterday saying that his stomach was very much better but complained of a severe bronchitis. I gave him treatment for same and advised his returning next Monday and if better of the bronchitis, will send him back to his station.

Very truly yours,

C. W. Milliken

CWM:H

C. W. Milliken
A. A. Surgeon
Public Health Service

18 March, 1941.

Dr. Clarence W. Milliken,
A. A. Surgeon,
Jonesport, Maine.

Dear Sir:

Information has been received from the Officer in Charge, Machiasport Coast Guard Station, that Millard H. Urquhart, Keeper, Libby Islands Light Station, is now under your care and has been extended convalescent leave for an indefinite period.

Since the Medical Officer in Charge, U. S. Marine Hospital, Portland, Maine, recommended two weeks' convalescent leave upon his discharge from the hospital, it is requested that this office be advised as to Mr. Urquhart's present physical condition and when it is expected that he will be able to return to duty.

Very truly yours,

O. A. LITTLEFIELD
Lieut.-Comdr., USC.G..,
Personnel Officer,
Boston District.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

BOSTON DISTRICT RECEIVED MAR 15 1941 U.S. COAST GUARD

Machiasport, Maine.
(POST OFFICE ADDRESS)

14 March, 1941.

Machiasport
COAST GUARD STATION

Boston
DISTRICT

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

Subject: URQUHART, Millard H. Keeper, Libby Islands Light Station, convalescent leave.

1. You are advised that subject man's convalescent leave has been extended for an indifinite period by Doctor Clarence W. Milliken of Jonesport, Maine.

Herman R. Carr.

Herman R. Carr.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

URQUHART, Millard H. (Name, surname first) — [redacted] (Service number) — Principal Keeper (Rank or rating) — Libby Is. Sta. (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 _____, Date _____, 193

BOSTON DISTRICT RECEIVED MAR 10 1941 U.S. COAST GUARD

To: _____

_____

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 _____

_____ _____
(Signature of patient)

_____ U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Marine Hospital Portland, Maine, Date 3 January, 1941

I CERTIFY that I have examined the above-named person and find him suffering from 1793-Under observation gastrointestinal disease; changed to: 0130-Appendicitis, chronic
(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 4-5 ~~days~~ absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U. S. Marine Hospital, Portland, Maine {*hospital / *~~office~~} on 3 January, 1941

MWM

J. E. Hammond
J. E. Hammond, Surgeon (R)
U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

URQUHART, Millard H. (Name, surname first) — [redacted] (Service number) — Principal Keeper (Rank or rating) — Libby Is. Sta. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Portland, Maine, Date 28 February, 1941

To: Officer in Charge Machiasport CG Sta.
(Coast Guard unit)

Machias, 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
Under observation gastrointestinal disease			
changed to: Appendicitis, chronic	0130	3 January	28 February, 1941
Influenza, simple	0868	"	"

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

2 weeks' convalescent leave recommended before returning to duty.

CONDUCT REPORT:

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

J. E. Hammond

J. E. Hammond, Surgeon (R)
U. S. Public Health Service.

MWM

NOTICE OF MEDICAL TRANSFER

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

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

5 March, 1941.

From: Commander, Boston District.
To: Medical Officer in Charge, U. S. Marine Hospital, Portland, Maine.

Subject: Millard H. Urquhart, Keeper, Libby Islands Light Station.

1. In view of the probable prolonged absence from duty on account of sickness, it is requested that this office be furnished with a detailed statement in the case of the subject-named man. This statement should indicate the probable duration of hospital treatment required.

O. A. LITTLEFIELD
Lieut.-Comdr., U.S.C.G.,
Personnel Officer,
Boston District.

MACHIASPORT Machiasport, Maine.

Boston 19 July 40.

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

Subject: Leave account of URQUHART, Millard, Keeper of Libby Island Light Station.

1. Information is hereby requested as to the number of days due subject named man for the month of August.

Herbert L. Huntley B.M.1c (PRO).
Acting.

BOSTON DISTRICT 75 1st Indorsement Boston, Mass., 23 July, 1940.

1. Returned. The records of this office indicate that URQUHART has had 47 days and 22 hours annual and compensatory leave to the close of July. He will have 14 days and 18 hours unused accrued leave to the close of August. The above time is computed on the basis of eight days a month during January, February, March, April and May, and six days a month during June, four days a month during July and August, (period from June 15 through July and August, during which time children were not attending school) making a total of 54 days, plus 8 days and 16 hours remaining from the last calendar year, equals 62 days and 16 hours, total accruals. By deducting the above amount already used will give the figure of 14 days and 18 hours unused accrued leave as above mentioned.

O. A. LITTLEFIELD
By direction.

Form 78

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

~~TREASURY DEPARTMENT~~

~~DEPARTMENT OF COMMERCE~~

~~LIGHTHOUSE SERVICE~~

U. S. Coast Guard

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

South Portland, Maine, 28 November, 1939. , 193

Name of vessel, station, or other aid to navigation involved:
Libby Islands Lighthouse, Maine.
Date of accident: November 21, 1939.

Nature and cause of accident: While stepping from cargo boat, lost his balance and caught his left leg between boat and tender, jamming it.

Estimated cost of damage { to property of the Department: $ ---
to private property: $ ---

What steps have been taken to recover cost of damage to Department property? ---

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
Millard H. Urquart	Keeper	Bruised muscles	Yes.

Reports will be duly submitted to the Employees' Compensation Commission in case any medical or other charges are involved under the Employees' Compensation Act.

Remarks or recommendations: Forms C. A. 1 and 2 will be forwarded U. S. Employees' Compensation Commission upon completion.

BOSTON, MASS. EXAMINED AND FORWARDED NOV 29 1939 by direction DISTRICT COMMANDER

H M INGALLS *Superintendent of Lighthouses.*

Date .....

Submitted, in duplicate, to the Secretary of Commerce, for his information.

For the Commissioner.

.....

11—11418

75

28 November, 1939.

From: Superintendent of Lighthouses, South Portland, Me.
To: M H Urquhart, Keeper, Libby Islands LH., Me.

Subject: Leave.

Reference: (a) Form 79 - eight days from 3 December - 11 December, 1939.

1. Did you intend to cancel reference (a) upon your return to duty from leave on account of your injury?

2. Inform this office the date and time that you returned to the station.

INGALLS
Superintendent

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department TREASURY (War, Navy, etc.) 2. Bureau or office Coast Guard (Engineer, Navigation, etc.)
3. Place of employment Libby Island Lighthouse (Arsenal, Navy Yard, etc.) Starboard, Maine (City) (State)
4. Reporting office Supt. of Lighthouses, South Portland, Maine. (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Kennedy

The injured employee

6. Name of injured employee Millard H Urquhart (Give first name in full) 7. Age 40 8. Sex male 9. Race white
10. Home address ____ (Street and number) Jonesport (City or town) Maine (State)
11. Occupation and division principal light keeper (Give both, as laborer, hull division, helper, machine shop, etc.) 12. Was employee doing his regular work? yes If not, what work? ____
13. Total length of service with the Government as a civilian? 13 years (approx.)
14. How long at present work in this establishment? do.
15. Dates of other injuries Feb.15,1929; Dec.12,1931; July 7,1934; Jan.16,1936; Jan.22,1939.
16. Rate of pay on date of injury $1560 per annum { and subsistence valued at $--- per ____ ; and quarters valued at $240 per annum
17. Employee begins work at no fixed time (Hour, a. m. or p. m.) m. 18. Regular day's work ends no fixed time (Hour, a. m. or p. m.) m.
19. Hours worked per day 24 20. Days paid per week 7

The injury

21. Place where injury occurred Dolphin about 50 yards from boatslip (Give exact location, as name or number of building and division, etc.)
22. Date of injury 21 November, 1939; day of week Tuesday; hour of day 7 a. m. (a. m. or p. m.)
23. Date employee stopped work 21 Nov., 1939; day of week Tuesday; hour of day 7 a. m. (a. m. or p. m.)
24. Date employee's pay stopped Did not stop; day of week ____; hour of day ____ m. (a. m. or p. m.)
25. Has employee returned to work? Yes--2:00 P. M., 27 November, 1939 (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave No (Give exact dates)
(b) Sick leave Yes, entire period (Give exact dates)
(c) Any other reason --- (Give exact dates)
27. Describe in full how injury occurred While stepping from cargo boat HIBISCUS to relieve boat for Libby Islands lost balance left leg between the two boats came together on my leg before I could pull it in over stern of relief boat.
28. State part of body injured and nature and extent of injury left leg above knee bruised muscles.
29. Did injury cause loss of any member or part of member? no If so, describe exactly ____
30. Was employee injured while in performance of duty? yes If not, or in doubt, give detailed statement ____
31. Was injury caused by:
(a) Willful misconduct of the employee? no (b) Intention of employee to bring about injury or death of himself or another? no (c) Employee's intoxication? no
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? no If not, did immediate superior have actual knowledge of injury? yes, by telephone
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury see members of Hibiscus crew
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? no If so, has employee been instructed in procedure under commission's regulations? ____
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case C. W. Milliken, A. A. Surgeon, U.S.P.H.S.
36. How soon after injury? about 12 hours
37. To what hospital sent? ____ Location ____
38. Name and address of physician now attending case C.W.Milliken, A.A.Surgeon, U.S.P.H.S.

Signed this 4th day of December, 1939
at South Portland, Maine

H. M. INGALLS
(Signature of reporting officer)
Supt. of Lighthouses
(Title)

C. A. 2
Revised to June 15, 1929

09—585

(OVER)

U. S. GOVERNMENT PRINTING OFFICE

Not paid from emergency relief funds.

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

While in cargo boat of Tender Hibiscus on 21 November, 1939 I saw M. H. Urquhart, Keeper at Libby Islands, catch his leg between the cargo boat and another motor boat alongside.

Signed this 1st day of December, 19 39

(SGD) CLIFFORD PURINGTON
(Signature of witness)

While onboard cargo boat at Libby Islands on 21 November, 1939, I saw the Kepper, M. H. Urquhart catch his leg between said cargo boat and a motor boat alongside.

Signed this 1st day of December, 19 39

(SGD) HAROLD A LAWRENCE
(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Millard Urquhart (Name of employee) was given first-aid treatment, or examined, on Nov. 21, 19 39, at 7 P. m., and was (Was or was not) disabled for work. Probable length of disability will be 6 days. In my opinion disability was (Was or was not) due to injury on Nov. 21, 1939.

Nature of injury as found on examination Bruised muscles of left thigh.

Hospitalized no Will return for further treatment in a few days

Discharged Other disposition

Remarks Will return to light Monday Nov. 27, 1939 if leg continues to improve as it has so far.

Signed this 25 day of Nov., 19 39. C. W. Milliken

at Jonesport, Maine. (SGD) C. W. MILLIKEN
(Signature of medical officer)

A. A. Surgeon, U.S.P.H.S.
(Title)

c9—585

EMPLOYEE'S NOTICE OF IN[illegible] AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Starboard, (City or town) Maine (State)

(Street and number)

27 November, 1939. (Date of this notice), 19

I HEREBY CERTIFY that I was injured in the performance of my duties on 21 November (Date), 1939

Tuesday (Day of week), 7 A. (Hour, a. m. or p. m.) m.

1. The injury occurred at Libby Islands (Give name of establishment where employed)

in the following manner: While stepping from cargo Boat HIBISCUS to relief boat for Libby Islands lost balance left leg between the two boats.

2. Cause of injury The two boats came together on my leg before I could pull it in over stern of relief boat.

3. Nature of injury Bruised muscles in left leg from above knee to about 4 inches of hip joint.

4. Names of witnesses to injury:

see members of HIBISCUS crew

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

By telephone about one hour after injury

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) (SGD) M H URQUHART, Keeper

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

C. A. 1
Revised Apr. 27, 1929

111770-O

75

28 November, 1939.

From: Superintendent of Lighthouses, South Portland, Maine.
To: Commanding Officer, Tender HIBISCUS.

1. M. H. Urquhart, Keeper, Libby Islands Lighthouse, Maine, informs this office that some of the members of your crew witnessed his injury on 21 November, 1939, while the tender was at the station.

2. The Statements of Witnessess should be executed on the reverse side of the enclosed Form C. A. 2 by two of the members and returned immediately to this office for forwarding to the U. S. Employees' Compensation Commission at Washington.

INGALLS
Superintendent

Form 78 sent

Memorandum — 11/21/39

Colbert, boat keeper, Libby Island, phoned and said Kayer keeper had injured his leg between the boats when tender landed there this morning. Cannot step on it.

Told him ask Libby Island for transportation to U.S. physician and assign a surgeon and I would ask Commander Potter District to confirm, which I did.

L. Hamilton

C.P. — Stole as check on CA-1 and CA-2.

STANDARD FORM NO. 6
(Approved by the President 8/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared [redacted] e in own handwriting)

Department or Establishment Treasury, U.S.C.G. **Date** Sept. 18, 1939

1. Name in full (Mr., Miss, or Mrs.) Mr. Urquhart (Surname) Millard (Given name) Harris (Middle name)
2. Present address (Number) (Street) Starboard (City) Maine (State)
3. Legal (voting) residence Maine 3d (State and Congressional District) (County) Jonesport (City or town)
4. Where born Maine (State or foreign country) Jonesport (City or town) When born Nov. 26, 1899 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)		
Male	Female	Single	Married	Divorced	Widowed	White	Colored	
√			√			√		

7. Number and ages of dependents domiciled with you Wife, 36 yrs; 6 children 5 to 17 yrs.
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S.L.H.S.	Boon Island	2d Asst. Kpr.	1260 pa	Aug.	16	1926			
"	Seguin	2d to Keeper	1200 pa	Aug	27	1927			
"	Libby Islands	Keeper	1560 pa	July	4	1939			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
NONE	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

NONE (Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

NO (Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary
				√			

Enlisted March 1, 1922 Discharged Feb. 29, 1924
Rank Rank
Organization Organization

Enlisted Discharged
Rank Rank
Organization Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) 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
Dr. A.C. Morrison, Bar Harbor, Me.	Chore boy	one season
Underwood Typewriter Co. Hartford, Conn.	link and bar assembly room	less than 1 year
Starling Motor Co., Boston, Mass.	bar man, French fuse, #1 ammunition shells	less than 1 year
Texas Shipyard, Bath, Me.	Riveting gang	less than 1 year
Mandsfield Pkg Co., Jonesport, Me.	Checker in carton room	one season
R.R.Y.M.C.A. Brownville Jct., Brownville Jct., Me.	Asst. secretary	2 years

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	(1) 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs. Nellie Augusta Urquhart

Relationship Wife Post office address Jonesport, Me.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

M. H. Urquhart
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

17. Have you been retired from the Civil, Military, or Naval Service of the United States? NO ; if so, state (a) whether for age, length of service or disability ; (b) Amount of retired pay .

M. H. Urquhart

Coast Guard

Enlisted 3/1/22
Honorable Discharge 2/29/24

Verified thru C.S. Ltr.
1549 which has been checked
by G.F.L. Note: change of
name from 1st enlistment to
2d one.

9/21/39
F.S.M.

GFL:FSW

June 30, 1939

Millard H. Urquhart, Keeper
Seguin Light Station, Maine

You are hereby transferred from the position of Keeper, Seguin Light Station, Maine, to the position of Keeper, Libby Islands Light Station, Maine, without change in salary, effective beginning June 30, 1939.

No Department notice will be issued to cover this change.

INGALLS
Superintendent

COPIES TO KEEPERS:

Seguin Light Station, Maine
Libby Islands Light Station, Maine

For information and station files.

Form 73 a

REPORT OF TRANSFER OF APPOINTEE

CP

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

South Portland, Maine, June 12, 1939. , 19

COMMISSIONER OF LIGHTHOUSES:

It is proposed to transfer the following-named employee as indicated, on or about July 1, 1939.
(See instructions on reverse side)

Name, Millard H Urquhart

Position, Keeper

From Seguin Lighthouse, Maine

To Libby Islands Lighthouse, Maine

Salary and range, $1560 p.a. ($1500-$1860)

Salary and range, $1560 p.a. ($1500-$1860)

Previous incumbent and pay, New position.

Services terminated, ----

Reason, ----

S.W.I.

INGALLS

Superintendent

South Portland, Maine, 7 July 1939. , 19

The above-referred-to transfer became effective beginning with June 30, 1939.
(Enter effective date in this space if transfer has been actually completed)

S.W.I.

INGALLS

Superintendent

Dept. Auth: 6/24/39.

BUREAU OF LIGHTHOUSES

WASHINGTON

Submitted to the Secretary of Commerce for his information.

For the Commissioner:

Chief of Personnel Division.

11—11251 U.S. GOVERNMENT PRINTING OFFICE: 1934

CP

HOLD

June 13, 1939.

M H Urquhart, Keeper, Seguin LH., Me.

You have been recommended for transfer from the position of Keeper, Seguin Lighthouse, Maine, to the position of Keeper, Libby Islands Lighthouse, Maine, at $1560 per annum, vice H H Wass, recommended for retirement, effective July 1, 1939, or as soon thereafter as you enter on duty. New Position

You will be further advised upon receipt of notification that my recommendation has been aproved by the Bureau of Lighthouses at Washington.

INGALLS
Superintendent

Copy for Keeper, Libby Islands LH., Me. for station files.

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 LIGHTHOUSES
1ST DISTRICT
JUN 21 1939
SOUTH PORTLAND, MAINE

To 1st

June 19, 1939.

Supt.
Asst. Supt.
Chief Clerk
Asst. L. H. Engr.
1st Clerk
Sr. Rad. Elec.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Miscous
Misc
Corres. File.
Engrg. File

Mr. Millard H. Urquhart, Keeper,
Sequin Light Station, Maine.
(Through Supt. of Lighthouses, South Portland, Me.)

I have read with interest a report relative to the assistance rendered by you on May 20 to a man who had trouble with his motor boat and who had injured his finger. It is noted that first aid was rendered to the man, and repairs made to his boat.

I take pleasure in commending you for your meritorious action on this occasion and in having the matter made a part of your official history.

H. D. King
Commissioner of Lighthouses.

E-K

Bureau of Lighthouses, Wash., Copy to 1st Supt

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUN 20 1939
FIRST DISTRICT
SOUTH PORTLAND, MAINE

GFL:FSW

June 20, 1939

Keeper,
Seguin Light Station, Maine

Sir:

Replying to your letter of the 17th inst. with regard to your transfer to Libby Islands Light Station, you are advised that due to lack of adequate facilities for caring for them, it will be impracticable to transport your two cows. Other arrangements for their transportation to Libby Islands must therefore be made.

Very Respectfully

INGALLS
Superintendent

COPY TO:
C.O. Tender Hibiscus
C.O. Tender Ilex

Asst. Supt.
Chief Clerk
Asst. L. H. Engr.
1st Clerk
Sr. Asst. Elec.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Miscons
Files
Corres. File.
Engrg. File.

No comes will be transported by Tender

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUN 20 1939
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Lilac
(STATION, DEPOT, OR VESSEL)

June 17, 1939

SUPERINTENDENT OF LIGHTHOUSES,

South Portland, Maine.

Sir: In regards to your letter of June 13, 1939. I beg to inquire if my two cows can be taken to Libby Islands by tender.

very Respectfully

Wm. Wigglesworth

Keeper.

FOR: J. J. GARDNER

Chief, Division of Personnel.

From: $1500

To: $1560

Service and grade:

Appropriation (unit): Field.

R

1

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

March 1, 1939.

Mr. Millard H. Urquhart,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective March 1, 1939.

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.

From: $1500
To: $1560
Service and grade:
Appropriation (unit): Field.

R
1

SUPT. OF LIGHTHOUSES 1ST DISTRICT MAR 1 0 1939 SOUTH PORTLAND, MAINE

GOVERNMENT PRINTING OFFICE 11—9051

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Seguin Lt. Sta.
Popham Beach, Me.
(City or town) (State)

(Street and number)

January 23, 1939.
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on January 22, 1939
(Date)

Sunday, 1 P. m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at Seguin Lt. Sta.
(Give name of establishment where employed)

in the following manner: Slipped off stairs leading to lantern when I returned from lantern deck.

2. Cause of injury Fell back onto stairs, hit third tread from bottom.

3. Nature of injury Bad bruise on back joint above kidney

4. Names of witnesses to injury:

A Wilson

Mrs. M. A. Deshon

Maxell A. Deshon, 2nd Asst. Keeper

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) (SGD) M H URQUHART, Keeper

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

C. A. 1
Revised Apr. 27, 1929

111770-O U. S. GOVERNMENT PRINTING OFFICE: 1936

OFFICIAL SUPERINTENDENT'S REPORT

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by Form C. A. 1.]

Place of employment

1. Department COMMERCE (War, Navy, etc.) 2. Bureau or office Supt., 1st District (Engineer, Navigation, etc.)
3. Place of employment Seguin Light Station (Arsenal, Navy Yard, etc.), Popham Beach (City), Maine (State).
4. Reporting office H M Ingalls, Supt. of Lighthouses (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Himself

The injured employee

6. Name of injured employee Millard H Urquhart (Give first name in full) 7. Age 39 8. Sex male 9. Race white
10. Home address Popham Beach (Street and number), (City or town), Maine (State)
11. Occupation and division Light Keeper (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? Yes If not, what work?
13. Total length of service with the Government as a civilian? Since Aug. 16, 1926
14. How long at present work in this establishment? do.
15. Dates of other injuries Feb. 15, 1929; Dec. 12, 1931; July 7, 1934; Jan. 16, 1936.
16. Rate of pay on date of injury $1500 per annum and subsistence valued at $ [illegible] and quarters valued at $240.00 per annum
17. Employee begins work at no fixed time. (Hour, a. m. or p. m.) m. 18. Regular day's work ends no regular hours. (Hour, a. m. or p. m.)
19. Hours worked per day 24 20. Days paid per week 7

The injury

21. Place where injury occurred In the tower at Seguin Light Station. (Give exact location, as name or number of building and division, etc.)
22. Date of injury January 22, 19[illegible]; day of week Sunday; hour of day 1.00 p. (a. m. or p. m.) m.
23. Date employee stopped work Jan. 22, 1939; day of week Sunday; hour of day 1.00 p. (a. m. or p. m.) m.
24. Date employee's pay stopped did not stop; day of week ; hour of day m. (a. m. or p. m.)
25. Has employee returned to work? February 3, 1939 - 12 midnight. (Date and hour) 6:00 P.M.
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave No. (Give exact dates)
(b) Sick leave Yes - Jan. 22 - Feb. 3, 1939 - 12-1/2 days. (Give exact dates)
(c) Any other reason No. (Give exact dates)
27. Describe in full how injury occurred While returning from putting lens covers on lantern slipped on stairs leading to landing, bruising and straining back.
28. State part of body injured and nature and extent of injury strained back.
29. Did injury cause loss of any member or part of member? No. If so, describe exactly
30. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement
31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? Yes. If not, did immediate superior have actual knowledge of injury?
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury
A. Wilson — Seguin Lighthouse, Popham Beach, Me.
Mrs. M. A. Deshon — do.
Mr. Amy Deshon, 2nd Asst. Keeper — do.
(Use this space for additional names, if necessary, or for statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? No. If so, has employee been instructed in procedure under commission's regulations?
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Kane U. S. Marine Hospital, Portland, Me
36. How soon after injury? February 3, 1939.
37. To what hospital sent? U. S. Marine Hospital Location Portland, Maine.
38. Name and address of physician now attending case

Signed this day of , 19
at 15th February 39.
South Portland, Maine

H M Ingalls
(Signature of reporting officer)
H M INGALLS
Superintendent of Lighthouses

C. A. 2
Revised to June 15, 1929

(OVER)

U. S. GOVERNMENT PRINTING OFFICE

30 E

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

About 1 o'clock went up on the hill by tower to check weather. Came back to signal house 1.15 to start signal; while startomg same Mrs. Deshon came in and told me the keeper ahd fallen down the stairs in the tower and that he had just about been able to get to our quarters and for me to come in as soon as I could. When I first saw the keeper he was having a hard time to get his breath. He got his breath easier and the swelling started down where he hit his back.

Signed this 3rd day of February, 19 39

(SGD) MAXWELL A DESHON
(Signature of witness)

Signed this ..... day of ....., 19.....

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Millard H Urquhart (Name of employee) was given first-aid treatment, or examined, on February 3, 1939, at 12.45pm, and was not (Was or was not) disabled for work. Probable length of disability will be -- In my opinion disability was (Was or was not) due to injury on January 22, 1939.

Nature of injury as found on examination Contusion of chest wall, left

Hospitalized no Will return for further treatment no

Discharged February 3, 1939 Other disposition --

Remarks X-ray of chest, and ribs, showed negative for fracture.

Signed this 4th day of February, 1939

at U. S. Marine Hospital, Portland, Me. (SGD) O H COX (O.H.Cox)
(Signature of medical officer)

Senior Surgeon
Medical Officer in Charge
(Title)

JEH:MWM

C9—585

M. H. Urquhart has not reported at Marine Hospital.

9:20 AM January 30, 1939 JAS

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JAN 30 1939
SOUTH PORTLAND, MAINE

CP

Form U. A. 16

REQUEST FOR TREATMENT OF INJURY UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

February 3, 1939., 19.....
(Date)

To Medical Officer in Charge, U S Marine Hospital No. 16, Portland, Maine.
(Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician) (Location)

THE BEARER, Millard H Urquhart Age 39 Sex male Color white
(Name of injured employee)

is a civil employee of the United States, employed as Light Keeper
(Name of employee's occupation)

at Seguin Light Station, Popham Beach, Maine.
(Name of office or establishment where employed) (Location)

He was injured in the performance of duty on January 22, 19 39.
(Date)

Nature of injury Upon returning from lantern deck, he slipped on stair causing bad bruise and strain of back.

Treatment is requested for the results of said injury pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

H M Ingalls
(Signature of official superior)
H M INGALLS
Superintendent of Lighthouses
(Title or official position)

259 High St., South Portland, Maine.
(Address)

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted here .....

(See other side for provisions of the Compensation Act as regards treatment)

9—805

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
FEB 11 1939
SOUTH PORTLAND, MAINE

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

Supt.
Asst. Supt.
Chief Clerk
Asst. L. H. Engr.
1st Clerk
Sr. Rad. Elec.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Kibiscus
Ilex
Corres. File.
Engrg. File.

CP
Enclosures

February 7, 1939.

M N Urquhart, Keeper, Seguin LH., Me.
Jonesport, Maine.

There are herewith enclosed two copies of Form 79 to cover 13 days sick leave from January 22, 1939 (the date of your injury) to the close of February 3, 1939 (the date of your return to duty.

Sign both copies and return them to this office with your actual absence from a duty status filled in at the bottom of the form. Advise us as to the physician who attended you at Bath and we will obtain the necessary affidavit from him.

S H Ingalls
INGALIS
Superintendent

Sir:- medical advise by telephone only
Dr. L. J. Snipe Bath Me
very Respectfully
M N Urquhart
Keeper

CP
Enclosure

February 11, 1939

Dr. Langdon T. Snipe,
Bath, Maine.

Sir:

Mr. M H Urquhart, Keeper, Seguin Lighthouse, Maine, informs this office that medical advice was given him by phone by you on acccunt of an injury sustained on January 22, 1939, while in the performance of duty at the station.

If, under the circumstances, you feel justified in doing so, will you please execute the medical certificate on the enclosed application for sick leave from January 22 to February 3, 1939, inclusive, in this connection? An envelope is enclosed for your reply which requires no postage.

Respectfully,

H M INGALLS
Superintendent of Lighthouses

CFL:CP

July 14, 1937

Millard H. Urquhart,
Keeper, Seguin LH., Me.

Your letter of July 10, 1937, reporting assistance rendered to the gill-netter "Nora A" of Portland, which was noticed disabled and in distress off your light at 5.30 P.M. on that date, has been received and read with interest.

This office is pleased to commend you for your prompt and efficacious action in the case and to advise you that a copy of your report and of this commendation has been forwarded to the Commissioner of Lighthouses at Washington to be made a part of your official history.

For and in the absence of the Superintendent:

LAUHTEN
Chief Clerk

TWO COPIES FOR BUREAU OF LIGHTHOUSES.

Form 207
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

CP (SEE INSTRUCTIONS AND REGULATIONS ON BACK)

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED EMPLOYEES IN THE LIGHTHOUSE SERVICE

Office of the Superintendent of Lighthouses, First District.

259 High St., South Portland, Maine.
(Place)

March 26, 1936, 19

To the Medical Officer in Charge,

U. S. Public Health Service,
US Marine Hospital No. 16,
Portland, Maine.

Sir:

The bearer, Millard H Urquhart, Light Keeper,
(Name and title of applicant for medical relief)
is a beneficiary of the U. S. Public Health Service:

1. An officer or member of the crew of a vessel belonging to the Lighthouse Service (including lightship), i. e., the ---
(Name of vessel)

or—

2. A light keeper or an assistant light keeper on duty at Seguin Lighthouse, Maine
(Name of station)

You are requested to examine this applicant and to furnish him with such medical relief as may be required. The signature and description of the applicant appear below.

Signature of employee to be examined .....

.....

Nativity American Age 36 years. Height 5 feet 4½ inches.

Color of eyes blue Color of hair brown

Distinguishing marks Scar 2" long on right forefinger inside.

*Date of original appointment in the Lighthouse Service August 16, 1926

†Date of certificate by the Public Health Service that person named passed physical examination,

August 16, 19 36.

For and in the absence of the Superintendent:

GEORGE F LAURITZEN
(Title of officer signing for Superintendent)
Chief Clerk, First LH District

*Fill in only if person to be examined is a light keeper or assistant light keeper.
†Fill in only in case of light keeper or assistant light keeper when the date of original appointment in the Lighthouse Service is subsequent to August 27, 1916.

(OVER)

11—5992

CP
Enclosure

File 8x1/7/36

March 24, 1936

Medical Officer in Charge,
US Public Health Service Relief Station,
73½ Front St., Bath, Maine.

Sir:

Herewith enclosed is Form 207, Application for Medical Examination and Treatment in the case of Millard H Urquhart, Keeper, Seguin Lighthouse, Maine.

Will you kindly make a report to this office as to condition found? An envelope is enclosed for your reply, requiring no postage.

For and in the absence of the Superintendent:

Respectfully,

THOMAS SAMPSON
Assistant Superintendent

Form 207
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

CP

(SEE INSTRUCTIONS AND REGULATIONS ON BACK)

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED EMPLOYEES IN THE LIGHTHOUSE SERVICE

Office of the Superintendent of Lighthouses, First District.
259 High Street,
South Portland, Maine
(Place)
March ~~24~~ 23, 1936.

To the Medical Officer in Charge,

U. S. Public Health Service,
Relief Station, 73-1/2 Front St.,
Bath, Maine.

Sir:

The bearer, Millard H Urquhart, Light Keeper,
(Name and title of applicant for medical relief)
is a beneficiary of the U. S. Public Health Service:

1. An officer or member of the crew of a vessel belonging to the Lighthouse Service (including lightship), i. e., the ---
(Name of vessel)

or—

2. A light keeper or an assistant light keeper on duty at Seguin Lighthouse, Maine
(Name of station)

You are requested to examine this applicant and to furnish him with such medical relief as may be required. The signature and description of the applicant appear below.

Signature of employee to be examined .....

.....

Nativity American Age 36 years. Height 5 feet 4 1/2 inches.

Color of eyes blue Color of hair brown

Distinguishing marks Scar 2" long on right forefinger inside.

*Date of original appointment in the Lighthouse Service August 16, 1926

†Date of certificate by the Public Health Service that person named passed physical examination, August 16, 1926.

For and in the absence of the Superintendent: Thomas Sampson

THOMAS SAMPSON
(Title of officer signing request)
Assistant Superintendent

*Fill in only if person to be examined is a light keeper or assistant light keeper.
†Fill in only in case of light keeper or assistant light keeper when the date of original appointment in the Lighthouse Service is subsequent to August 27, 1916.

(OVER)

11—5993

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Nick
Corres. file
Engr. file

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

FIRST DISTRICT

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAR 24 1936
SOUTH PORTLAND, MAINE

Kelpie
(STATION, DEPOT OR VESSEL)

March 23, 1936

SUPERINTENDENT OF LIGHTHOUSES,
South Portland, Maine.

Sir:

please note returning to station Mr J. J. Smith

Take it lazy for a few days and believed the medicine would help me to recover however to return in two days if not improved

The cause for my weakened condition be attributed due to over-work and the cold. Ask additional ~~would~~ be much appreciated if you have one on hand. I believe if I get my clear I'll fully recover from that spell

very

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAR 24 1936
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Sequin
(STATION, ~~DEPOT, OR VESSEL~~)

March 22, 1936

SUPERINTENDENT OF LIGHTHOUSES,

Portland, Maine.

Sir: Station power boat No. 166 O.K.

Sunday 11 a.m. 2nd. asst. Keeper will deliver

papers for Sequin directly

very Respectfully

Wm. Ferguson

Keeper

C. A. 1

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Asst. Engr.
4th Class
Stn. Clerk
Hibiscus
Hex
Corres. file
Engr. file

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JAN 20 1936
SOUTH PORTLAND, MAINE

LEAVE THIS SPACE BLANK

26

NOTICE OF INJURY

(To be submitted to the official superior for transmission with the report of injury, C. A. 2, to the United States Employees' Compensation Commission by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior.)

Please give your medical attention as soon as time will allow. W. F. A. Fiske

Pelham Beach, Me.
(City or town.) (State.)

(Street and number.)

January 27, 1936
(Date of this notice.)

I HEREBY CERTIFY that I was injured in the performance of my duties on January 16, 1936
(Date.)

Thursday, between 3 and 4 p. m.
(Day of week.) (Hour, a. m. or p. m.)

1. The injury occurred at Seguin Light Sta.;
(Give name of navy yard, arsenal, or post office, etc., where injury occurred.)

in the following manner: Trying to keep pleasure from pounding on the rocks in heavy surf.

2. Cause of injury pulling on winch line

3. Nature of injury strained muscles in my back, chest and arms pains in chest and under my ribs

4. Was this injury caused by your—

(a) Willful misconduct? No

(b) Intention to bring about the injury or death of yourself or of another? no

(c) Intoxication? No.

5. Names of witnesses to injury:

J. M. Connon 1st. asst. keeper

G. R. McKenney 2nd. asst. keeper.

(Name) Wm. Thurlow. Keeper.

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JAN 20 1936
SOUTH PORTLAND, MAINE

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by ... 1.]

COMMERCE-LIGHTHOUSES-FIRST DISTRICT-PORTLAND, MAINE

Place of employment

1. Department Commerce (War, Navy, etc.) 2. Bureau or office Light House (Engineer, Navigation, etc.)
3. Place of employment Seguin light sta., Popham Beach, Me. (Arsenal, Navy Yard, etc.) (City) (State)
4. Reporting office Supt. of Lighthouses 1st Dist. Portland Me. (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Mr Ingalsbee

The injured employee

6. Name of injured employee Willard H. Ingalsbee (Give first name in full) 7. Age 26 8. Sex male 9. Race American
10. Home address ..... (Street and number), Jonesport (City or town), Me (State)
11. Occupation and division principal keeper (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? yes If not, what work? .....
13. Total length of service with the Government as a civilian? .....
14. How long at present work in this establishment? .....
15. Dates of other injuries .....
16. Rate of pay on date of injury $ 1200 per month { and subsistence valued at $ ..... per ..... / and quarters valued at $ 240 per month
17. Employee begins work at no regular time (Hour, a. m. or p. m.) m. 18. Regular day's work ends no regular time (Hour, a. m. or p. m.) m.
19. Hours worked per day on duty 24 hours 20. Days paid per week seven

21. Place where injury occurred on platform in front of light house (Give exact location, as name or number of building and division, etc.)
22. Date of injury January 16, 1936; day of week Thursday; hour of day 2:30 A. m. (a. m. or p. m.)
23. Date employee stopped work continued light duty, 19....; day of week .....; hour of day ..... m. (a. m. or p. m.)
24. Date employee's pay stopped ....., 19....; day of week .....; hour of day ..... m. (a. m. or p. m.)
25. Has employee returned to work? ..... (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave ..... (Give exact dates)
(b) Sick leave ..... (Give exact dates)
(c) Any other reason ..... (Give exact dates)
27. Describe in full how injury occurred Blown by the storm

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FIRST DISTRICT

..... (STATION, DEPOT, OR VESSEL)

....., 193

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: Because of the sever storm on January 16th, 1936 I decided to go to the shore and see if the pumping gear was safe. with this in mind I called the first asst. keeper one half hour before his watch and told him my plans and that if I didn't report back to him in half an hour to call the second asst. keeper to take the signal watch and for him to come to the shore for he would know that I needed help. after I got to the shore I decided the pump would be more

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: Because of the seven storm on January 16th, 1936 I decided to go to the shore and see if the property there was safe. With this in mind I called the first asst. keeper one half hour before his watch and told him my plans and that if I didn't report back to him in half an hour to call the second asst. keeper to take the signal watch and for him to come to the shore for he would know that I needed help. After I got to the shore I decided the peapod would be more secure on the platform so I hooked up a snatch block so we could pull the peapod around the power boat on to the platform with this done I pulled the peapod up to the platform ready to take it on with the help of the first asst. keeper. Just as I attempted to lock the winch it slipped out of gear and the peapod slid back into the surf before I could stop it it nearly filled. I held onto the winch line desperately trying to prevent it from pounding on the rocks I was under severe strain for about five minutes before the first asst. arrived when we got the peapod the surf I was completely exhausted. During the forenoon of January 16th, 1936 my muscles of my back, chest and arms were very sore and I had sharp pains in my chest and under my ribs

2.

31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No

(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)

32. Was written notice of injury given within 48 hours? Yes. If not, did immediate superior have actual knowledge of injury?

(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)

33. Names and addresses of witnesses to injury J. M. Connor Pt. Barrow Alaska

(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)

34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under commission's regulations?

(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case

36. How soon after injury?

37. To what hospital sent? Location

38. Name and address of physician now attending case

Signed this 27 day of January, 1926 Wm. T. Shepard
(Signature of reporting officer)

at Seguin Light Sta. Asst. Keeper
(Title)

C. A. 2
Revised to June 15, 1929

c9—585

(OVER)

U. S. GOVERNMENT PRINTING OFFICE: 1929

31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No

(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)

32. Was written notice of injury given within 48 hours? Yes. If not, did immediate superior have actual knowledge of injury? .....

(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)

33. Names and addresses of witnesses to injury ..... J. M. Connor Lieutenant Sta

(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)

34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under commission's regulations? .....

(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case .....

36. How soon after injury? ..... Location .....

37. To what hospital sent? .....

38. Name and address of physician now attending case .....

Signed this 27 day of January, 1936 ..... Wm. Thompson
(Signature of reporting officer)

at Seguin Texas ..... Captain
(Title)

(OVER)

C. A. 2
Revised to June 15, 1929

c9—535

U. S. GOVERNMENT PRINTING OFFICE: 1929

South

GFL:SWA

South

June 4, 1935

M. H. Urquhart, Keeper
Seguin Light Station, Maine

Replying to your letter of the 1st instant regarding pay steps, you are informed that every light keeper has a pay range composed of seven steps graduated in steps of $60.00. The pay range for the position you occupy is from $1,500.00 to $1,860.00 per annum. There is no regular procedure for the advancement of keepers in their pay ranges due to length of service, etc., but when the Bureau has a sufficient balance under the appropriation to permit of pay adjustments being made it usually requests the various districts to submit recommendations.

There have been no increases in light keepers' pay for several years due to a legislative bar against promotions which was lifted last year. When this bar was lifted, however, it was specifically stipulated that promotions must be made from money saved as a result of vacancies occurring in similar positions and evidently it has not been possible for our Bureau to save enough money under the appropriation "Salaries of Keepers of Lighthouses" to increase the pay of any of the present personnel.

G. BRUSH
Superintendent

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUN 4 - 1935
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Corres. file
Engr. file

Saginaw
(STATION, DEPOT, OR VESSEL)

June 1st, 1935

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: I beg to inquire if a light keeper advances in steps according to service and how many years constitutes a step? Thank you.

Very Respectfully

Wm. Engelhard

Keeper

CFL:SWA

February 8, 1935

M. H. Urquhart, Keeper
Seguin Light Station, Maine

I am in receipt of your letter of the 4th instant reporting assistance rendered by you and first assistant, James M. Connors, to disabled fishing boat on the evening of February 3 and desire to commend both you and Mr. Connors for your prompt action in the case.

BRUSH
Superintendent

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

FIRST DISTRICT

Seguin
(STATION, BUOY, OR VESSEL)

February 4, 1935

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

Keeper and first asst. absent from station for two hours 6-30 P.M. to 8-30 P.M. February 3rd, 1935. Went to disabled fishermen about two miles Southwest of Seguin, I called the Coast Guard at Popham Beach, but they were unable to launch their power boat from the slip due to low tide, they rowed out in their drill boat. It appeared from the disabled boat was on fire, but it was gasoline burning in a pail to call attention. The fisherman was from Small Point his brother got there a few minutes after we did and took him in tow. We found the Coast Guard crew cruising South of this Island and towed them back to Pond Island. The keeper of the Coast Guard will furnish gasoline for the amount used last night.

Very Respectfully

W.H. Haskell

Keeper

makes claim for compensation.]

1. Department COMMERCE (War, Navy, etc.) 2. Bureau or office LIGHTHOUSES (Engineer, Navigation, etc.)
3. Place of employment Seguin Light Station (Arsenal, Navy Yard, etc.) Popham Beach (City or town.) Maine (State.)
4. Full name of injured employee Millard H Urquhart
5. Time of injury July 7 (Date.), 19 34 Saturday (Day of week.) 6 P. m. (Hour, a. m. or p. m.)
6. Time employee stopped work Aug. 9 (Date.), 19 34 Thursday (Day of week.) 11 A. m. (Hour, a. m. or p. m.)
7. Time employee's pay stopped did not stop (Date.), 19 34 (Day of week.) m. (Hour, a. m. or p. m.)
8. First day employee was able to resume work Aug. 18 (Date.), 19 34 Saturday (Day of week.) 12 noon, m. (Hour, a. m. or p. m.)
9. Did employee return to the same work and at same rate of pay after termination of disability? Yes
If so, when? Aug. 18, 1934 If not, state character of work performed upon return to duty and rate paid employee for such work
10. Actual time disabled (including Sundays and holidays) 8-1/2 days.
11. Number of days for which employee would have received pay had he not been disabled 8-1/2 days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? No. If not, give dates on which subsistence was not furnished
13. Has employee been paid for any portion of above absence on account of—
(a) Annual leave? Yes - Aug. 9 - 18, 1934, inc. (Give exact dates.)
(b) Sick leave? --- (Give exact dates.)
(c) Any other reason ---
14. Nature of injury sprained ankle
15. Remarks

[The following information is to be furnished *only* in case of death resulting from an injury sustained while in the performance of duty. If death results immediately, or if no Report of Injury has previously been submitted, such report, on Form C. A. 2, should be forwarded herewith.]

REPORT OF DEATH

16. Full name of deceased employee
17. Time of death (Date.), 19 (Day of week.) m. (Hour, a. m. or p. m.)
18. Time employee's pay stopped (Date.), 19 (Day of week.) m. (Hour, a. m. or p. m.)
19. Place of death (Name of hospital, establishment, etc.) (City or town, and State.)
20. Immediate cause of death
21. Widow of deceased employee (Give full name.) (Address.)
22. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:

Name.	*Age.*

23. *Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon deceden at time of death:*

Name.	*Relationship.*	*Address.*

For and in the absence of the Superintendent:
Signed this 7th day of September, 19 34.
at Portland, Maine

Thomas Sampson
(Official signature)
THOMAS SAMPSON
Assistant Superintendent
(Title)

C. A. 3
Revised to June 3, 1925

(All forwarding indorsements to be made on reverse side of this sheet.)

9—629

GOVERNMENT PRINTING OFFICE

RECURRENCE

OFFICIAL SUPERIOR'S REPORT OF INJURY

24

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department ____ (War, Navy, etc.) 2. Bureau or office COMMERCE—LIGHTHOUSE—FIRST DISTRICT—PORTLAND, MAINE (Engineer, Navigation, etc.)
3. Place of employment Seguin Light Station (Arsenal, Navy Yard, etc.), Popham Beach (City), Maine (State)
4. Reporting office [illegible] (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Himself

The injured employee

6. Name of injured employee Millard H Urquhart (Give first name in full) 7. Age 34 8. Sex male 9. Race white
10. Home address Seguin Light Station (Street and number), Popham Beach (City or town), Maine (State)
11. Occupation and division Light Keeper, 1st District (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? Yes If not, what work? ____
13. Total length of service with the Government as a civilian? Since Aug. 16, 1926
14. How long at present work in this establishment? do.
15. Dates of other injuries Feb. 15, 1929; Dec. 12, 1931.
16. Rate of pay on date of injury $ 1500 per annum (Less 6% legislative deduction) ~~and subsistence valued at $ ____ per ____~~ and quarters valued at $ 240.00 per annum
17. Employee begins work at no fixed hour (Hour, a. m. or p. m.) m. 18. Regular day's work ends no fixed hour (Hour, a. m. or p. m.) m.
19. Hours worked per day not fixed 20. Days paid per week seven

The injury

21. Place where injury occurred Fell on tramway (Give exact location, as name or number of building and division, etc.)
22. Date of injury July 7, 19 34; day of week Saturday; hour of day 6 P. m. (a. m. or p. m.)
23. Date employee stopped work Aug. 9, 1934; day of week Thursday; hour of day 11 A. m. (a. m. or p. m.)
24. Date employee's pay stopped has not stopped; day of week ____; hour of day ____ m. (a. m. or p. m.)
25. Has employee returned to work? Yes; Aug. 18, 1934 - 12 o'clock noon. (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave Yes - Aug. 9 - 18, 1934, inc. (Give exact dates)
(b) Sick leave ---- (Give exact dates)
(c) Any other reason --- (Give exact dates)
27. Describe in full how injury occurred Keeper was looking over work done by additional keeper in the forenoon and making plans for continued work on pipe line laid recently. In climbing down from top he lost hold.
28. State part of body injured and nature and extent of injury sprained right ankle.
29. Did injury cause loss of any member or part of member? No. If so, describe exactly ____
30. Was employee injured while in performance of duty? No. If not, or in doubt, give detailed statement ____
31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? No. If not, did immediate superior have actual knowledge of injury? First reported by letter received July 10, 1934.
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury J M Connors, Seguin Lighthouse, Popham Beach, Maine
Ernest F Witty, ditto.
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? ____ If so, has employee been instructed in procedure under commission's regulations? ____
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Dr. L T Snipe, Bath, Maine
36. How soon after injury? five days
37. To what hospital sent? U S Marine Hospital #16 Location Portland, Maine
38. Name and address of physician now attending case Medical Officer in Charge

Signed this 7th day of September, 19 34 at Portland, Maine.

For and in the absence of the Superintendent:
Thomas Sampson (Reporting officer)
Assistant Superintendent (Title)

C. A. 2
Revised to June 15, 1929

69—555

(OVER)

U. S. GOVERNMENT PRINTING OFFICE: 1929

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

I heard keeper shouting for help and ran to his aid.

(SGD) J M CONNORS, First Asst. Keeper
(SGD) ERNEST F WITTY, Additional Keeper

Signed this ..... day of ....., 19....

..... (Signature of witness)

Signed this ..... day of ....., 19....

..... (Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Millard H. Urquhart (Name of employee) was given ~~first-aid treatment, or~~ examined, on Aug. 9, 1934, at 4.30 P m., and was (Was or was not) disabled for work. Probable length of disability will be Discharged-Recovered 8/18/34 In my opinion disability was (Was or was not) due to injury on July 7, 1934.

Nature of injury as found on examination Foreign body in left index finger, proximal phalanc
Sprain of right ankle, old.

Hospitalized Yes Will return for further treatment No.

Discharged August 18, 1934 Other disposition -

Remarks

Signed this 6 day of September, 1934.

at U. S. Marine Hospital, Portland, Maine (SGD) J R RIDLON (J.R.Ridlon)
(Signature of medical officer)

Senior Surgeon, Medical Officer in Charge
(Title)

c9—585

OFFICIAL CORRESPONDENCE SHOULD BE ADDRESSED TO THE COMMISSION

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

WASHINGTON

COMMISSIONERS
JEWELL W. SWOFFORD
CHAIRMAN
HARRY BASSETT
JOHN M. MORIN

WM. McCAULEY
SECRETARY

act 286109
In reply refer to File No. 403332.

August 27, 1934

Superintendent of Lighthouses
Department of Commerce
Portland, Maine

Dear Sir:

This Commission is in receipt of information to the effect that Mr. Millard U. Urquhart, light keeper, Sequin Light Station, Popham Beach, Maine, has been again disabled for work as a result of the injury sustained by him in July, 1933.

Will you kindly forward a report of this recurrence of disability on our form CA 2 and when the employee is able to return to work, a report of the termination of disability on form CA 3?

Very truly yours,

Wm. McCauley,
Secretary

[To be forwarded to the UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, WASHINGTON, D. C., through official channels, as soon as disability from injury terminates. This form to be submitted for each injury resulting in any disability, whether or not employee makes claim for compensation.]

1. Department Commerce (War, Navy, etc.) 2. Bureau or office Lighthouses (Engineer, Navigation, etc.)
3. Place of employment Seguin Lighthouse (Arsenal, Navy Yard, etc.) Popham Beach (City or town.) Maine (State.)
4. Full name of injured employee Millard Harris Musgrave
5. Time of injury August 19 (Date.), 1933 Saturday (Day of week.) a. m. (Hour, a. m. or p. m.)
6. Time employee stopped work August 9 (Date.), 1934 Thursday (Day of week.) 11 a. m. (Hour, a. m. or p. m.)
7. Time employee's pay stopped (Date.), 19 (Day of week.) m. (Hour, a. m. or p. m.)
8. First day employee was able to resume work August 18, 1934 (Date.) Saturday (Day of week.) 12 noon m. (Hour, a. m. or p. m.)
9. Did employee return to the same work and at same rate of pay after termination of disability? If so, when? If not, state character of work performed upon return to duty and rate paid employee for such work
10. Actual time disabled (including Sundays and holidays) days.
11. Number of days for which employee would have received pay had he not been disabled days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? If not, give dates on which subsistence was not furnished
13. Has employee been paid for any portion of above absence on account of—
    (a) Annual leave? (Give exact dates.)
    (b) Sick leave? (Give exact dates.)
    (c) Any other reason
14. Nature of injury handspike splinter in middle finger left hand.
15. Remarks

[The following information is to be furnished *only* in case of death resulting from an injury sustained while in the performance of duty. If death results immediately, or if no Report of Injury has previously been submitted, such report, on Form C. A. 2, should be forwarded herewith.]

REPORT OF DEATH

16. Full name of deceased employee
17. Time of death (Date.), 19 (Day of week.) m. (Hour, a. m. or p. m.)
18. Time employee's pay stopped (Date.), 19 (Day of week.) m. (Hour, a. m. or p. m.)
19. Place of death (Name of hospital, establishment, etc.) (City or town, and State.)
20. Immediate cause of death
21. Widow of deceased employee (Give full name.) (Address.)
22. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:

Name.	Age.

23. Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon decede at time of death:

Name.	Relationship.	Address.

Signed this ___ day of ___, 19___
at

(Official superior.)

(Title.)

C. A. 3
Revised to June 3, 1925

(*All forwarding indorsements to be made on reverse side of this sheet.*)

9—629

GOVERNMENT PRINTING OFFICE

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department ____ (War, Navy, etc.) 2. Bureau or office ____ (Engineer, Navigation, etc.)
3. Place of employment Seguin Light Station (Arsenal, Navy Yard, etc.), Popham Beach (City), Maine (State)
4. Reporting office ____ (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Himself

The injured employee

6. Name of injured employee Millard H Urquhart (Give first name in full) 7. Age 34 8. Sex male 9. Race white
10. Home address Seguin Light Station (Street and number), Popham Beach (City or town), Maine (State)
11. Occupation and division Light Keeper, 1st Dist. (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? Yes If not, what work? ____
13. Total length of service with the Government as a civilian? Since Aug. 16, 1926
14. How long at present work in this establishment? do.
15. Dates of other injuries Feb. 15, 1929; Dec. 12, 1931.
16. Rate of pay on date of injury $ (Less 5% legislative deduction) per annum { [redacted] per ____ and quarters valued at $ 240.00 per annum
17. Employee begins work at no fixed hour (Hour, a. m. or p. m.) m. 18. Regular day's work ends no fixed hour (Hour, a. m. or p. m.) m.
19. Hours worked per day not fixed 20. Days paid per week seven

The injury

21. Place where injury occurred Fell on tramway (Give exact location, as name or number of building and division, etc.)
22. Date of injury July 7, 1934; day of week Saturday; hour of day 6 P. (a. m. or p. m.) m.
23. Date employee stopped work did not stop; day of week ____; hour of day ____ (a. m. or p. m.) m.
24. Date employee's pay stopped has not stopped day of week ____; hour of day ____ (a. m. or p. m.) m.
25. Has employee returned to work? -- (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
    (a) Annual leave -- (Give exact dates)
    (b) Sick leave -- (Give exact dates)
    (c) Any other reason -- (Give exact dates)
27. Describe in full how injury occurred Keeper was looking over work done by additional keeper in the forenoon and making plans for continued work on pipe line laid recently. In climbing down from top he lost hold.
28. State part of body injured and nature and extent of injury sprained right ankle
29. Did injury cause loss of any member or part of member? No. If so, describe exactly ____
30. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement ____
31. Was injury caused by:
    (a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
    (If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? No. If not, did immediate superior have actual knowledge of injury? First reported by letter received July 10, 1934.
    (Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury J M Connors, Seguin Lighthouse, Popham Beach, Maine
    Ernest F Witty, ditto.
    (If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under commission's regulations? ____
    (A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Dr. L T Snipe, Bath, Maine.
36. How soon after injury? five days
37. To what hospital sent? none Location ____
38. Name and address of physician now attending case Dr. L T Snipe

Signed this 21st day of July, 1934
at Portland, Maine

C E Brush
(Signature of reporting officer)
CHARLES C BRUSH
Superintendent of Lighthouses

C. A. 2
Revised to June 15, 1929 c9—585 (OVER)

U. S. GOVERNMENT PRINTING OFFICE: 1929

REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., through official channels, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which results in any medical charge against the Compensation Commission or in any loss of time other than the remainder of the day or shift on which injury occurred. This form should be accompanied by C. A. 1.]

Place of employment.

1. Department Commerce [War, Navy, etc.] 2. Bureau or office Lighthouses [Engineer, Navigation, etc.]
3. Place of employment Segwin Lighthouse Station [Arsenal, Navy Yard, etc.] Popham Beach [City.] Me. [State.]
4. Reporting office Supt. of Lighthouses, 1st Dist. [Location of reporting office or division headquarters.] Portland, Maine
5. Name of superintendent or foreman in charge when injury occurred Himself

The injured employee.

6. Name of injured employee Willard H. Urquhart. [Give first name in full.] 7. Age 37 8. Sex male
9. Home address Segwin Light Sta [Street and number.], Popham Beach [City or town.], Me. [State.]
10. Married, ~~single, widowed~~. [Cross out two words.] 11. Speak English? Yes If not, what language?
12. Race American 13. Was injury reported to official superior within 48 hours after injury? Yes.
14. Was injury caused by: First reported by letter received
(a) Willful misconduct of the employee? no
(b) Intention of employee to bring about injury or death of himself or another? no
(c) Employee's intoxication? no.
[If any answers to these questions are made in the affirmative, the reporting officer should make an additional statement giving the reason for his conclusion and forward same with this report.]
15. Occupation and division Light keeper [Give both, as laborer, hull division; helper, machine shop, etc.] 16. Was employee doing his regular work? yes If not, what work?
17. Total length of service with the Government as a civilian?
18. How long at present work in this establishment? Eight years next August.
19. Dates of other injuries
20. Rate of pay, $ 1200.00 per ~~annum~~ year {~~and subsistence valued at $ ____ per ____~~ / quarters valued at $ 240.00 per annum
21. Employee begins work at No fixed hours [Hour, a. m. or p. m.] m. 22. Regular day's work terminates N. E. H. [Hour, a. m. or p. m.] m.
23. Hours worked per day Not fixed 24. Days paid per week Seven
25. Date employee stopped work ____; day of week Did not stop; hour of day ____ m. [a. m. or p. m.]
26. Date employee's pay stopped ____; day of week Has not yet; hour of day ____ m. [a. m. or p. m.]

The injury.

27. Date of injury July 7, 1923 28. Day of week Saturday 29. Hour of day 6 P. M. [a. m. or p. m.]
30. Place where injury occurred Shelf on tramway [Give exact location, as name or number of building and division, etc.]
31. Name of machine, tool, or appliance in connection with which injury occurred
(a) By what kind of power driven? (b) Hand feed or mechanical?
(c) Part on which injury occurred
(d) Was an improved safeguard in use at time of injury?
If not, is it possible to provide such safeguard?
(e) Was the machine, tool, or appliance out of order or ill-suited for the work?
(f) Was employee instructed as to its use?
32. Describe in full how injury occurred Keeper was looking over work done by additional keeper in fall foreman and making plans for continued work on pipe line laid recently. In climbing down from top shelf.
33. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report site of injury Sprained right ankle.
34. Did injury cause loss of any member or part of member? No. If so, describe exactly

Medical attendance.

35. Name and address of physician who first attended case W. L. T. Snipe md.
36. How soon after injury? Twice daily
37. To what hospital sent? None Location
38. If not sent to hospital, where sent? Dr. W. L. T. Snipe's office
39. Name and address of physician now attending case W. L. T. Snipe 112 Front St
40. Was transportation furnished at Government expense? No.
41. What is probable length of disability for work? Six weeks [If injured employee has already returned to work, give date and hour.]

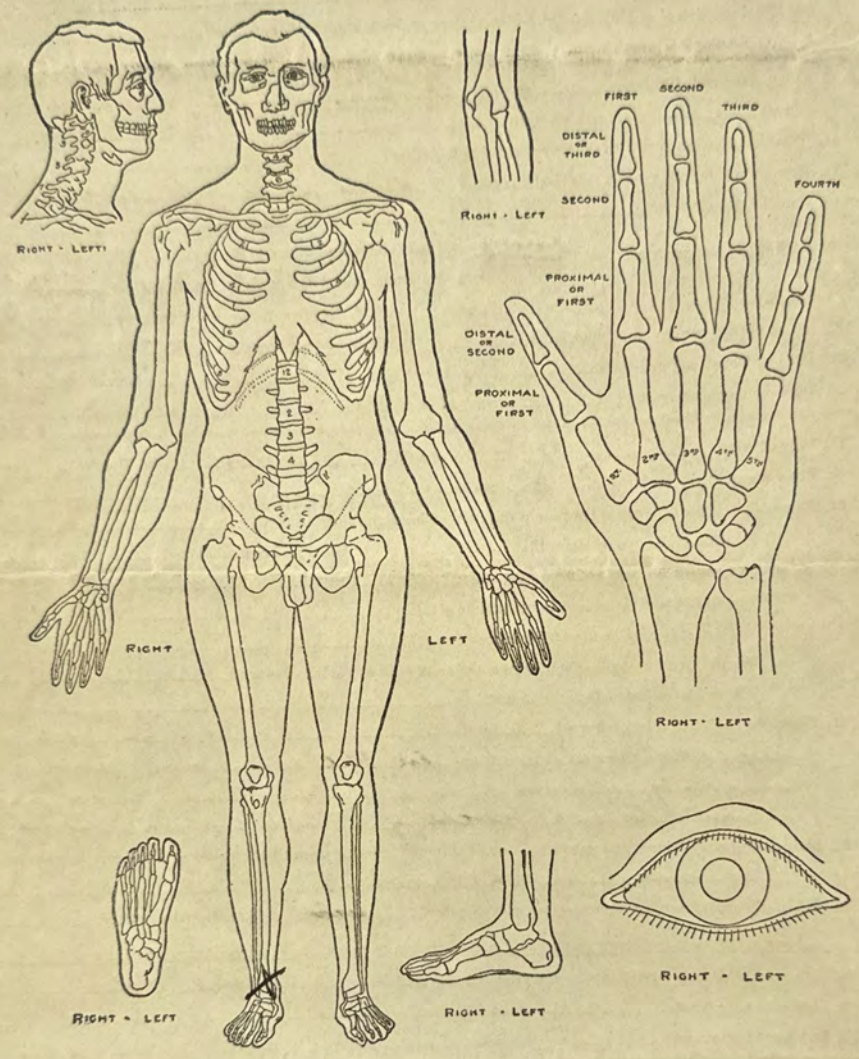
General.

42. Names and addresses of witnesses to injury James H. Cranmer, Segwin Light Station, Popham Beach, Maine. Ernest A. Watts, Clerk.
43. Was employee injured while in performance of duty? Yes. If not, or in doubt, give detailed statement
44. Was injury caused by other than a Government employee or agency? No.

[If so, a detailed statement should be forwarded with this report.]

Signed this ____ day of ____, 192 ____ [Signature of reporting officer.]

at ____ [Title.]


RIGHT - LEFT
RIGHT
LEFT
RIGHT - LEFT
FIRST
SECOND
THIRD
FOURTH
DISTAL OR THIRD
SECOND
PROXIMAL OR FIRST
DISTAL OR SECOND
PROXIMAL OR FIRST
RIGHT - LEFT
RIGHT - LEFT
RIGHT - LEFT
RIGHT - LEFT

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Popham Beach (City or town), Maine (State)

(Street and number)

July 12 (Date of this notice), 1934

I HEREBY CERTIFY that I was injured in the performance of my duties on July 7 (Date), 1934

Saturday (Day of week), 6 P. (Hour, a. m. or p. m.) m.

1. The injury occurred at Seguin Lighthouse (Give name of establishment where employed)

in the following manner: I was climbing down over the side of tramway, slipped and lost my hold.

2. Cause of injury fall of about six feet.

3. Nature of injury sprained ankle

4. Names of witnesses to injury:

I heard keeper shouting for help and ran to his aid.

(SGD) J M CONNORS, First Asst. Keeper

(SGD) ERNEST F WITTY, Additional Keeper

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) (SGD) M H URQUHART

Keeper

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

C. A. 1
Revised Apr. 27, 1929

U. S. GOVERNMENT PRINTING OFFICE: 1932 9—584

Encl. A.

CP
Enclosures

HOLD
Call Next Time

July 13, 1934

M H Urquhart, Keeper, Seguin LH., Me.

Your Form C. A. 1 covering injury sustained by you on July 7th is herewith returned for completion. Question No. 5 was not answered, giving explanation as to why the injury was not reported within 48 hours. Upon completion return the form to this office.

Your attention is called to circular letter No. 132, dated December 11, 1931, paragraph 7, as to destruction of old forms. A supply of revised form C. A. 2 is herewith for future use.

BRUSH
Superintendent

CP
Enclosurex

July 13, 1934

Dr. L T Snipe,
112 Front St.,
Bath, Maine.

Sir:

Herewith is form C. A. 2 covering injury sustained by Mr. M H Urquhart, Keeper, Seguin Lighthouse, Maine.

Will you kindly execute the statement of physician on the reverse side of the form and return same to this office?

Respectfully,

CEB
CHARLES C BRUSH
Superintendent of Lighthouses

CP
Enclosure

HOLD
Only-See File

July 10, 1934

M H Urquhart, Keeper, Seguin LH., Me.

Referring to your letter of the 7th instant informing this office that you sprained your ankle on that date:

Send in forms C. A. 1 and 2, covering this injury, the latter to be unsigned and to have statements of witnessesand Medical Officer's Certificate executed, as per circular letter No. 132 of December 11, 1931. Have the injury properly attended to by Dr. L P Snipe, 112 Front Street, Bath, Maine. Enclosed herewith is form C. A. 16 for this purpose.

GB.
BRUSH
Superintendent

Form C. A. 16.

CP

REQUEST FOR TREATMENT OF INJURY UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT.

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

July 10, 1934. (Date.), 19

To Dr. L P Snipe, 112 Front Street, Bath, Maine. (Location.)
(Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician.)

THE BEARER, Millard H Urquhart (Name of injured employee.) Age 34 Sex male Color ~~white~~

is a civil employee of the United States, employed as Light Keeper (Name of employee's occupation.)

at Seguin Lighthouse, (Name of office or establishment where employed.), Popham Beach, Maine. (Location.)

He ~~She~~ was injured in the performance of duty on July 7 (Date.), 1934.

Nature of injury sprained ankle.

Treatment is requested for the results of said injury pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

ccb.
(Signature of Official Superior.)
CHARLES C BRUSH
Superintendent of Lighthouses
(Title or official position.)

(Address.)

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted here There is no U S Medical Officer of US Hospital in close proximity to this station. Injury is not such as to require hospitalization.

(See other side for provisions of the Compensation Act as regards treatment.)

9—805

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FIRST DISTRICT

(Station, Depot, or Vessel)

19

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: Please note keeper sprained right ankle Saturday afternoon July 7, 1934 slipped from tramway. Able to be about on crutches.

Very Respectfully

Matt. Urquhart
Keeper.

CP

HOLD

August 27, 1934

M H Urquhart, Keeper,
Seguin Lighthouse, Me.

Please submit to this office Form C. A. 3 covering injury sustained by you on July 7 as requested in letter from this office dated August 21, 1934, in order that same may be forwarded to the U. S. Employees' Compensation Commission as soon as possible.

GB.
BRUSH
Superintendent

CP

August 21, 1934

M H Urquhart, Keeper, Seguin LH., Me.

Submit to this office Form C. A. 3 covering injury sustained by you on July 7th, showing date and time you stopped work and date and time you returned to duty incident to treatment for this injury at the Marine Hospital.

G.
BRUSH
Superintendent

EJD:CP
Enclosure

August 13, 1934

Medical Officer in Charge,
US Marine Hospital No. 16,
Portland, Maine.

Sir:

On August 9 Millard H Urquhart, Keeper of Seguin Lighthouse, was sent to the hospital for treatment of sprained ankle, etc.

Request for treatment was in error prepared on Lighthouse Service form 207, the fact that the injury was sustained in line of duty BEING overlooked.

Will you kindly substitute the enclosed form C. A. 16 for the form 207 and destroy the latter?

Respectfully,

CCB.

CHARLES C BRUSH
Superintendent of Lighthouses

Form C. A. 16.

REQUEST FOR TREATMENT OF INJURY UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT.

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

Portland, Maine, August 13, 1934., 19
(Date.)

To Medical Officer in Charge, U S Marine Hospital No. 16, Portland, Maine.
(Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician.) (Location.)

THE BEARER, Millard H Urquhart Age 34 Sex male Color white
(Name of injured employee.)

is a civil employee of the United States, employed as Light Keeper
(Name of employee's occupation.)

at Seguin Lighthouse, Popham Beach, Maine.
(Name of office or establishment where employed.) (Location.)

He was injured in the performance of duty on July 7, 1934
(Date.)

Nature of injury sprained ankle

Treatment is requested for the results of said injury pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

CCB.
(Signature of Official Superior.)
CHARLES C BIBBER
Superintendent of Lighthouses
(Title or official position.)

60-74 Pearl St., Portland, Maine
(Address.)

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted here

(See other side for provisions of the Compensation Act as regards treatment.)

9—805

Form 207
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

CP

(SEE INSTRUCTIONS AND REGULATIONS ON BACK)

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED EMPLOYEES IN THE LIGHTHOUSE SERVICE

Office of the Superintendent of Lighthouses, First District.

Portland, Maine
(Place)

August 9, 1934., 19

To the Medical Officer in Charge,

U. S. Public Health Service,
U S Marine Hospital No. 16,
Portland, Maine.

Sir:

The bearer, Millard H Urquhart, Keeper,
(Name and title of applicant for medical relief)
is a beneficiary of the U. S. Public Health Service:

1. An officer or member of the crew of a vessel belonging to the Lighthouse Service (including lightship), i. e., the ----
(Name of vessel)

or—

2. A light keeper or an assistant light keeper on duty at Seguin Lighthouse, Me.
(Name of station)

You are requested to examine this applicant and to furnish him with such medical relief as may be required. The signature and description of the applicant appear below.

Signature of employee to be examined .....

Nativity American Age 34 years. Height 5 feet 4½ inches.

Color of eyes blue Color of hair brown

Distinguishing marks Scar 2" long on right forefinger inside.

*Date of original appointment in the Lighthouse Service August 16, 1926

†Date of certificate by the Public Health Service that person named passed physical examination, August 16, 19 26.

CEB.

CHARLES C BRUSH
(Title of officer signing request)
Superintendent of Lighthouses

*Fill in only if person to be examined is a light keeper or assistant light keeper.
†Fill in only in case of light keeper or assistant light keeper when the date of original appointment in the Lighthouse Service is subsequent to August 27, 1916.

(OVER)

11—3992

TS:CP

June 28, 1934

M H Urquhart,
Keeper, Sequin Lighthouse, Maine.

1. Referring to letter of June 9 and your reply thereto of June 12:

2. Evidently you did not understand the above letter from this office.

3. On May 28 you asked that an additional keeper be sent to your station by the first of June because you wanted to go to Portland and have your finger attended to. You did not say you wanted an additional keeper because you wanted a vacation, as in this case neither an additional keeper, nor your vacation, could be granted, as explained in above letter of June 9.

4. You did not advise this office or make any record of any injury to your finger at the time the injury occurred, the first knowledge this office had of such injury was when you showed this hurt finger to Inspecting Officers on April 17, 1934, and you were then advised to go to the Marine Hospital in Portland to have the injury properly attended to as soon as possible. As there were at that time three ~~keepers~~ experienced keepers at the station, this could have been done, but did you do so?

5. While this office fully realizes the need of keepers for a vacation, such vacations cannot be granted at times when spring work is going on at station and because it is convenient for keepers' personal reasons only. You realize as much as anyone that the station work must be done first and when a keeper is granted leave the station must be left in charge of capable men to run it properly in the keeper's absence. It is not considered safe to leave as important a station as Seguin in charge of one assistant keeper, with only an inexperienced laborer for helper; therefore your request for vacation was not granted.

6. An additional keeper will soon be transferred to your station, pending Mr. Lathrop's return or resignation. After this man is fully capable of taking his watch alone, your vacation might be granted if again asked for.

7. The refusal of granting your request for leave is no reflection on your ability as a keeper.

GB.
BRUSH
Superintendent

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FIRST DISTRICT

(STATION, DEPOT, OR VESSEL)

....., 1934

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: In reply to your letter of June 9, 1934 in regards to my leave. I am sorry I have to answer same and fear I cannot make myself understood without showing the least disrespect to my superiors. However in my heart I hold nothing but the highest, and feel if I do not understand your letter and the present situation as it is you will except my apology for writing this.

I feel your letter is a black mark and that I have been penalized for not keeping a good station. I noticed in the record of inspection you stated same in satisfactory condition. The action taken on my leave conflicts with G. I. 134-1927 instructions. Today the station is in better condition than on April 17, 1934. The work outlined by you was all completed before Mr. Fathop left with except, topping out chimney on second asst. keepers quarters patching up plastering and painting the windows back in the tower. This can not be done until we receive the bri

Patching plaster and the windows. Besides this work other up keep has been continually going forward. I will outline here. Took in tower painted screen door remodled frame made for same and frame put up in tower. new fuel tank scraped and red leded. wrench marks filed from pipe line leading from tower to shore. new post set to hold pipe to tank. have been Painted. signal house heater cleaned red leded inside painted black outside. All iron work down to shine red leded. Bare spots on old fuel tank tinted up. Storm windows taken off and screens put on those needing paint have been painted. New storm door for keepers quarters fitted, hand ware put on, door painted to coolor and put away until needed this fall. All loose paint chipped from inside of tower Loose paint scraped from inside and outside signal house windows. Wood preservative put on new work down to shore. I could add to this amount of work but it would be taking to much of your time. I understand District Circular no 145 May 16, 1933. That compensatory leave must be taken during the month in which it is accrued or in the next following month.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

, 3,

FIRST DISTRICT

Isle au Haut
(STATION, DEPOT, OR VESSEL)

June 12, 1934

SUPERINTENDENT OF LIGHTHOUSES,

Portland, Maine.

Sir: I asked for an additivin helper so I could take leave that I feel is all ready do me.

I didnt state the helpers were over worked and that they couldnt handle the work here on this stativin. We were asked to do work that has never been done by helpers since I have been on this stativin. There is plenty of work to do here and we all can help busy for the entire year. I wouldnt want to stay here any way if there wasnt plenty of work, and as long as I remain here helper I shall always find some thing for the helper to do. You and Mr. Sampson stated in my quarters that I should come to Portland right away and have my finger attended to. In a few more days it will be two months since you made that statement. Your letter states if it is urgent to take leave to have it properly dressed. I have worked with this finger nine months so I do not feel it is urgent.

my family will be back on the station June 15. 1937 weather permitting and I shall not ask for any more leave unless in case of death or sickness before Sept. 1934. I feel however the leave is due me, that I have earned it just as much as my pay I receive each month.

Very Respectfully

W.H. McGuire
Helper

GFL:CP
Enclosure

June 9, 1934

Keeper, Seguin Lighthouse, Me.

Your request of "May 5" for eight days from June 8 to 16, inclusive, is herewith returned not approved. In view of the fact that the Government is hiring a laborer to assist the two keepers on duty at the station during the illness of Asst. Keeper Lathrop merely because of the fact that there is a lot of spring work to be done, it is not considered consistent nor equitable to allow either of the two keepers now on duty any leave for extended period.

From your letter of June 5 reporting the arrival of Mr. Ralph Morong for duty as laborer, it would appear that you intend to come to Portland to have a finger attended to. If this is urgent you are authorized to take enough leave to permit you to come to Portland and have the finger properly dressed. There is no record of your having sustained an injury recently. If the injury to the finger is the result of an accident in the performance of your duty, you are directed to submit notice of injury and report to cover same.

Requests for leave for extended periods should be submitted in ample time to permit this office to consider them in the ordinary course of events and return them approved or disapproved prior to the date that it is desired to have the leave commence, it being noted in this case that your request was received on the 6th and you desired that the leave commence on the 8th.

S. BRUSH
Superintendent

GFL:CP
Enclosures

April 24, 1933

Surgeon-General,
US Public Health Service,
Washington, D. C.
(Via Commissioner of Lighthouses)

Sir :

Referring to my letter of March 21, 1933 reporting employment of Dr. W C Jefferson, 677 High Street, Bath, Maine, to attend Millard H Urquhart, Keeper of Seguin Lighthouse, Maine, there are herewith in triplicate vouchers of Dr. Jefferson and Mrs. Sarah D Cameron, nurse, in the amounts of $95 and $59. respectively. Dr. Jefferson's report on the case and his certificate as to the necessity for immediate treatment and impracticability of transferring the patient to a regular Public Health Service relief station, is attached to the original voucher.

It was impracticable to use regular Public Health Service facilities in this case, the nearest relief station being at Boothbay Harbor, Maine, resort to which would have required a trip of considerable distance in an open power boat, which Mr. Urquhart's condition would not permit. Consequently the first assistant keeper was instructed by telephone to get the nearest private physician who would come off to the station. Mr. Urquhart's certificate as to the immediate necessity for the medical attention is also attached to the original voucher, his statements in which are concurred with.

Mr. Urquhart was appointed a keeper on August 16, 1926, was certified eligible to free treatment by the medical officer at the US Marine Hospital at Portland, Maine, after physical examination on that date, and was in a duty status when taken sick.

It is expected that a voucher covering medicines furnished Mr. Urquhart will be received within a short time. It will be promptly forwarded.

For and in the absence of the Superintendent:

Respectfully,

GEORGE F LAURITZEN
Chief Clerk, 1st Lighthouse District.

Standard Form No. 1034a
Form approved by Comptroller General U. S. June 18, 1926
(Revised August, 1930)

Public Voucher for Purchases, and Services other than Personal

D. O. Vou. No. _____
No. _____

(*Voucher prepared* _____ (Give place and date))

U. S. TREASURY DEPARTMENT, PUBLIC HEALTH SERVICE
(Department, Bureau, or Establishment)

Appropriation: _____

PAID BY

(For use of Paying Office)

THE UNITED STATES, Dr., *To* W. G. Jefferson, M. D.
(Payee)

Address 677 High Street, Bath, Maine *Payee's Acct. No.* _____

Payee must NOT use this space

Contract No. _____ Date _____ Req. No. _____ Date _____
Activity _____ For _____

Expenditure Symbol	No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, Item Number of Contract or General Supply Schedule, and other information deemed necessary) Terms _____% Discount Cash _____ days	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.	NOTATIONS Payee must NOT use this column
		1933 March 16 to 31	Medical services, etc., rendered to Millard H. Urquhart, Keeper, Seguin Light Station, Maine, etc., etc., as per bill attached				95	00	

MEMORANDUM

Do NOT sign

(This certificate not required when a like certificate is made by payee on attached bill or bills)

I certify that the above bill is correct and just, and that payment therefor has NOT been received.

TOTAL, 95 00

*Payee (Sgd.) Willis G. Jefferson, M.D. Per _____ Title Harv. Med. Sch. '99

(Additional statements by Department, Bureau, or Establishment, if deemed necessary)

(Accounting Classification)

(Payee must NOT use this space)

Differences: _____

Account verified; correct for $ 95 00

(Signature or initials) _____

I certify that the above articles were received in good condition, after due inspection, acceptance, and delivery prior to payment as required by law, or the services performed as stated; that they were procured under the contract numbered above or the unnumbered contract attached hereto, or that they were procured without written contract, in open market, and with or without advertising, under the circumstances stated in No. _____ of "Method of or Absence of Advertising" shown on reverse hereof, and were necessary for the public service; and that the prices charged are just and reasonable and in accordance with the agreement.

†Approved for $_____

(Memorandum—Do not sign)

† GEORGE F. [illegible]RITZEN

Title CHIEF CLERK FIRST LIGHTHOUSE DISTRICT

Paid by { Check No. _____, dated _____, for $_____ } on Treasurer of the United States in favor of payee named above
{ Cash, $_____, on _____ * Payee _____

(Memorandum—Do not sign)

Per _____

Title _____

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the blank space below "Approved for $_____," and over his official title.

GOVERNMENT PRINTING OFFICE 10—1751

WILLIS G. JEFFERSON, M.D.
677 High St.,
Bath, Maine
Telephone 370

U. S. Department of Commerce,
Lighthouse Service,
Portland, Maine

M.H.Urquhart,
First Keeper,
Seguin Light

1933

To professional services rendered Seguin Island Service:

Case: Influenza, complicated by pneumonia rt.lung, and pneumonic congestion in l. lung, w toxic acute nephritis.

March 16,-	Visit- Lv office 10 AM Ar office 5 PM	$20.00
	Med. furnished:	1.50
	Ext.Asclepias tub. fl.oz. ¾-aqua oz.8 i dr.ev.2hrs.	
	Tr.Bryonia 40 m with	
	Kali muriaticum 20 I gr. TT " " alter. "	
" 17-	Daily attention and advice to nurse (by phone)	1.00
" 18-	Visit- Lv office 10 AM Ar office 5 PM	20.00
	Med. furnished:	
	Tr. Crataegus Oxy. (heart suppert) ½ oz. 5m ev.3hrs.	1.00
	20 Calc.phos TT(toxic nephratis) w albuminur.) and	
	20 Ferrum phos. TT (subacute fever) @ .75 ea.	1.50
	1 oz. Acid sulphurousum (for throat)	.50
" 19		
to 21	Daily attention and advice to nurse(by phone)	3.00
22	Visit- Lv office 9:30 AM Ar office 3:30 PM	20.00
	Med. furnished:	.50
	HN03 C.P. & test tube for alb. testing	
" 23		
to 28	Daily attention and advice to nurse (by phone)	6.00
" 31	Visit:Lv office 9:30 AM Ar office 4 PM	20.00
	lungs clear; no alb. in urine; pulse, heart,& gen. condition satisfactory.	
	Rx Philip's phospho-muriate of quinine ½ teasp.	95.00
	t.i.d. a.c. w O.Clapp & Son's Malt Ext.Co. 2 teasp. t.i.d.p.c. to support continued recovery without relapse.	

Bath, Maine

April 14 1933

677 High St.,

Mr. C. E. Sherman,
Superintendent of Lighthouses,
Portland, Maine

Sir:-

This statement is submitted to certify to the fact that First Keeper Millard H.Urquhart, Seguin Island Light, was confined to house and bed by reason of sickness, and requested immediate medical attention first on March 16th, 1933, and that transfer to the nearest hospital of the Public Health Service was impracticable because of the turbulence of sea transportation, extremely bad road conditions, and his own distress from headache and fever at the time, and the unreasonableness of exposing his condition to the prevailing inclemency of weather and cold winds.

Being familiar with conditions on Seguin and having previously rendered medical assistance (typhoid fever case), the undersigned was called as the nearest available physician.

Respectfully,

(Sgd.) Willis G. Jefferson, M.D.

PS - Sickness Influenzal pneumonia and pneumonic congestion.

COPY - CP

DEPARTMENT OF COMMERCE
Lighthouse Service

First District

Seguin

April 18, 1933

Superintendent of Lighthouses,
Portland, Maine.

Sir:

I certify the following statement is correct. On March 15, 1933, I went to the shore to assist the second asst. keeper in landing with supplies. His boat missed the boatslip; the heavy undertow carried it onto the rocks. In order to save the boat and supplies I jumped into the surf and after considerable difficulty we hauled the boat and its contents to safety. In doing so, I got very wet. I had a cold at this time. On watch from 12 to 4 a.m. March 16, 1933, I became very ill, my temperature at 2.00 A.M. was one hundred and two. I returned to duty at 7.30 A.M., but was taken with severe pains in the head and chest and was unable to stay up. My temperature was one hundred three and eight tenths at this time. Considering my temperature and the condition of weather it seemed impracticable to attempt leaving the station and I am sure I was sick enough for immediate attention.

Very respectfully yours,

(SGD) M H URQUHART

Keeper

Standard Form No. 1034a
Form approved by Comptroller General U. S.
June 18, 1926
(Revised August, 1930)

Public Voucher for Purchases, and Services other than Personal

D. O. Vou. No. _____
No. _____

(*Voucher prepared* _____ (Give place and date))

PAID BY

(For use of Paying Office)

U. S. TREASURY DEPARTMENT, PUBLIC HEALTH SERVICE
(Department, Bureau, or Establishment)

Appropriation: _____

THE UNITED STATES, Dr., *To* Mrs. Sarah D. Cameron,
(Payee)

Address 500 Middle St., Bath, Maine. *Payee's Acct. No.* _____

Payee must NOT use this space

Contract No. _____ Date _____ Req. No. _____ Date _____
Activity _____ For _____

Expenditure Symbol	No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, Item Number of Contract or General Supply Schedule, and other information deemed necessary) Terms _____% Discount Cash _____ days	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.	NOTATIONS Payee must NOT use this column
		1933							
		March 16 to March 30	Nursing Millard H. Urquhart Two weeks Laundry Transportation by boat		@28.		56 2 1	00 00 00	

MEMORANDUM

Do NOT sign

(This certificate not required when a like certificate is made by payee on attached bill or bills)

I certify that the above bill is correct and just, and that payment therefor has NOT been received.

TOTAL, $59 00

*Payee (Sgd.)Mrs. Sarah D. Cameron

Per _____

Title _____

(Additional statements by Department, Bureau, or Establishment, if deemed necessary)

(Accounting Classification)

(Payee must NOT use this space)

Differences: _____

Account verified; correct for $ 59 00

(Signature or initials) _____

I certify that the above articles were received in good condition, after due inspection, acceptance, and delivery prior to payment as required by law, or the services performed as stated; that they were procured under the contract numbered above or the unnumbered contract attached hereto, or that they were procured without written contract, in open market, and with or without advertising, under the circumstances stated in No. _____ of "Method of or Absence of Advertising" shown on reverse hereof, and were necessary for the public service; and that the prices charged are just and reasonable and in accordance with the agreement.

†Approved for $_____

(Memorandum—Do not sign)

† GEORGE F. LOURITZEN

Title CHIEF CLERK, FIRST LIGHTHOUSE DISTRICT

Paid by { Check No. _____, dated _____, for $_____ } on Treasurer of the United States in favor of payee named above.
{ Cash, $_____, on _____ * Payee _____ }

(Memorandum—Do not sign)

Per _____

Title _____

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the blank space below "Approved for $_____," and over his official title.

GOVERNMENT PRINTING OFFICE 16—1751

Supt.
Asso. L.H. Engr.
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L.D. 1st Depot

Checked with bills except date of nurse's bill

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
APR 24 1933
1ST DIST. PORTLAND, MAINE

FIRST DISTRICT

Sequoit Light Sta.
(Station, Depot, or Vessel)

April 18, 1933

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: In reply to enclosure, April 13, 1933.

(A) Four visits. March 16, 1-00 P.M. 1933.
" 18, 12-45 " " "
" 22 11-00 A.M. "
" 31 12-45 P.M "

'B' He was consulted by telephone each day except March 16 and 22 up to and including March 25.

(C) I paid for all medicine furnished by the pharmacist except the last prescription which amounts to $2.25. Hubbard's germicide was for family use and I paid for it $1.00

(D) The nurse arrived at 7-30 P.M. March 16, 1933. and departed at 1-00 P.M. " 29. "

(E) March 16, 8-00 a.m. 1933
" 25, 9-00 " " "

GFL:CP
Enclosure

April 13, 1933

Dr. W G Jefferson,
677 High Street,
Bath, Maine.

Sir:

Referring to your letter of the 7th instant and to your bill dated March 31st, covering services rendered M H Urquhart, Keeper, Seguin Lighthouse, Maine, it would appear that your bill covers services rendered to members of the family of Mr. Urquhart as well as him. You are advised that the Public Health Service will pay all reasonable charges of private physicians where Public Health Service facilities are not readily available in cases requiring immediate treatment of light keepers, but this does not extend to the families of the keepers.

I am forwarding you herewith a form of voucher to be signed at the place indicated by red pencil check mark and returned to me, accompanied by a revised bill including only such items as apply to treatment of Mr. Urquhart. Any charges accruing through the treatment of any other member of his family, or the family of any other keeper must not be included in the bill and are for collection from the keepers whose families benefited therefrom. Your bill should show the date of each visit, the duration of your absence from your office, and the details of any transportation charges which might be included therein. With regard to the item of "Exams. med. furnished & urinal - $15.00", I cannot understand what this is to cover in view of the fact that the average charge per visit would appear to be enough to cover all aspects of the case. The same comment applies to the item "Services by phone - $10.00". While I will not say that these items would be disallowed by the Public Health Service (provided, of course, they all apply solely to Mr. Urquhart), I believed that they will require more explanation and more detailed stating in order to be considered "reasonable" by that Service.

With regard to the items covering pharmacist's and nurse's services, while these are included in your bill it would appear from the bills submitted with yoursof the 7th that you have not paid for them. If this is so, vouchers must be submitted by the persons rendering these services themselves, and for this reason two blank vouchers are enclosed, one to be signed by the parmacist and one by the nurse. The bill already submitted by the nurse will be used to support the voucher which she signs. The pharmacist should, however, submit a revised bill showing the size, (contents) of the bottle of Hubbard's Germicide furnished, and should attach original or copies of each of five prescriptions filled showing on each the cost of it and any postage, separately.

In returning your signed voucher, kindly forward also a signed statement certifying to the necessity for immediate treatment (nature and severity of

the illness), the reason why it was impracticable to transfer the patient to the nearest hospital of the Public Health Service in case hospital care was indicated or of his availaing himself of the service of the nearest Public Health Service physician.

Respectfully,

C. E. SHERMAN
Superintendent of Lighthouses

Enclosure

COPY TO Keeper, Seguin LH., Me. for his information, guidance and files.
Furnish this office with a dated and signed certification as to the immediate necessity for the service and the nonavailability of any regularly established relief facilities of the Public Health Service.

Also furnish a separate statement showing:

(a) The number of visits made to the station by Dr. Jefferson and date of each.
(b) The number of times he was consulted by telephone and date of each.
(c) The number of separate prescriptions or remedies furnished by the ~~park~~ pharmacist and the number of times each was refilled.
(d) Dates of arrival and departure of the nurse.
(e) Dates of beginning and termination of your disability for work of a supervisory nature. That is, your disability for work should be considered as having terminated when you were first able to be up and around and supervise the work of the station.

Your monthly report for March is returned herewith for correction of item 8. Show thereon the date and hour of beginning and date and hour of termination of total disability for work. Better make out a new report. Any absence from the station or any absence from duty due to illness extending beyond six hours must be separately stated on monthly reports. Only routine absences of six hours or less duration for purpose of obtaining mail and supplies should be stated generally, as you did on this report,

Supt.
Asso. LH Engr
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L D 1st Dist

677 High St.
Bath, Maine
April 7, 1933

SUPT. OF LIGHTHOUSES
APR 8 1933
1st DIST. PORTLAND, MAINE

Mr. C.E.Sherman,
Superintendent of Lighthouses,
Portland, Maine

Dear Sir :-

Please find enclosed the statements of amxounts due them on the Seguin service, Mrs. Sarah D.Cameron, Nurse and Mr. R.C.McFadden ,Pharmacist. These were included in the bill presented by me, but were not available at the time. Mrs. Cs bill i is $ 59.00 instead of 58. My mistake. Please excuse it.

Very Truly Yours,

Wm. Jefferson M.D.

Bath, Maine, March 31, 1933

DEPT. OF LIGHTHOUSES
8
1933

Mr. United States Light House Service For Capt Wishart Segwin Light.

To THE McFADDEN PHARMACY, Dr.

R. P. McFADDEN, Ph. G.

Dealer in Drugs and Chemicals

Prescription Specialist

120 Front Street Telephone 823-M

1933				
			$	
March	13	Prescription $1.00 Postage .05	1 05	Keeper said he would call and pay this
"	18	2 " -	1 90	
"	20	Hubbards' Germacide .	1 00	
"	31	2 Prescriptions -	2 25	
			$6.20	

No. _____ March 30th 1933

Mrs M. Urquhart

First Keeper of Seguin Island, Maine

To Mrs Sarah D. Cameron Nurse, Dr

For Professional Services from March 16th 19 29 to March 30 1933

Two weeks ~~3 days~~ at	per week, 28	$ 56	00
Travelling Expenses,	$2.00	2	00
Laundry,	1.00	1	00
	TOTAL	$59	00

Received payment

U.S. Bond.

TREAS. DEPT. OF U.S. LIFE SAVING SERVICE

Supt.
Asso. LH Engr.
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L D 1st Dept

W. G. JEFFERSON, M. D.

~~PARKER HEAD STREET~~ ~~PHIPPSBURG, MAINE~~

677 High St, Office Hours by Appointment Bath, Maine

Telephone: ~~Phippsburg 4 Ring 3~~ ~~XXXXXXXXXXXX~~ 370

SUPT. OF LIGHTHOUSES
Apr 4 1933
3RD DIST. PORTLAND, MAINE

DATE March 3I, I933

Supt. of Lighthouses,

~~U.S.Lighthouse Service,~~

Portland, Maine

TO PROFESSIONAL SERVICES RENDERED— Seguin Light service

March I6, to 3Ist.I933

four visits Millard Urquhart & family $ 80.00

Exams.med. furnished& urinal.	I5.00 — ?
Druggist Rx	6.20
Service by phone	I0.00 — ?
Nurse's fee 2 wks & laundry ch.	58.00
	I69.20
	- 64.20
	105.00

RECEIVED PAYMENT

Supt.
Asst. LH Engr
Dun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L.V. Isl Depot

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
MAR 31 1933
1st DIST. PORTLAND, MAINE

FIRST DISTRICT

St. Croix Light Sta.
(STATION, DEPOT, OR VESSEL)

March 29, 1933

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: I am glad to report I have returned to duty have not fully recovered, my recent sickness left me with a very weak heart, my right lung is not all healed, I fel I should not do any painting or heavy work untill I have fully recovered probably another week or so.

Thank you very much for the prompt action Taken in getting medical aid for me. The nurse was very much needed and gratefully appreciated, she gave me the best of care. Dr. W.S. Jefferson made Three calls. The nurse arrived March 16, 1933 at 2:30 P.M. and will leave the station 1:00 P.M. March 29, 1933.

I have been standing watch since March 25, 1933 and I am still taking treatment believe I will be able to do all my work in a few more days.

I am very gratefull for all that has been done for me.

Very Respectfully

Wm. H. Urquhart
Keeper.

GFL:CP

March 21, 1933

Surgeon-General,
US Public Health Service,
Washington, D. C.
(Via Commissioner of Lighthouses)

1. Mr. Millard H Urquhart, Keeper, Seguin Lighthouse, Maine, was taken suddenly ill on March 16th, and, as reported by the first assistant keeper, was in a condition requiring immediate medical treatment. There being no medical officer of the Public Health Service readily available, and Mr. Urquhart's condition being such that he could not be moved without possibility of more serious consequences, the assistant keeper was directed to procure the services of a private physician at Bath, Maine. He later reported that he had called Dr. W G Jefferson, 67 High Street, Bath, Maine. Dr. Jefferson reported that Mr. Urquhart was in a serious condition, threatened with pneumonia, and that, due to the fact that Mrs. Urquhart was also ill, he was sending a trained nurse to the light station. He stated it was impossible to remove Mr. Urquhart to a Public Health Service medical officer or hospital without jeopardizing his health.

2. Mr. Urquhart is eligible to free treatment by the Public Health Service and was in a duty status when taken ill. Further reports will be submitted.

C. E. SHERMAN
Superintendent of Lighthouses

GFL:CP

March 21, 1933

Dr. W. S. Jefferson,
67 High Street,
Bath, Maine.

My dear Sir:

With reference to your telephone report of the 16th on the condition of Millard H Urquhart, Keeper, Seguin Lighthouse, whom you were called to treat by Assistant Keeper Connors, you are advised that the U. S. Public Health Service will pay for private medical and hospital services furnished in such cases, provided the charges are reasonable. Will you kindly submit a statement certifying to the necessity for immediate treatment, the probable duration of same, and the practicability of transferring the patient to the nearest hospital of the Public Health Service in case hospital care is indicated?

It is understood that you sent a trained nurse to the station. This fact should be cited in your certificate and the necessity therefor explained for the information of the Public Health Service. It is understood, of course, that the services of the nurse will be dispensed with as soon as Mr. Urquhart has recovered sufficiently or the condition of Mrs. Urquhart has improved so that she can safely care for him.

Keep me informed as to Mr. Urquhart's condition, please.

When Mr. Urquhart has sufficiently recovered to no longer require your services or those of the nurse, send in your bill, which should include the pay of the nurse.

Respectfully,

C. E. SHERMAN
Superintendent of Lighthouses

COPY TO Acting Keeper Connors, Seguin LH., Me.
Keep a record of Dr. Jefferson's calls, and of arrival and departure of the nurse. Keep the office informed by letter of Mr. Urquhart's condition.

SHERMAN
Superintendent

Supt.
Asso. LH Engr.
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L D Isl Depo

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
MAR 27 1933
1st DIST. PORTLAND, ME.

FIRST DISTRICT

Seguin Light Sta.
(Station, Depot, or Vessel)

March 23, 1933

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

Keeper Urquhart is much improved and has been able to sit in a chair for a time today. Dr. Jefferson has reccommended that the nurse stay another week.

Respectfully submitted,
J. M. Connors
First Asst. Keeper

DEPARTMENT OF COMMERCE

Bureau of Office Lighthouse

Report of Employees' Marital Status and Dependents

SUPT. OF LIGHTHOUSES MAINE JUL 25 1932 DIST. PORTLAND, MAINE

1. Name of Employee Millard Harris Urquhart
(First) (Middle) (Last)

2. Address Seguin Light Sta. Popham Beach Me.

3. Married or Single married

4. If married, do you reside with husband or wife? yes

5. If married, and question (4) is answered no, give date since which you have not resided with husband or wife. _____

6. Is your husband or wife employed by the Federal Government or the District of Columbia? (If answered "Yes," give department or branch of District Government.)
No.

7. Number of persons who derive their principal support from you.
6

8. Enter below information specified concerning each dependent included in your answer to question 7.

Name of Dependent	Relationship (if any)	Age	Address	How long Dependent?
Millard H. Urquhart	wife	20 years	Popham Beach Me.	12 years
Allen E. "	Son	10	" "	10 "
Millard H. " Jr.	"	7	" "	7 "
Adelmar F "	"	5	" "	5 "
Madie P. "	daughter	3	" "	3 "
Mary L. "	"	3 weeks.	" "	3 weeks

9. Are you (a) An honorably discharged soldier, sailor, or marine? _____

(b) Widow of such _____

(c) The wife of an injured soldier, sailor, or marine, who himself is not qualified for government service _____

I certify that the answers to the foregoing questions are true.

Mrs. Urquhart
Keeper.

NOTE: A misstatement or withholding of the information called for above will constitute grounds for dismissal.

GFL:CP

LETTER OF COMMENDATION

October 3, 1932

M H Urquhart, Keeper, Seguin LH., Me.

I am pleased to note from your letter of the 28th ultimo the assistance rendered by you and Second Assistant Keeper Clinton L Dalzell to a fisherman in locating him in his disabled motor boat which was drifting onto the south side of Wood Island and towing it from its precarious position until the arrival of the Coast Guard crew.

It is my desire to commend you for your prompt action in this case.

S.
SHERMAN
Superintendent

TWO COPIES TO BUREAU OF LIGHTHOUSES.

Supt
Asso. L.H. Engr
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L.D. 1st Depot

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
OCT
1
1932
PORTLAND, MAINE

FIRST DISTRICT

Seguin Light Sta.
(STATION, DEPOT, OR VESSEL)

September 27, 1932

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: Keeper and second asst. while ashore after mail Tuesday went to rescue a Harpswell fisherman who was disabled and drifting onto the south side of wood Island. The coast guard had been notified by the first asst. keeper. They failed to locate the boat and Mrs. Urquhart called me on the telephone at the Popham Beach P.O. stating his hopeless plight. We arrived just in time to save him and his boat. We towed him off from the Island to a safe distance and turned him over to the coast guard crew.

We were late in getting back to our station being a little after sunset, but not dark.

Very Respectfully
Wm Urquhart
Keeper.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

Supt.
Asso. LH Engr
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L.D. 1st Dist

EJD

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, ME.

M H URQUHART, KEEPER,
SEGUIN LH, MAINE.

AUGUST 23, 1932.

ADVISE THIS OFFICE AS SOON AS POSSIBLE BY INDORSEMENT ON THIS LETTER WHETHER YOU ARE RECEIVING RETIRED PAY ON ACCOUNT OF SERVICE AS A COMMISSIONED OFFICER IN THE ARMY, NAVY, MARINE CORPS, COAST GUARD, COAST AND GEODETIC SURVEY, OR PUBLIC HEALTH SERVICE. IF YOU ARE RECEIVING SUCH PAY, GIVE THE RATE.

SHERMAN
SUPERINTENDENT

Yes

M.H. Urquhart
Keeper.

GFL:CLG

February 6, 1932.

U. S. Employees' Compensation Commission,
Washington, D. C.

Sirs:

Herewith is voucher (Form No. S-69) of Dr. E. M. Fuller, Bath, Maine, covering emergency medical treatment to Millard H. Urquhart, Keeper, Seguin Light Station, Maine, on December 17, 1931, for injury sustained in the performance of his duties.

The voucher has been signed by Mr. Urquhart.

Respectfully,

C. E. SHERMAN,
Superintendent of Lighthouses.

GFL:CP
Enclosures

January 12, 1932

U. S. Employees' Compensation Commission,
Washington, D. C.

In connection with the enclosed Form C. A. 2 covering injury to Millard H Urquart, Keeper, Seguin Lighthouse, Maine, I am attaching bill in the sum of $2.00 from Dr. E M Fuller, Bath, Maine, covering emergency treatment to Mr. Urquhart for this injury. The reason why treatment was not obtained from a U. S. medical officer or a U. S. hospital is shown at the bottom of copy of Form C. A. 16 hereto attached.

Dr. Fuller's charge for this treatment is considered reasonable and not in excess of rates charged by physicians generally for persons receiving the average pay of a light keeper and it is hoped that it may be paid at as early a date as possible.

C. E. SHERMAN
Superintendent of Lighthouses

Entered

Entered

20

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability [illegible] work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department COMMERCE (War, Navy, etc.) 2. Bureau or office LIGHTHOUSE SERVICE (Engineer, Navigation, etc.)
3. Place of employment Seguin Light Station (Arsenal, Navy Yard, etc.), Popham Beach (City), Maine (State)
4. Reporting office Supt. of Lighthouses, First Dist. Portland, Maine (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Himself

The injured employee

6. Name of injured employee Millard H Urquhart (Give first name in full) 7. Age 32 8. Sex male 9. Race white
10. Home address Seguin Light Station (Street and number), Popham Beach (City or town), Maine (State)
11. Occupation and division Light Keeper (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? Yes If not, what work?
13. Total length of service with the Government as a civilian? Since August 16, 1926
14. How long at present work in this establishment? do.
15. Dates of other injuries Feb. 15, 1929
16. Rate of pay on date of injury $1500 per annum and subsistence valued at $[illegible] per [illegible] and quarters valued at $240.00 per annum
17. Employee begins work at no fixed hours (Hour, a. m. or p. m.) m. 18. Regular day's work ends not fixed (Hour, a. m. or p. m.) m.
19. Hours worked per day On duty 24 hours 20. Days paid per week seven

The injury

21. Place where injury occurred basement of double dwelling (Give exact location, as name or number of building and division, etc.)
22. Date of injury December 12, 1931; day of week Saturday; hour of day 9.00 a.m. (a. m. or p. m.)
23. Date employee stopped work ____, 19____; day of week did not stop; hour of day ____ (a. m. or p. m.) m.
24. Date employee's pay stopped ____, 19____; day of week did not stop; hour of day ____ (a. m. or p. m.) m.
25. Has employee returned to work? did not stop (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave -- (Give exact dates)
(b) Sick leave -- (Give exact dates)
(c) Any other reason -- (Give exact dates)
27. Describe in full how injury occurred Hot cinders dropped from inside of furnace, striking him in the left eye
28. State part of body injured and nature and extent of injury Burned left eye
29. Did injury cause loss of any member or part of member? no If so, describe exactly
30. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement
31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? No If not, did immediate superior have actual knowledge of injury? No. See letter from employee herewith.
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury D E Robbins, 2nd Asst. Keeper, Seguin LH., Popham Beach, Me.
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? No. If so, has employee been instructed in procedure under commission's regulations?
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Dr. E. Motley Fuller, Bath, Me.
36. How soon after injury? December 17, 1931
37. To what hospital sent? --- Location
38. Name and address of physician now attending case None

Signed this 22 day of December, 1931

at Portland, Maine

C. E. SHERMAN (Reporting officer)
Superintendent of Lighthouses (Title)

C. A. 2
Revised to June 15, 1929

69—565

(OVER)

U. S. GOVERNMENT PRINTING OFFICE: 1929

21

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

On Dec. 12, 1931 I was working with Mr. M. H. Urquart on a furance located in basement of double dwelling at Seguin Light Station, Me, when he got cinders in his left eye.

Signed this 26th day of December, 19 31

(SGD) D E ROBBINS, 2nd Asst.
(Signature of witness)

Signed this ..... day of ....., 19.....

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Millard H. Urquhart (Name of employee) was given first-aid treatment, or examined, on Dec. 17, 1931, at a. m., and was not (Was or was not) disabled for work. Probable length of disability will be none anticipated. In my opinion disability was (Was or was not) due to injury on Dec. 12, 1931.

Nature of injury as found on examination Burn of left cornea from hot cinder on Dec. 12, 1931

Hospitalized No Will return for further treatment not anticipated

Discharged ..... Other disposition .....

Remarks Did not return so I anticipate recovery has taken place.

Signed this 7 day of Jan., 19 32.

at Bath, Maine (SGD) E M FULLER
(Signature of medical officer)

c9—585

..... (Title)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

On Dec. 12, 1931 I was working with Mr. M. H. Urquart on a furance located in basement of double dwelling at Seguin Light Station, Me, when he got cinders in his left eye.

Signed this 26th day of December, 19 31

(SGD) D E ROBBINS, 2nd Asst.
(Signature of witness)

Signed this ____ day of ____, 19____

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Millard H. Urquhart (Name of employee) was given first-aid treatment, or examined, on Dec. 17, 1931, at a. m., and was not (Was or was not) disabled for work. Probable length of disability will be none anticipated In my opinion disability was (Was or was not) due to injury on Dec. 12, 1931.

Nature of injury as found on examination Burn of left cornea from hot cinder on Dec. 12, 1931

Hospitalized No Will return for further treatment not anticipated

Discharged ____ Other disposition ____

Remarks Did not return so I anticipate recovery has taken place.

Signed this 7 day of Jan., 19 32.

at Bath, Maine (SGD) E M FULLER
(Signature of medical officer)

(Title)

c9—585

COPY - CP

BATH, MA[redacted]. 1/7/32.

M Department of Commerce, Lighthouse Service

IN ACCOUNT WITH E. M. FULLER, M. D.

Treatment

Millard H Urquhart 12/71/31.

Amount Due $2.00

Received payment,

COPY - CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

First District

Seguin

December 18, 1931

Superintendent of Lighthouses,

Portland, Maine.

Sir:

In regards to the injury to my eye, it didn't bother me until the night of Dec. 16. At this time it pained me bad. The next morning I had Mrs. Urquhart and the first asst. keeper look at it. They couldn't see anything in it. I called up Mr. Coombs at the Custom House at Bath. He sent me to Dr. Fuller and he removed the cinder and said he believed it would be O.K.

Respectfully,

(SGD) M H URQUHART,

Keeper

COPY - CP

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Popham Beach (City or town), Maine (State)

Seguin Light Station (Street and number)

December 18, 1931 (Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on Dec. 12, 1931 (Date)

Saturday (Day of week), around 9.00 a. m. (Hour, a. m. or p. m.)

1. The injury occurred at Seguin in the basement of double dwelling. (Give name of establishment where employed)

in the following manner: I was taking out an old grate from the furnace.

2. Cause of injury A hot cinder from inside of furnace while laying on my back trying to free the broken section of grate.

3. Nature of injury Burnt left eye, cinder imbedded so it was necessary for a Dr. to remove same.

4. Names of witnesses to injury:

Mr. D. E. Robbins was assisting me at the time this happened.

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

I washed my eye with a solution of boric acid and supposed I had removed all the cinder as the eye felt all right and Mrs. Urquhart said she couldn't see anything in it.

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) (SGD) MILLARD H URQUHART

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

U. S. GOVERNMENT PRINTING OFFICE: 1930 9—584

GFL:CP

Form C. A. 16.

REQUEST FOR TREATMENT OF INJURY UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT.

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

December 17, 1931
(Date.), 19

To Dr. R. Motley Fuller, 119 Front Street, Bath, Maine.
(Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician.), (Location.)

THE BEARER, Millard H Urquhart Age 32 Sex Male Color White
(Name of injured employee.)

is a civil employee of the United States, employed as light keeper
(Name of employee's occupation.)

at Seguin Light Station, Popham Beach, Maine.
(Name of office or establishment where employed.), (Location.)

He ~~She~~ was injured in the performance of duty on December 12, 19 31
(Date.)

Nature of injury burn on left eye caused by hot cinder

Treatment is requested for the results of said injury pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

(Signature of Official Superior.)
C. E. SHERMAN
Superintendent of Lighthouses
(Title or official position.)
P O Box 467,
Portland, Maine.
(Address.)

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted here There is neither a United States medical officer or a United States Hospital nor a designated physician within a reasonable distance of the injured employee's post of duty and the extent of treatment necessary would not warrant ordering him to Portland, Maine, the nearest point at which there is a United States medical officer.

(See other side for provisions of the Compensation Act as regards treatment.)

9—806

GFL:CP

January 6, 1932

Dr. E. Motley Fuller,
Bath, Maine.

Sir:

Will you kindly return the report of injury to Millard H Urquhart, Keeper, Seguin Lighthouse, Maine, sent you with my letter of December 28, 1931, as soon as possible, and oblige?

Respectfully,

C. E. SHERMAN
Superintendent of Lighthouses

GFL:CP
Enclosure

December 28, 1931

Dr. E. Motley Fuller,
Bath, Maine.

Sir:

Will you kindly execute the certificate of Government Medical Officer or physician who first examined case on the reverse side of the enclosed report of injury to Millard H Urquhart, Keeper, Seguin Lighthouse, Maine, and return it to me at your earliest convenience in the envelope enclosed, which requires no postage?

Respectfully,

C. E. SHERMAN
Superintendent of Lighthouses

GFL:CP

December 22, 1931

Dr. E. Motley Fuller,
119 Front Street,
Bath, Maine.

Sir:

Millard H Urquhart, Keeper, Seguin Light Station, Maine, advises that he was treated by you on December 17th for a burn in his left eye, the result of an injury.

It is noted Mr. Urquhart received this service through the Deputy Collector of Customs at Bath, which was not necessary, he having evidently confused the case with one involving free treatment for illness by the United States Public Health Service.

This service is payable by the United States Employees' Compensation Commission, Washington, D. C., who will pay any reasonable charges based on the rates fixed or prevailing in the locality for persons receiving the average income of a light keeper. If you will, therefore, kindly submit to me an itemized bill, showing the nature of the service rendered, I will promptly transmit it to the Employees' Compensation Commission for payment.

Respectfully,

C. E. SHERMAN
Superintendent of Lighthouses

Copy to Collector of Customs, Bath, Maine.

GFL:CP
Enclosure

December 22, 1931

M H Urquhart, Keeper, Seguin LH., Me.

1. Your letter 18th instant and reports of injury forwarded therewith:

2. Report of this injury should have been made at once. See district circular letter No. 132 of December 11, 1931, and be guided thereby in the future.

3. It is noted from your letter that you called upon the Deputy Collector of Customs at Bath for the treatment. You should not have done this as he has nothing to do with treatment for injuries. You evidently do not understand the distinction between treatment for injuries and treatment for illness. Read carefully district circular letters Nos. 123, Dec. 11, 1930; 128, May 20, 1931, and 132, Dec. 11, 1931, and be guided by the instructions contained therein as to obtaining treatment for injuries. District circular letter No. 17, Oct. 26, 1916, (as amended and amplified by district circular letter No. 110, Sept. 13, 1929), covers instructions for obtaining treatment for illness or disability not the result of an injury. Read these carefully. The two classes of medical relief are distinct, and must not be confused.

4. A revised form C. A. 2 is sent you herewith for the statement of witness to the accident, on the reverse side of the form. It was necessary to rewrite this report as much of the information inserted by you was insufficient or inaccurate, also because you signed the forwarding endorsement of the reporting officer. This should have been left, in this case, to the office to sign. In the case of injuries to the two assistants, you sign the report as you are their immediate official superior, but in the case of an injury to yourself you leave the place and date, signature, and title blank as your immediate official superior is the Superintendent.

5. Have Mr. Robbins give a statement of his own grammatical construction in accordance with printed instructions under the heading "Statement of Witness," and return the form promptly. Look over the answers which have been amended or amplified by the office and be guided thereby in submitting future reports of this kind. Were it not for the fact that the "Notice of Injury", form C. A. 1, does not contain all the data necessary as to the injury to enable the office to prepare form C. A. 2, and does not contain the statement of witnesses, it would not be necessary for

you to submit this report for an injury to yourself, but as such is the case, it is necessary to have the report originate at the station and submitted in skeleton form.

SHERMAN
Superintendent

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

SUPT. of LIGHTHOUSES, FIRST DISTRICT, AUG 28 1931 PORTLAND, MAINE.

Supt.
Asso. LH Engr.
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L V 1st Dept.

August 25, 1931.

LIGHTHOUSE

M. Millard H. Urquhart,

1931 AUG 26 PM 3:12

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective October 1, 1931 (by change in duties).

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

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER

Chief of Appointment Division.

From: $1380 per annum

To: $1500 per annum

Service and grade:

Appropriation (unit): Field

1st
JP

GOVERNMENT PRINTING OFFICE 11—9051

Form 73
Ed. April, 1929

NOMINATION

GFL:CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine (City) AUG 17 1931 (Date), 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, PROMOTION — Legal residence, Maine

Name, Millard H Urquhart — Proposed salary, $1500

Position, Keeper — Proposed range, $1500-$1860

Location, Seguin LH., Me. — Appropriation, Sals., Kprs.,etc.

Effective, October 1, 1931 — [1] the actual date of entrance on duty, ~~or as soon thereafter as he enters on duty.~~

Former position, 1st Asst. Keeper — Former salary, $1380

Location, Seguin LH., Me. — Former range, $1320-$1680

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

Previous incumbent, Frank E Bracey — Services terminated, September 30, 1931

Reason, Recommended for transfer Eagle Island LH.,Me, this date.

Members of family in Government service, ---

Date of birth, ---

Remarks:

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

(DIRECT)
Secretary, *Civil Service District.*

C. E. SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

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

11—2314

Form A-38

LIGHTHOUSES

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

1930 SEP 16 PM 2 19

SUPT. of LIGHTHOUSES,
FIRST DISTRICT.
SEP 18 1930
PORTLAND, MAINE.

September 15, 1930.

Mr. Millard H. Urquhart,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective October 1, 1930.

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: $1380 per annum ✓

Service and grade: Field.

Appropriation (unit):

1
N

GOVERNMENT PRINTING OFFICE 11—9051

Form 73
Ed. April, 1929

GFL:CP

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SPECIAL

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

Portland, (City) Maine, September 9, (Date) 1930. , 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, PROMOTION — Legal residence, Maine

Name, Millard H Urquhart — Proposed salary, $1380 p.a.

Position, 1st Asst. Keeper — Proposed range, $1320-$1620 p.a.

Location, Seguin LH., Me. — Appropriation, Sals., Keepers, etc.

Effective, October 1, 1930 — [1] the actual date of entrance on duty, ~~or as soon thereafter as he enters on duty.~~

Former position, 2nd Asst. Keeper — Former salary, $1320 p.a.

Location, same — Former range, $1260-$1560 p.a.

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

Previous incumbent, Frank E Bracey — Services terminated, September 30, 1930.

Reason, Recommended for promotion to Keeper, Seguin LH., Me., this date

Members of family in Government service, ——

Date of birth, ——

Remarks:

——

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

(DIRECT)
Secretary, *Civil Service District.*

SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

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

11—2314

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION
FOURTH FLOOR, [redacted] MENT BUILDING
FIFTEENTH AND [redacted] STREETS NW.
WASHINGTON

WM. McCAULEY
SECRETARY

COMMISSIONERS
BESSIE P. BRUEGGEMAN
CHAIRMAN
HARRY BASSETT
JOHN M. MORIN

Supt
Asst Supt
Engr
Asst Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L.D. 1st Depot

DEPT. OF LIGHTHOUSES,
RECEIVED
AUG 14 1930
PORTLAND, MAINE.

In reply refer to File No ~~206109~~

August 13, 1930

Mr. Millard H. Urquhart
Jonesport, Maine

Dear Sir:

The Commission has received the reports covering your injury of July 22, 1930, while employed as second assistant keeper, Sequin Light Station, Popham Beach, Maine, and your case has been disallowed as the evidence indicates that you were not injured in the performance of your duty.

It is regretted that you are not entitled to the benefits of the Compensation Act.

Very truly yours,

W. R. CARPENTER
Chief Claim Examiner

M-m.

Official copy to: The Superintendent of Lighthouses
Portland, Maine

Dr. Fuller
Bath, Maine

REPORT OF INJURY

SUPT. OF LIGHTHOUSES, FIRST DIS. AUG 1 1930 PORTLAND, MAINE.

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., through official channels, as soon as practicable after injury to a civil employee of the United States sustained while in the performance of duty which results in any medical charge against the Compensation Commission or in any loss of time other than the remainder of the day or shift on which injury occurred. This form should be accompanied by C. A. 1.]

Supt.
Asso. LH Engr.
Jun. Engr.
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L D 1st Depot

Place of employment.

1. Department Commerce [War, Navy, etc.] 2. Bureau or office Lighthouses [Engineer, Navigation, etc.]
3. Place of employment Seguin Light Station [Arsenal, Navy Yard, etc.], Popham Beach [City.] Maine [State.]
4. Reporting office Portland, Maine, Supt. of Lighthouses, 1st District [Location of reporting office or division headquarters.]
5. Name of superintendent or foreman in charge when injury occurred Elson L. Small

14

The injured employee.

6. Name of injured employee Millard H Urquahrt [Give first name in full.] 7. Age 30 8. Sex Male
9. Home address Jonesport [Street and number.], [City or town.], Maine [State.]
10. Married, ~~xxxxxxxxxx~~ [Cross out two words.] 11. Speak English? Yes If not, what language?
12. Race White 13. Was injury reported to official superior within 48 hours after injury? Yes
14. Was injury caused by:
(a) Willful misconduct of the employee? No.
(b) Intent of employee to bring about injury or death of himself or another? No.
(c) Employee's intoxication? No.
[If any answers to these questions are made in the affirmative, the reporting officer should make an additional statement giving the reason for his conclusion and forward same with this report.]
15. Occupation and division 2nd Assistant Keeper [Give both, as laborer, hull division; helper, machine shop, etc.] 16. Was employee doing his regular work? Yes If not, what work? Ashore after mail and supplies
17. Total length of service with the Government as a civilian? Four years (Since Aug.16,1926)
18. How long at present work in this establishment? Three years do.
19. Dates of other injuries February 15, 1929
20. Rate of pay, $ 1320 per annum; and subsistence valued at $ ——— per ———; quarters valued at $ 240 per annum
21. Employee begins work at no regular hours [Hour, a. m. or p. m.] m. 22. Regular day's work terminates no regular hours [Hour, a. m. or p. m.] m.
23. Hours worked per day 24 24. Days paid per week 7
25. Date employee stopped work did not stop; day of week ———; hour of day ——— [a. m. or p. m.] m.
26. Date employee's pay stopped did not stop; day of week ———; hour of day ——— [a. m. or p. m.] m.

The injury.

27. Date of injury July 22, 1930 28. Day of week Tuesday 29. Hour of day 5.30 P. [a. m. or p. m.] m.
30. Place where injury occurred Coast Guard Station, Popham Beach, Maine. [Give exact location, as name or number of building and division, etc.]
31. Name of machine, tool, or appliance in connection with which injury occurred ———
(a) By what kind of power driven? ——— (b) Hand feed or mechanical?
(c) Part on which injury occurred ———
(d) Was an improved safeguard in use at time of injury?
If not, is it possible to provide such safeguard?
(e) Was the machine, tool, or appliance out of order or ill-suited for the work?
(f) Was employee instructed as to its use?
32. Describe in full how injury occurred While waiting for the mail, Mr. Urquhart played ball with the Coast Guard men and during the play he was to catch a ball which struck his little finger of the right hand tearing away the ligaments.
33. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report site of injury Little finger. Torn ligaments.
34. Did injury cause loss of any member or part of member? No If so, describe exactly

Medical attendance.

35. Name and address of physician who first attended case Dr. Fuller
36. How soon after injury? 1-1/2 hrs after injury also 14 hrs. after injury.
37. To what hospital sent? Location
38. If not sent to hospital, where sent? Dr. Fuller's office, Bath, Maine.
39. Name and address of physician now attending case Dr. Fuller
40. Was transportation furnished at Government expense? No
41. What is probable length of disability for work? One day [If injured employee has already returned to work, give date and hour.]

U. S. EMPLOYEES' COMPENSATION COMMISSION JUL 28 1930

General.

42. Names and addresses of witnesses to injury
Ernest Beal, Kennebec River Coast Guard Sta. Popham Beach, Me.
Malcolm Berry, " " " " " " " "
43. Was employee injured while in performance of duty? If not, or in doubt, give detailed statement
44. Was injury caused by other than a Government employee or agency? See No. 32 above
[If so, a detailed statement should be forwarded with this report.]

Signed this 23 day of July, 1930 (SGD) ELSON L SMALL [Signature of reporting officer.]
at Seguin Light, Popham Beach, Me. Keeper [Title.]

GOVERNMENT PRINTING OFFICE

NOTICE OF INJURY

(To be submitted to the official superior for transmission with the report of injury, C. A. 2, to the United States Employees' Compensation Commission by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury is one for which C. A. 2 must be submitted, when it should be forwarded with that report to the Compensation Commission.)

Popham Beach (City or town.), Maine (State.)

Seguin Light Station, (Street and number.)

July 23, (Date of this notice.), 1930.

I HEREBY CERTIFY that I was injured in the performance of my duties on July 22 (Date.), 1930.

Tuesday (Day of week.), 5.30 P. m. (Hour, a. m. or p. m.)

1. The injury occurred at Popham Beach, Maine (Give name of establishment where employed.);

in the following manner: While playing baseball

2. Cause of injury While waiting for mail, I played baseball and during the playing I was to catch a ball but it hit my little finer of the right hand tearing the ligaments.

3. Nature of injury Ligaments torn from little finger of the right hand.

4. Was this injury caused by your—

(a) Willful misconduct? No.

(b) Intention to bring about the injury or death of yourself or of another? No.

(c) Intoxication? No.

5. Names of witnesses to injury:

Ernest Beal, Popham Beach, Maine. Kennebec River Coast Guard.

Malcom Berry " " " " " " "

(Name) (SGD) MILLARD H URQUHART

This paper is not a claim for compensation. Before compensation can be paid, written claim on Commission's Form CA 4, with doctor's certificate showing disability for work, must be submitted. Claim must be filed within one year.

C. A. 1
Revised to April 15, 1919.

GOVERNMENT PRINTING OFFICE 9—334

Office of Supt. of Lighthouses, 1st Dist.,
Portland, Maine. JUL 25 1930

Reviewed and Forwarded. Form C.A. 2 enclosed. It is not considered that the manner in which this injury was incurred would classify it as an injury in line of duty.

C. L. Sherman
Superintendent.

GFL:CP

January 24, 1930

H H Urquhart, 2nd Asst. Keeper,
Seguin Lighthouse, Maine.
(Through Keeper)

Referring to your letter of the 10th instant requesting permission to operate a washing machine driven by gasoline motor:

Permission is hereby given you to use this washing machine with the understanding that it will be used in the shed adjoining your dwelling and that during this operation lanterns or open flame lights of any sort will not be kept near it. Care should be taken in handling gasoline used in this washing machine in order to take all precautions against fire or explosions.

SHERMAN
Superintendent

/ COPY TO Keeper, Seguin LH. See your letter of Jan. 21. /Be sure that Mr. Urquhart takes all necessary precautions against fire or explosion while operating this washing machine and that the gasoline he keeps on hand for this purpose is stored according to the Regulations.

Supt.
Asso. LH Engr.
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L D 1st Depot

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JAN 23 1930
PORTLAND, MAINE.

FIRST DISTRICT

Seguin Light,
(Station, Depot, or Vessel)

January 21, 1930

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: In reference to your letter of the 15 th instance in reguard to washing machine operated by gasoline moter, that is to be used by M H Urquhart 2nd Asst at this Station.

I have taken this matter up with Mr. Urquhart and find that he is glad to use the machine in his shed nearby his dwelling, and it is of my that this would be a safe place to use same.

Respectfully
Elsm L Small
EL Small
Keeper

CES:CP

January 15, 1930

M K Urquhart, 2nd Asst. Keeper, Seguin LH, Me.
(Through Keeper)

In reference to your letter of the 10th instant and previous correspondence, particularly to my letter of November 17, 1927, in regards to using washing machine operated by gasoline motor, etc.:

Upon receipt of your first letter in connection with this washing machine, it was considered that it was dangerous and is considered that way now unless every precaution is used in operating same, particularly if used in the kitchen or in places where there is a fire or open flame lamps, etc. If I remember rightly this machine could be used with caution and safety in the fuel house nearby your dwelling and would not be considered dangerous providing that no fire or open flame lamps or smoking anywhere in the building during the operation of same existed; also when engine was not in use there would be a small amount of gasoline left in the fuel tank which would be dangerous if smoking is permitted in close proximity to same.

I appreciate the fact that this machine saves your wife a lot of hard work by having privilege to use same. So far as using this machine in the fog signal house it is thought that it would be just as safe in the wood shed or fuel house above referred to.

A copy of this letter is being sent to the keeper for his information, with request that he inform me the most logical and safe place to use same if permission is hereafter given.

SHERMAN
Superintendent

✓ COPY TO Keeper, Seguin LH for station files. It is requested that you take this matter up with Mr. Urquhart and inform me what you think of the operating of this machine and most logical and safe place for same.

Supt.
Asso. LH Engr.
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L D Isl Depot

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JAN 14 1930
PORTLAND, MAINE.

FIRST DISTRICT

Seguin Light Station,
(Station, Depot, or Vessel)

January 10, 1930, 192

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

During the time I was stationed at Ram Island Ledge Light station, I purchased a New Easy washing machine from the Cumberland County Light and Power Company, this machine being equipped with electricity it was very servicable, saving my wife a lot of hard labor.

At the time I bought the machine it was understood with the company and myself that if I should be transferred to a station where there was no electricity available they would have the machine equipped with a gasoline engine, the extra expense to be paid by me. Not knowing that there was anything in the regulations in regard to anything of this nature, I did so, with the result I have a washing machine on my hands which cost me two hundred sixty dollars ($260.) freight included. This machine is as near fool proof as a mechanical device can be made, the engine is 1½H.P holds less then a quart of gasoline which is held in the base like the starting engines in the signal house.

We have four children to wash for and living so near the signal house they get their clothes soilde with the carbon from the signal engines. Our washings are large and makes conciderable hardship for my wife, more so with the fact that we have so fine a piece of furniture if we could use it.

The keeper is willing we use the machine out in the signal house with your

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JAN 14 1930
PORTLAND, MAINE.

FIRST DISTRICT

(Station, Depot, or Vessel)

, 192

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: Continuation of letter.

permission. As there are two gasoline engines there and we use gasoline on a much larger scale it seems logical to me that it would be perfectly safe to do so.

It is my earnest desire to live in perfect harmony with the regulations, it is also my great ambition to please my wife and help her with her work and cares so with her in mind, I make this promise that if given permission to use the machine I will arrange my duties with the keeper so I can be present and run the washing machine.

I am sorry to take so much of your time still I feel I have not done justice to the subject considering the amount of money I have tied up and the amount of labor it would save my wife and I.

Respectfully,

M.H.Urquhart
2nd.Assistant Keeper.

M.H. Urquhart
2nd. asst. keeper.

Elson L Small
Keeper.

Ent'd
Ed J

NOTICE OF INJURY

LEAVE THIS SPACE BLANK

(To be submitted to the official superior for transmission with the report of injury, C. A. 2, to the United States Employees' Compensation Commission by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury is one for which C. A. 2 must be submitted, when it should be forwarded with that report to the Compensation Commission.)

Popham Beach (City or town.), Maine, (State.)

Seguin Light Station (Street and number.)

May 9th (Date of this notice.), 1929

I HEREBY CERTIFY that I was injured in the performance of my duties on February 15 (Date.), 1929

Friday (Day of week.), 2 P. (Hour, a. m. or p. m.) m.

1. The injury occurred at Seguin Light Station (Give name of establishment where employed.);

in the following manner: While lifting cases of oil on my back to carry to oil shed.

2. Cause of injury Strain of muscle around heart, by lifting.

3. Nature of injury Strain around heart.

4. Was this injury caused by your—

(a) Willful misconduct? No.

(b) Intention to bring about the injury or death of yourself or of another? No

(c) Intoxication? No

5. Names of witnesses to injury:

A. L. Small, Keeper.

(Name) (SGD) MILLARD H URQUHART

This paper is not a claim for compensation. Before compensation can be paid, written claim on Commission's Form CA 4, with doctor's certificate showing disability for work, must be submitted. Claim must be filed within one year.

C. A. 1
Revised to April 15, 1919.

GOVERNMENT PRINTING OFFICE 9—334

REPORT OF INJURY

18

To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., through official channels, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which results in any medical charge against the Compensation Commission or in any loss of time other than the remainder of the day or shift on which injury occurred. This form should be accompanied by C. A. 1.]

Place of employment.

1. Department Commerce [War, Navy, etc.] 2. Bureau or office Lighthouse Service [Engineer, Navigation, etc.]
3. Place of employment Seguin Light Sta[redacted], Popham Beach [City.], Maine [State.] [Arsenal, Navy Yard, etc.]
4. Reporting office Supt. of Lighthouses, Portland, Maine [Location of reporting office or division headquarters.]
5. Name of superintendent or foreman in charge when injury occurred E L Small

The injured employee.

6. Name of injured employee Millard H Urquhart [Give first name in full.] 7. Age 29 8. Sex Male
9. Home address Jonesport, Maine [Street and number.], [City or town.], [State.]
10. Married, single, widowed. [Cross out two words.] 11. Speak English? Yes If not, what language?
12. Race White 13. Was injury reported to official superior within 48 hours after injury?
14. Was injury caused by:
(a) Willful misconduct of the employee? No
(b) Intention of employee to bring about injury or death of himself or another? No
(c) Employee's intoxication? No
[If any answers to these questions are made in the affirmative, the reporting officer should make an additional statement giving the reason for his conclusion and forward same with this report.]
15. Occupation and division 2nd Assistant Keeper [Give both, as laborer, hull division; helper, machine shop, etc.] 16. Was employee doing his regular work? Yes If not, what work?
17. Total length of service with the Government as a civilian? Three years (approximately
18. How long at present work in this establishment? do.
19. Dates of other injuries ------
20. Rate of pay, $ 1320 per annum; and subsistence valued at $ -- per --; quarters valued at $ 240 per annum
21. Employee begins work at no fixed time [Hour, a. m. or p. m.] m. 22. Regular day's work terminates no fixed time [Hour, a. m. or p. m.] m.
23. Hours worked per day no specified hours 24. Days paid per week seven
25. Date employee stopped work did not stop; day of week ; hour of day [a. m. or p. m.] m.
26. Date employee's pay stopped did not stop; day of week ; hour of day [a. m. or p. m.] m.

The injury.

27. Date of injury February 15 28. Day of week Friday 29. Hour of day 2 p. [a. m. or p. m.] m.
30. Place where injury occurred Between tramway and shed. [Give exact location, as name or number of building and division, etc.]
31. Name of machine, tool, or appliance in connection with which injury occurred
(a) By what kind of power driven? --- (b) Hand feed or mechanical?
(c) Part on which injury occurred ---
(d) Was an improved safeguard in use at time of injury?
If not, is it possible to provide such safeguard?
(e) Was the machine, tool, or appliance out of order or ill-suited for the work?
(f) Was employee instructed as to its use?
32. Describe in full how injury occurred While lifting cases of oil on back to carry to oil shed, employee strained muscle around heart. The strain did not give but slight trouble for two months and was not considered necessary for medical treatment until that time.
33. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report site of injury Muscel around heart
34. Did injury cause loss of any member or part of member? No If so, describe exactly

Medical attendance.

35. Name and address of physician who first attended case Dr. S. S. Mullin
36. How soon after injury? 2 months
37. To what hospital sent? Location
38. If not sent to hospital, where sent?
39. Name and address of physician now attending case Dr. S S Mullin, Bath, Maine
40. Was transportation furnished at Government expense? No
41. What is probable length of disability for work? He didn't stop work [If injured employee has already returned to work, give date and hour.]

General.

42. Names and addresses of witnesses to injury E L Small, Keeper, Seguin Light Sta. Popham Beach, Maine.
43. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement
44. Was injury caused by other than a Government employee or agency? No
[If so, a detailed statement should be forwarded with this report.]

Signed this 9 day of May, 1929 (SGD) ELSON L SMALL [Signature of reporting officer.]
at Seguin Light Sta. Keeper. [Title.]

C. A. 2 Revised to January 1, 1923. 9—585 [OVER.] GOVERNMENT PRINTING OFFICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

SUPT. of LIGHTHOUSES
FIRST DISTRICT
AUG 1 - 1928
PORTLAND, MAINE.

July 1, 1928.

Mr. Millard H. Urquhart,

Through the Chief, Bureau of Lighthouses.

Sir:

You are advised that under the Welch Act your compensation has been changed as indicated below, effective July 1, 1928.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1200

To: $1320

11—9564

1

CES:CP

November 17, 1927

Keeper, Seguin Lighthouse, Maine.

Your letter of November 15th received and contents noted in regards to the purchase of a washing machine operated by gasoline, by Mr. Urquhart, 2nd Asst. Keeper.

As the Regulations governing the use of gasoline are very strict in handling this and other inflammables and as this machine would no doubt be used where open flame lamps were being used, or possibly near a furnace or cook stove, it would make it very dangerous to operate and with the possible result of explosion.

In view of the above, you are to see that the washing machine in question is not put in operation at the station.

SHERMAN
Superintendent

Supt. D
1st Asst. Supt.
Asst. Supt.
Chief Clerk
2nd Clerk
3rd Clerk
4th Clerk
Messenger

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
NOV 16 1927
PORTLAND, MAINE.
FIRST DISTRICT

Seguin Light Station,
(Station, Depot, or Vessel)

November 15, 1927.

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

Mr. Urquhart, 2ND. Assistant at this station, has purchased a washing machine that is driven by a gasoline motor. This motor is attached to the machine.

I have advised him not to use same until I get permission from your office. He informs me that the machine has been through an underwriter's inspection.

Respectfully,

Elson Small

Kee per.

JCW:CP
Enclosure

August 27, 1927

Surgeon General, Public Health Service,
Washington, D. C.
(Through Commissioner of Lighthouses)

Sir:

Referring to letter of this office of August 13, 1927:

Enclosed is public voucher submitted by Dr. Gardner L Sturdivant, covering medical attendance furnished Millard H Urquhart.

(Call #5[illegible]
(night)

Respectfully,

C. E. SHERMAN
Superintendent of Lighthouses

COPY FOR Commissioner of Lighthouses. The information in paragraph 2 of Bureau circular letter No. 588 was furnished with letter of August 13, above referred to. See Bureau endorsement on Dist. letter to the Surgeon General August 18, 1927.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 27 1927
PORTLAND, MAINE.

JCW:CP
Enclosure

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, ME.

August 24, 1927

Dr. G. L. Sturdivant,
87a Ocean Avenue,
South Portland, Me.

Sir:

1. Enclosed is public voucher form 1034. Please render in duplicate form your account (itemized) for medical treatment of Asst. Keeper Millard H Urquhart on 10th instant and sign payee's certificate on white copy only.

2. Upon receipt of the above vouchers here they will be forwarded the Surgeon-General, Public Health Service, Washington, D. C. for appropriate action.

Respectfully,

C. E. Sherman

C. E. SHERMAN
Superintendent of Lighthouses

Supt.
1st Asst. Sup.
Asst. Supt.
Chief Clerk
2nd Clerk
3rd Clerk
4th Clerk
Messenger

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 22 1927
PORTLAND, MAINE.

Letter from 1st district dated August 13, 1927, addressed to the Surgeon General, Public Health Service, Washington, D.C. relative treatment of Millard H. Urquhart, 2nd Asst. Keeper, Ram Island Ledge Lighthouse, Maine, August 10, 1927.

CJL-W
2 inclos.

Bureau of Lighthouses, Washington, D.C.
August 18, 1927

Respectfully transmitted to the Surgeon General, U. S. Public Health Service, Washington, D.C. for his information. The Superintendent at Portland, Maine, has been requested to have voucher properly prepared for submission to your office covering this treatment.

(Signed) H. B. BOWERMAN
Acting Commissioner of Lighthouses

COPY to Superintendent of Lighthouses, Portland, Maine, with request that voucher covering this treatment be prepared and submitted to this office in accordance with instructions contained in Bureau circular letter No. 588, 1st paragraph.

H. B. BOWERMAN
Acting Commissioner of Lighthouses

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

LIGHTHOUSES
1927 AUG 19 PM 2 08

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

August 15, 1927.

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 22 1927
PORTLAND, MAINE.

Mr. Millard H. Urquhart,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 1320 per annum to $ 1200 per annum, effective September 1, 1927.

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,

Acting Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

R

Transferred to 2d Asst. Seguin
Vice P. A. Hagondeau,

1st.

JCW:CP
Enclosures

August 13, 1927

Surgeon General, Public Health Service,
Washington, D. C.
(Through Commissioner of Lighthouses)

Sir:

1. Enclosed is statement of Mr. Millard H. Urquhart, 2nd Asst. Keeper, Ram Island Ledge Lighthouse, Maine, reporting necessity for immediate medical attendance on August 10, 1927.

2. Statement of attending physician is appended.

3. It is certified that the services of Public Health Service physicians were not available in this instance owing to the nature of the illness, the lateness of the hour and the inaccessibility of hospital.

4. Mr. Urquhart is in all respects eligible to the services of the Public Health Service without charge, in accordance with Acts of Congress therefor providing.

C. E. SHERMAN
Superintendent of Lighthouses

COPY
CP

GARDNER L. STURDIVANT, M. D.
Office: Phone F-9414-W
87a Ocean St., South Portland, Maine

2 to 4 and 6.30 to 8 p.m.
Or by Appointment.

For: M. H. Urquhart

Address: 51 Willard St. Date: Aug. 10, 1927

R

Was attended by me on account of acute indigestion and excessive nervousness.

Should not be disabled over 24 hours.

(SGD) G. L. STURDIVANT, M.D.

Residence:
18 Elsmere Avenue
Phone F-9214-R

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 13 1927
PORTLAND, MAINE.

FIRST DISTRICT

Ram Island Ledge Light Sta.
(Station, Depot, or Vessel)

Aug. 11, , 1927.

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

I was taken with acute indigestion Wendesday night at Ten Thirty. Mr. F. W. Alley called Mr. Patchard, who is camping on Ram Island and he took me ashore To Willard beech in his motor boat. I was attended by G. L. Stundivant M. D., and returned to my station three thirty p. m. to-day.

Very Respectfully,

Willard H. Urquhart 2nd Asst K.

Frank W Alley 1st Asst Keeper

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

SUPT. of LIGHTHOUSES,
FIRST DISTRICT.
JUL 13 1927
PORTLAND, MAINE.

July 1, 1927.

Mr. Millard H. Urquhart,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective July 1, 1927.

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,

CLIFFORD HASTINGS

Chief of Appointment Division.

From: $1260 per annum.

To: $1320 per annum.

Service and grade: Field.

Appropriation (unit):

1.

GOVERNMENT PRINTING OFFICE 11—9051

Standard Form No. 17
Approved by the President, March 26, 1926

CP

REPORT ON PROBATIONARY APPOINTEE

This report to be made at expiration of fifth month of service. In cases where the probationary period comprises one year, this report is to be made at the expiration of the tenth month of service.

If service has been unsatisfactory, recommendation for discontinuance under the provisions of paragraph (c) of section 1 of Civil Service Rule VII should be forwarded immediately to the Department. A full statement of reasons should be set forth under "Remarks."

DEPARTMENT OF COMMERCE
(Department)

LIGHTHOUSE SERVICE
(Bureau or office)

Portland, Maine, January 19, 1927
(Place and date)

To Commissioner of Lighthouses:
(Head of department or establishment)

The probationary period of the person named below expires at the close of business on February 15, 1927.

The conduct and capacity of this employee have been satisfactory during the probationary period, and (he) (~~she~~) is considered qualified for absolute appointment.

Name Millard H. Urquhart

Position 2nd Asst. Keeper

Salary $1260 per annum

Appropriation Salaries, Lighthouse Keepers, 1927

Station Ram Island Ledge Lighthouse, Maine

Date of entrance on duty August 16, 1927

Remarks:

S.
SHERMAN
Superintendent (Immediate superior)

Submitted:

(Head of bureau or office)

GOVERNMENT PRINTING OFFICE 10—1731

Supt.
1st Asst. Sup:
Asst. Supt.
Chief Clerk
2nd Clerk
3rd Clerk
4th Clerk
Messenger

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
SEP 22 1926
PORTLAND, MAINE.
FIRST DISTRICT

Ram Island Ledge.
(Station, Depot, or Vessel)

September 21st, 1926.

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: Your request of a written report as to Mr. Urquhart ability and apparent fitness for the position of a Light Keeper. I wish to say. that I find him to be a smart bright young fellow. well fitted for the position. no reson for his not making a good Keeper.

Respectfully, John B. Dewyea.
Keeper. Ram Island Ledge.

ORIG. ~~XXXX~~ TO URQUHARD FOR HIS PERSONAL FILES; COPY FOR FILES OF STATION, RAM ISL.LEDGE LH.,

Form 206 COPY FOR OFFICIAL FILES. FILE No. 8

RECORD OF PHYSICAL EXAMINATION OF LIGHT KEEPER OR ASSISTANT LIGHT KEEPER

CP

IN CONNECTION WITH MEDICAL REL[redacted]Y THE PUBLIC HEALTH SERVICE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

PLACE, Portland, Maine

DATE, August 16, 1926

To the MEDICAL OFFICER IN CHARGE,
U. S. Public Health Service,
Custom House,
Portland, Maine.

SIR:

Please examine Millard H Urquhart

nativity, American; age, 25; height, 5 4 ½ ~~XXXXXXXX~~ feet, ~~XXXXXXX~~ inches;

weight, 150 pounds; color of hair, Brown; color of eyes, Hazel

distinguishing marks, ~~Scar 2" long on right forefinger inside.~~

as to eyesight, hearing, and physical condition.

When the examination has been completed the findings should be recorded on this blank and the blank returned to the applicant.

Respectfully,

KINDLY RETURN DIRECT TO THIS OFFICE IN ENCLOSED ENVELOPE.

(SGD) THOMAS SAMPSON
Asst. *Superintendent of Lighthouses.*

(Signature of applicant:) X (SGD) MILLARD H URQUHART

(To be signed in the presence of the officer issuing this blank or witnessed by a designated employee of the Lighthouse Service.)

U. S. PUBLIC HEALTH SERVICE

PLACE, Portland, Me.,

DATE, Aug. 16, 1926

To SUPERINTENDENT OF LIGHTHOUSES.

SIR: This certifies that I have this day examined the eyesight, hearing, and physical condition of (SGD) MILLARD H URQUHART, and find him physically {~~disqualified~~ / qualified*} in accordance with rules approved by the Secretary of the Treasury and the Secretary of Commerce, respecting the treatment by the Public Health Service of light keepers and assistant light keepers of the Lighthouse Service pursuant to the Act of Congress approved August 28, 1916.

~~He is disqualified for the reasons shown on page 3.~~

(SGD) CHARLES WRIGHT
AA *Surgeon, U. S. Public Health Service.*

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* If qualified, strike out the word "disqualified" and the paragraph following.

11—5999

REPORT OF PHYSICAL EXAMINATION

U. S. PUBLIC HEALTH SERVICE

PLACE, Portland Me.

DATE, Aug 16, 19 26

Name of applicant, Millard H Urquhart

Eyes: Color, Blue; exophthalmus, none

chronic inflammation, none; other abnormality, none

Eyelids: Ptosis, none; condition of conjunctiva on eversion, normal

other conditions, normal

Eyesight:

Vision of right eye, without glasses, 20/20; with glasses,

Vision of left eye, without glasses, 20/20; with glasses,

Is applicant partially or wholly color-blind? no

If color-blind, state which color he confuses

Were candidate's eyes tested with lantern, woolen skeins, or both? ~~skeins~~

Ears:

Abnormalities, normal; shape, normal

Position, normal; condition of drums normal

Evidence of mastoid disease, no

Hearing: (When testing hearing, the eyes and the opposite ear must be closed.)

Distance conversational speech can be heard: Right ear, 40 feet; left ear, 40 feet.

Distance whispered speech can be heard: Right ear, 20 feet; left ear, 20 feet.

Lungs: neg.

Heart: neg.

Defects noted which, in the opinion of the medical examiner, will not materially interfere with the discharge of the duties of light keeper or assistant light keeper:

11—6999

STANDARD FORM No. 6
(Approved by the President March 28, 1924)

PERSONAL HISTORY

(Statement to be prepared by appointee in his own handwriting)

Bureau, division, or office DEPARTMENT OF COMMERCE * Lighthouse Service - First District

1. Name in full MILLARD HARRIS URQUHART

2. Legal (voting) residence Jonesport Me. (State and Congressional District) Washington (County) town (City or town)

3. Where born? Jonesport Me. (State or foreign country) town (City or town) When born 1899 - Nov. 26 (Date)

4. If foreign, state whether naturalized or alien -------

5. Indicate sex, marital condition, and race by check, thus: √

SEX		MARITAL CONDITION				RACE. (If other, state which)		
Male	Female	Single	Married	Divorced	Widowed	White	Colored	
/			/			/		

6. A complete record of your past civil service for the United States Government:

BRANCH OF SERVICE AND PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
			Month	Day	Year	Month	Day	Year
No								

7. 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 Mar.1,1922 Discharged Feb.28,1914

Organization U.S.C. Guard Surfman

Enlisted ---------- Discharged ----------

Organization ----------

8.

EDUCATION (Circle number of years)	Common school	High school	College	Degrees, if any
	1 2 3 4 5 6 7 8 (9)	1 2 3 4	1 2 3 4	

9. State special qualifications rough carpenter

10. Name, relationship, and address of person to be notified in case of emergency:

Mrs. Millard H. Urquhart (Name) wife (Relationship)

Winthrop, Maine (Post office address)

I certify that the foregoing answers are correct to the best of my knowledge and belief.

(SGD) MILLARD H. URQUHART
(Name as usually written and which will be used as official signature)

Aug.16,1926. (Date)

Present address Jonesport, Maine.

10—1659

Form 111

OATH OF OFFICE

(Prescribed by Section 17[illegible], Revised Statutes)

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

I, MILLARD H URQUHART

do solemnly [1] swear (See below) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter: So HELP ME GOD.

(SGD) MILLARD H URQUHART
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this [3] 16th day of August, A. D. 19 26.

(Affix official seal here)

[4] (*Name*) (SGD) O. C. FAULKINGHAM

(*Official title*) Master USLHS Auth. by L.H.B. Aug 24 1920

My commission expires _____

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment.
Present Keeper	$1260 per annum	Second assistant keeper, Ram Island Ledge Lighthouse, Maine.
Former [5] New appointee.		

(The above should be filled in by the district officer before sending to appointee)

Office of Superintendent of Lighthouses, First District

Portland Maine (Address), August 17, 1926 (Date)

The above-named appointee entered upon duty on August 16, 1926 (Date)

C. E. SHERMAN, Superintendent
(Signature, followed by title)

[1] Insert here "swear" or "affirm," as the case may be.
[2] Insert here "sworn to" or "affirmed," as the case may be.
[3] The oath may be taken any time on or after the effective date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.
[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, a chief clerk in the office of a superintendent of lighthouses or other employee in the Lighthouse Service designated by a chief clerk, or any other officer having authority to administer oaths, but never before a collector of customs or postmaster, as neither officer has power to administer oaths in such cases. In case the officer administering the oath has no seal, his official character should be duly certified to by the clerk of the proper court or the proper county clerk, except in the case of chief clerks in the offices of superintendent of lighthouses and other employees in the Lighthouse Service designated by them, who are not required to have a seal.
[5] Give this information in all cases where new oath is required.
Failure to fill out this oath properly will result in its return for correction.

11—944

Form A-30

NOT TO BE ACCEPTED AS AUTHORITY FOR INVESTIGATIONS OPERATIONS UNLESS ACCOMPANIED BY OFFICIAL CREDENTIALS

SUPT. of LIGHTHOUSES,
FIRST DISTRICT.
AUG 13 1926
PORTLAND, MAINE.

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

August 7, 1926.

LIGHTHOUSES

1926 AUG 11 PM 12 05

Mr. Millard H. Urquhart,
Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office,

Keeper (2d asst., Ram Island Ledge)

in the Lighthouse Service

at a salary of Twelve Hundred and Sixty dollars per annum

effective August 16, 1926, or as soon thereafter as you enter on duty.

Nature of appointment: Probationary.

Civil Service authority: Secretary, First Civil Service District.

Classification allocation:

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Acting Chief of Appointment Division.

P.
1.
Appropriation: Field.

Vice: Bertrill E. Little.

Legal Residence: Maine.

11-8657

I acknowledge receipt of a copy of Department Circular No. 253 (second edition), of September 22, 1914, relating to political activity of officeholders, and fully understand its purport.

Millard H. Urquhart
(Name.)

2d asst. kpr.
(Position.)

Ram Island Ledge Light
(Bureau, Office, or Service.)

Date, Aug 16. 1926

(This acknowledgment should be forwarded to, and filed in, the bureau or office to which appointee is assigned.)

TAL: CP Form 201
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LETTER TO ELIGIBLES

SUPT. OF LIGHTHOUSES, FIRST DISTRICT, JUL 27 1926 PORTLAND, MAINE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 1st DIST.,

Portland, Maine, July 24, 1926. , 19

Millard H. Urquhart,
C/o Broadview Farm,
Winthrop, Maine.

SIR: You are hereby informed that you are being considered for the position of 2nd Asst. Keeper, Ram Island Ledge LH., Me, located at north end of entrance to Portland Harbor about one mile from Portland Head Lighthouse, Me.
(State position, location, and whether station is ashore or afloat.)

Total Compensation: $ 1260 per annum (which includes: Salary, $ 1260 per annum; ~~bonus, $ xxxxxxxxxx per annum, and subsistence, xxxxxxxxxxxxxxxxxxxxxxxx~~)

Longevity Pay: In addition to the above keepers receive ~~$ xxxxxxxxxx per annum, after~~ years of continuous service, as longevity pay.

Quarters and Fuel: No Quarters. Fuel allowances for tower.
(State whether or not quarters and fuel are provided by the Government for the families of keepers at this station, or if quarters can be rented by appointee in the vicinity.)

Furniture: All that is required for Keeper's own use.
(State articles of furniture to be furnished by the Government.)

Promotion: Appointees will be considered for promotion to higher positions as vacancies occur.

Shore Liberty: Not exceeding 96 days per annum may be granted to employees at this station.

This is a letter of inquiry and not an offer of the position, as other eligibles are also being considered for the same position, any one of whom may be selected, although all may indicate willingness to accept this position.

No furniture or quarters for families are provided, except as stated above. Any additional articles of furniture required, and necessary provisions, must be provided by employees.

Read carefully the Instructions to Eligibles on the other side before returning this letter.

You will, therefore, please advise this office in this connection by answering the questions below and returning this communication at the earliest date practicable.

Respectfully,

C. E. Sherman

C. E. SHERMAN
Superintendent of Lighthouses

The following questions should be filled in by applicant:

Are you willing to accept this position if it is offered you? yes

If selected, I can report for duty in 2 days from to-day.

Do you wish your name restored to the register at this time?

Are you willing to accept the next appointment offered?

Do you wish your name restored to the register at some future time? If so, give date.

Are any members of your family, or relatives (either blood or by marriage), in the service of the United States Government? Answer "Yes" or "No." Yes If yes, state how many ~~Two~~; and fill in the following blanks.

Name.	Post-office address.	Where employed.	Relationship.	Married or single.
Alton Urquhart	Great Works Isl. Bucksport Maine	Position Lightman Department or office U.S.C.G.	Brother	married
Wendell Urquhart	Biddeford Pool, Maine.	Position Lightman Department or office U.S.C.G.	Brother	married

(If you have more than two relatives in the Government service, give same information as to them on a separate sheet of paper.)

If not willing to accept this position, state your reasons below:

(Signature) Millard H. Urquhart

Date July 26, 1926

(Post-office address) Winthrop Maine. C/o Broadview Farms.

11—749