

SR# 2-29640713286

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

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



2-DMN0B9E

Non-Registry Block:

Registry Number: ***00000 041 473***

Facility & Floor/Level: ***STL1*** Module/Bay: ***5*** Row: ***2E***

Reg Veteran's Name: *WEST HOWARD W*

SR Veteran's Name: *WEST, HOWARD W*

SSN:

DOB:

POB:

SVN/SSN: *000221071*

Service Code: *CG*

Service Number:

SR Number: 2-29640713286

Search Section: 5

Record Charged to:

Name: Holly Rivet
Room#: 340I
Phone#: 3148010599

Core: Archival
Team: Public Research Room

Searcher Name: CTHIRDKILL

Initials: _____

Date: _____

Notes:



2-DMN0B9E

All Records Ordered for this Service Request:
2-DMN0B9E

Service Request Received in Center Date:		06/14/2024 00:00:00
Search Request Created By:	HRIVET	06/21/2024 13:28:07
Search Request Printed By:	DRWOLF	06/24/2024 11:06:37

Retired 2/28/53

221-07 Seattle Washington

March 13 53

From = West, Howard William (221-07)
M.M.1. United States C.G.

To = commander

PE-PR-17

My Present address is
5221 - First West
Seattle 99,
Washington

Howard W. West

add.
changed
3/30/53
in Stops - look up

PAYCHECK MAILING SLIP
UNITED STATES COAST GUARD
CGHQ-9768

March 1953

Howard W. West (221-071)USCG, Ret.,
5221 - First West,
Seattle 99, Wash.

13

PC:mmw

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: ORIGINAL DEATH

2. SEPARATION FORMS ON FILE: [X] YES [ ] NO

3. DATA REQUESTED: [ ] SERVICE [ ] MEDICAL [ ] DENTAL [X] OTHER Basic Pay Data

4. TO: [ ] ARMY [ ] NAVY [ ] AIR FORCE [ ] MARINE CORPS [X] COAST GUARD [ ] NATIONAL GUARD (Army) [ ] NATIONAL GUARD (Air) [ ] OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE
VA REGIONAL OFFICE
SIXTH & LENORA BLDG.
SEATTLE, WA 98121

5B. ORIGINATING UNIT
346(21)
ADJUDICATION DIV

6. CLAIM NO.
XC-17 233 106

7. INSURANCE NO.

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served)
WEST, Howard William

9. ALL SERVICE NOS.
2 210 71

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
9-30-03	Lansing, Mich.	5-31-68

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	6-25-41	~~3-1-53~~ 2-28-53	HON DISCH Ret.	MM 1/c
B.				
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACES OF TREATMENT	20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED
A.				
B.				
C.				

21. ADDITIONAL INFORMATION REQUESTED

Only information requested is basic pay data.

22. DATE: 8/5/68

23. SIGNATURE AND TITLE OF VA OFFICIAL: T. J. Bried T. J. BRIED, Adj. Officer

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

[ ] AVAILABLE REQUESTED RECORDS FORWARDED

[ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT

[ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

Basic Pay $437.40
Pay Grade E-6.

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION	10/16/68	BC
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS				10/16/68	Hoffmann
			OTHER RECORDS					

V A FORM JULY 1957 07-3101

SUPERSEDES VA FORM 3101, NOV. 1945; VA FORM 3101-1, NOV. 1945; AND VA FORM 3102, JAN. 1946; WHICH WILL NOT BE USED.

2

EDUCATIONAL AND SPECIAL QUALIFICATIONS

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

WEST, Howard William (NAME) | 221-071 (SERVICE NUMBER) | B.M.2c. (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: grade school, 7 yrs.
(Number of years attended, graduated) (Grade)

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

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

EXPERIENCE:

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

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

Specify ability as interpreter in foreign languages below:

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

Oiler, U. S. Shipping Board vessels.
Oiler, U.S.L.H.S. Lightship.

Use reverse side of this form when necessary.

Howard W. West
Howard W. West.
(SIGNATURE)

NCG 2506
(Rev. June, 1942)

ENLISTMENT CONTRACT

AUTH: Art. 556, CG Regs.; AlCoast 38-49.

REENLISTMENT

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

JUL 24 1950 FE-PR-3E

ENLISTMENT OF WEST, Howard William (Full name, surname to left); 221-071 (Service number); $249.90 (Pay per month).

Accepted for enlistment at Seattle, Washington; MM1 (Rating in which enlisted)

Enlisted at CG Recruiting Station, Seattle, Washington; 24 June, 1950 (Date of enlistment)

Transferred to LIGHTSHIP 516 for ASDU.

Occupation Coast Guardsman Citizenship* NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 30 September, 1903 Place of birth Lansing, Michigan

Home address 15 Valley Street (Street and number) Seattle (Town) KING (County) Washington (State)

Married or single Married Name and address of next of kin or legal guardian

Wife: Anna Mae West (Relationship) W, 15 Valley Street, Seattle, Washington (Address)

Continuous Service Certificate NONE (Number) Previous service { Coast Guard / ~~Reserve~~ } 08 (Years) 11 (Months) 29 (Days)

First enlisted 25 June, 1941 (Date) at Seattle, Washington (Place) and was last discharged 23 June, 1950 (Date) from OC13CGD, Seattle, Washington (Unit)

with HONORABLE (Character) discharge as MM1 (Rate) No. Unnumbered

Previous Navy service NONE (Years) (Months) (Days) Previous Marine Corps service 07 (Years) 00 (Months) 00 (Days)

Previous LightHouse service 08 (Years) 01 (Months) 13 (Days) Age 46 years 8 months.

Height 5 feet 9½ inches. Weight 170 pounds.

Eyes Brown Sex Male Hair Black Complexion Ruddy Color Caucasian.

Personal characteristics ____ marks, etc. TATTOO: Bucking horse, URA; 1/2" scar upper lip; VSULA.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with W. W. GRUBB, CROSN of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { SIC (6) years from 24 June, 1950 / during ~~the emergency~~ ____ } unless sooner discharged by proper authority. 1

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Howard William West, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

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

Howard William West
Howard William West
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 24th day of June, A. D. 1950

W. W. GRUBB CBOSN, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

W. W. GRUBB,
Commanding Officer.
(Title)

Citizenship substantiated and contract perfected.

W. W. GRUBB
W. W. GRUBB

CBOSN, U. S. C. G., *Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____
(Signature of man)

_____
(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

Form 2529
U. S. Coast Guard
Revised September 2, 1941.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG RECRUITING STATION (Unit) Seattle, Washington (Place)

24 June, 1950 (Date)

FROM: WEST, Howard William (221-071) MM1

To: COMMANDANT (via Commanding Officer)

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:

Anna Mae West (Full name of wife; if not married, so state)	15 Valley Street Seattle, Washington (Address of wife)
Howard William West, Jr. (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

June Des Rochers (Full name of relative)	Daughter (Relationship)	307 West 8th Street The Dalles, Oregon (Address of relative)

Potential (State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Howard William West
Howard William West (Signature)

Subscribed and sworn to before me this 24th day of June, 1950.

W. W. Grubb (Signature)
W. W. GRUBB, CDR USCG
Commanding Officer (Rank or title)

MM1, USCG (Rank or rating)

WEST HOWARD W. (221-071)

BM 2/C
Black
Brown
155#
9-30-03
5'9½"
Lime Kilm Light Station

Lime Kilm Lt Sta

N. C. G.-2500 C
Revised 1938

R-B

FE-PR-33
JUL 24 1950

WEST, Howard W. 221-071

Service Record

WEST
(Surname)

Howard William	2210071	NB
(Christian names)	(Service No.)	(Citizenship)

MM2c	24 June 1947	THREE (3)
(Enlisted as)	(Date)	(Term of years)

RECRUITING STATION	SEATTLE, WASHINGTON
(Ship or station)	(Place)

16—9677-1

NOT ELIGIBLE FOR MUSTERING OUT PAY

TERMINATION OF SERVICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2500C (SUPPLEMENT) (Rev. 6-48)

NAME	SERVICE NO.	RATING
WEST, Howard William	221-071	MM1
UNIT	**LOCATION**	**DATE REPORTED**
Office, Comdr., 13th CG District	Seattle, Washington	23 June, 1950
FINAL AVERAGE EFFICIENCY MARKS →	PROFICIENCY IN RATING 3.66 ✓	CONDUCT 4.0

DEDUCTIBLE TIME WHILE ATTACHED [X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD

DISPOSITION OF IDENTIFICATION CREDENTIALS [ ] SURRENDERED [X] NOT SURRENDERED (Explanation below)

STATEMENTS OF DISCHARGE

EXPLANATION OF NON SURRENDER OF IDENTIFICATION CREDENTIALS

Pending issuance of new ID card.

PLACE TO WHICH TRAVEL ALLOWANCE IS ELECTED

Elect TA The Dalles, Ore., HA on enl.

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED

- [ ] HONORABLE DISCHARGE BUTTON
- [ ] SATISFACTORY SERVICE CARD NO.
- [ ] INFORMATION RELATIVE TO RIGHTS AND BENEFITS AS A VETERAN
- [X] DD 217-CG
- [ ]

ADDRESS SUBSEQUENT TO DISCHARGE

15 Valley Street
Seattle, Washington

SIGNATURE OF DISCHARGEE

Howard W. West
Howard W. West

REMARKS

Elects to carry unused accrued leave to new account.

C. R. MATHEWSON, PCLK, USCG,
Authorized Certifying Officer

DISCHARGE

DATE 6-23-50 TYPE OF DISCHARGE HONORABLE

REASON
Expiration of enlistment.

AUTHORITY
Article 589 (1), CG Regs.

MUSTERING OUT PAY

[ ] ENTITLED [X] NOT ENTITLED

AMOUNT PAID	VOUCHER NO.	CHECK NO.
None		

TRAVEL ALLOWANCE AND PAY

PAID TA FROM	TO
Seattle, Washington ✓	The Dalles, Oregon ✓
TOTAL TA	TOTAL TA & PAY (In full to date of discharge)
$13.35	$13.35
CHECK NO.	NAME OF PAY OFFICER
	C. R. MATHEWSON, PCLK, USCG

CREDITABLE SERVICE THIS ENLISTMENT

YEARS	MONTHS	DAYS
03	00	00

REENLISTMENT RECOMMENDATION

[X] RECOMMENDED [ ] NOT RECOMMENDED

Certified to be correct upon termination of service

W. W. GRUBB, CBOSN, USCG
By direction
COMMANDING OFFICER

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
WEST, Howard William	221-071	MM1/7-48	USCG

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

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Article 589 (1), Coast Guard Regulations	Office, Cdr., 13th CG Dist., Seattle, Washington

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
30	Sept.	03	Lansing, Michigan	Male	Caucasian	Black	Brown	6½	170

SELECTIVE SERVICE DATA

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

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

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: MM2c

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
24	June	47	Seattle, Washington	The Dalles, Oregon (WASCO County)

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	05	11	29
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	03	00	00
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	15	01	13
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	24	01	12

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

26. FOREIGN AND/OR SEA SERVICE: YEARS 02 MONTHS 11 DAYS 15

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NONE

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
RELIEF LIGHTSHIP 92	NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE	- -	- -	NONE

INSURANCE AND PAY DATA

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

32. KIND OF INSURANCE (amount and premium due each month): N.S.L.I.	U.S.G.L.I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
NONE	NONE	- - - -	- - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$13.35	XX 13.35	C. R. MATHEWSON, PCLK, USCG, CO

AUTHENTICATION

38. REMARKS (Continue on reverse): RECOMMENDED FOR REENLISTMENT.

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: W W Grubb

NAME, GRADE AND TITLE (Typed): W. W. GRUBB, CBOSN, USCG By direction

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: NONE — CLAIM NUMBER: - - - -

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

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
☒ YES ☐ NO	Married	8	0	0	- - - -	- - - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)	48. SIGNATURE OF PERSON BEING SEPARATED
15 Valley Street, Seattle, Washington (KING Co.)	Howard W. West

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

DD FORM 1 JAN 50 214

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

SC-299-50

WEST, Howard W. 221-071 MM1

Office, Comdr., 13th CG District LIGHTSHIP 516 Seattle, Wash.

13-001 23 June, 1950

Issued Honorable Discharge for expiration of enlistment.
PAFE: Seattle, Washington (RECRUITSTA - 6-24-47)
POD: Seattle, Washington
TOTAL CRED.SERV. (USMC, USLHS & USCG): 24 years, 01 month and 12 days.

AUTHORITY: Article 589 (1), CG Regs.

W. W. GRUBB, CBOSN, USCG
By direction, C13CGD

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

Office, Comdr., 13th CG District, Seattle, Wash. C. O. Order No. SC-331-50
(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME	FIRST NAME	INITIAL	REASON FOR CHANGE *	1950 (YEAR) From—	To—
221-071	WEST	Howard	W.	Issued HD for EE (Art. 589(1), CG Regs.) POD: Seattle, Washington Elect TA The Dalles, Ore., HA on enl. Not entitled to MCP (Previously paid for ex-CG service) Elects to carry leave to new enlistment.	xx xx	6/23 6/23

(D. O. Symbol number)

CROSS, USCG
(Name and signature)

W. W. GUHB
By direction OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Comdr., 13th CG District, Seattle, Washington
(Unit)

WEST, Howard William
(Name in full—surname to the left)

23 June, 1950
(Date)

221-071
(Service number)

MM1
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1947	6	24			
Enlistment extended (for ____ years from)						
Date of discharge (HONORABLE EE) (Character of discharge)	1950	6	23			
Total time of last enlistment period				03	00	00

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Last paid reenlistment allowance on 24 June, 1947.

Total Absence (0 days)

Creditable time served during last enlistment period	03	00	00

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

W. W. GRUBB

Date 23 June, 1950

(Rank) W. W. GRUBB, CBO N, USCG
By direction, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 24 June, 1950

CG RECRUITING STATION, Seattle, Washington
(Unit and place)

I CERTIFY that the above-named man reenlisted in a Regular Enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of six (6) years from this date.

W. W. GRUBB

PAID $ 160.00 BONUS REENLISTMENT ALLOWANCE ON 6/24/50 AT SEATTLE, WASHINGTON

BY C. R. MATHEWSON

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

U. S. GOVERNMENT PRINTING OFFICE 16-20908-4

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

.UNITED STATES { COAST GUARD ~~XXXXXXXXXXXXXXXXXX~~ AUTH: Art 556 CG Regs.

ENLISTMENT OF WEST, Howard William (Full name, surname to left); 2210071 (Service number); $138.00 (Pay per month)

Accepted for enlistment at Seattle, Washington; MM2c (Rating in which enlisted)

Enlisted at Seattle, Washington; 24 June, 1947 (Date of enlistment)

Transferred to CGOB, Seattle, Wn, TD & FFT

Occupation Coast Guard Citizenship* NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 30 Sept. 1903 Place of birth Lansing, Michigan

Home address (Street and number) The Dallas, (Town) Wasco (County) Oregon (State)

Married or single Married Name and address of next of kin or legal guardian (Wife)

Fay Vaughn West (Relationship) The Dallas, Oregon (Address)

Continuous Service Certificate None (Number) Previous service { Coast Guard / ~~Reserve~~ } 5 (Years) 11 (Months) 29 (Days)

First enlisted 6/25/41 (Date) at Seattle, Washington (Place) and was

last discharged 6/23/47 (Date) from C, 13CGD (Unit)

with Honorable (Character) discharge as MM2c (Rate) No. B162042

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service 7 (Years) 0 (Months) 0 (Days)

Previous Army service None (Years) (Months) (Days) Age 43 years 9 months.

Height 5 feet 10½ inches. Weight 163 pounds.

Eyes Brown Sex Male Hair Black Complexion Ruddy Color White

Personal characteristics ____ marks, etc. TATTOOS: Upper rt. arm "Bucking Horse". ½" scar upper lip USULA

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with M. A. JORDAN of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { THREE (3) years from 24 June, 1947 / ~~XXXXXXXXXXXXXXXX~~, 1 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, HOWARD William West, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

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

Howard William West
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 24 day of June, A. D. 1947

M. A. Jordan
(Commanding officer, notary public, or other officer qualified to administer oaths)

M. A. JORDAN, Lt(jg) USCG
Recruiting Officer, 13th CGD
(Title)

Citizenship substantiated and contract perfected.

M. A. Jordan

M.A. JORDAN, Lt(jg) USCG
Recruiting Officer, 13th CGD
, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

(Signature of man)

(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF WEST, H ward William (Full name, surname to the left) 221-071 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
0800 24 June, 1947 Reported Recruiting Station, Seattle, Washington. Departed at 1300 24 June, 1947 time. No breach of discipline. (PB 81-45 Para (c).			U.S. COAST GUARD OPERATING BASE SEATTLE 99, WASHINGTON JUN 24 1947		LIEUT
CG Group, Seattle, Wn.	8 JUL 19	Lt (jg)	RELIEF LIGHTSHIP #92	7-9-47	Lieut (jg)
RELIEF LIGHTSHIP #92	4-25-48	Lieut (jg)	CG-65302-D	5/9/48	BMC
CG 65302-D The Dalles Oregon	1-17-49	CBOSN	USCGC WACHUSETT	1-18-49	CO
USCGC WACHUSETT	4-25-49	CO	Lightship 92	4-29-49	LTJG, Bydir

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CG 65302-D	MM2 to MM1	7-1-48	HL 6-25-48 (PE-C)(CG-73) Ch. Bos'n

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
Recruit Sta Seattle Wn	6/24/47	6/24/47	Active	Lt (jg)

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF WEST, Howard William 221-071

(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
12-31-49	MM1	3.7	3.4	3.7	3.5	4.0	C. D. Eubanks LTJG, By dir.
3-31-50	MM1	3.7	3.6	3.7	3.6	4.0	C. D. Eubanks LTJG, By dir.
Average:		3.66				4.0	

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

16—9676-2

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
6/24/47	MM2c	See 1st entry art 1 for this info				4.0	M A Jost Lt(jg
8 JUL 1947	MM2c		LESS THAN ONE MONTH			4.0	RELIEF LIGHTSHIP #92 R.C. Johnson Cmdr C
31 SEP 1947	MM 2c	3.7		3.7	3.7	4.0	RELIEF LIGHTSHIP #92 R.C. Johnson Cmdr C
31 Dec. 1947	MM2c	3.7		3.7	3.7	4.0	RELIEF LIGHTSHIP #92 [illegible] C.O.
3/31/48	MM 2c	3.7		3.7	3.7	4.0	RELIEF LIGHTSHIP #92 Newton CO
428-48	MM 2c	3.7		3.7	3.7	4.0	RELIEF LIGHTSHIP #92 Newton CO
6-30-48	MM2	3.7		3.7	3.7	4.0	Berney Fullington Ch. Bos'n
9-30-48	MM 1	3.7		3.7	3.7	4.0	Berney Fullington Ch. Bos'n
12-31-48	MM1	3.7		3.7	3.7	4.0	Berney Fullington CBOSN
1-17-49	MM1	Less than one month				4.0	Berney Fullington CBOSN
3-31-49	MM1	3.7		3.7	3.7	4.0	CGC WACHUSETT [signature] CO
4-25-49	MM1	LESS THAN ONE MONTH				4.0	CGC WACHUSETT [signature] CO
6-30-49	MM1	3.5	3.0	3.5	3.5	4.0	[signature] LTJG, By dir.
9-30-49	MM1	3.5	3.0	3.5	3.4	4.0	C.D. Eubank LTJG, By dir.
AVERAGE	X X X X						

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	Remarks

13—9676-2

RECORD OF: WEST, Howard William (Full name, surname to the left) 221-071 (Service number)

CORRECTED - LEAVE RECORD -

ACCRUED CREDITS			LEAVE TAKEN				ADV LV.	BAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO'S SIGNATURE
REASON	DATE	DAYS	FROM	TO	REASON	DAYS		DAYS	FROM	TO	REASON	DAYS	
IC	9-1-46	60						60					
			Total leave taken from 9-1-46 to date of discharge 6-23-47			48 49		11					
REEN	6-24-47							11					
AnCr	6-30-47	25						36					
BBF	7-1-47	36						36					
			8-21-47	8-29-47	REG-ACC	9		27					
			2-22-48	2-24-48	REG-ACC	3		24					
AnCr	6-30-48	30						54					
BBF	7-1-48	54						54					
			3-24-49	4-22-49	REG-ACC	30		24					
			5-10-49	5-23-49	EM	14		10					
AnCr	6-30-49	30						40					
BBF	7-1-49	40						40					
			12-17-49	12-17-49	REG-ACC	1		39					
			2-10-50	2-14-50	REG-ACC	5		34					
			4-15-50	4-19-50	REG-ACC	5		29					

Elected to carry leave to next enlistment. Balance transcribed as required by paragraph 42 (e) of the CG 31-47.

PE-PR-35

W. W. GRUBB, CBOSN, USCG
By direction, C13CGD

CG-2500-C
(Rev. 4-49)

RECORD OF WEST, Howard William 221-071
(Full name, surname to the left) (Service Number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason & Date	Creditable service for leave purposes Mos.	Days	No. of days earned	Departed Hour	Departed Date	Returned Hour	Returned Date	Type and reason	No. days	Bal. due	Signature and Unit
				Leave balance brought forward from old type leave sheet in accordance with PC 63-49						-01	C.D. Eubanks LTJG, Bydir
				1300	4-14-50	0640	5-2-50	ADVREG	05	-06	C.D. Eubanks LTJG, Bydir.
				(Includes 12 CL granted)							

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From (Inclusive dates)	To	Reason	Months	Days	Signature and Unit

RECORD OF WEST, Howard William (Full name, surname to the left) 221-071 (Service Number)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV LV.	NO. DAYS	FROM	TO	REASON	NO. DAYS	
Ballance on Reenlistment	6/24/47	60	----	Included 12 comp.				60					M A Jack Lt(jg)
			4-13-47	6-12-47	Accrued Rec	60		00					
ANCR	6/30/47	1						1					RELIEF LIGHTSHIP #9
BBF	7-1-47	1						1					RELIEF LIGHTSHIP
			3-19-47	3-29-47	Reg ADV		9	-8					RELIEF LIGHTSHIP #6
			2-21-48	2-24-48	Reg ADV		3	-4	-11				RELIEF LIGHTSHIP #
ANGR	6-30-48	30						19					Birney Fullington Ch. Bos'n
BBF	7-1-48	19											Birney Fullington CBOSN
			FTA Seattle, Washington to Lansing, Michigan, thence to Seattle, Washington, 4818 miles @ $0.05 per mile $240.90, less TA on discharge $0.00 - net amount $240.90, certified for payment 23 March, 1949, in accounts of Paul D. Banning CDO, symbol 1382. H. W. MEANS, CPCLK, USCG Authorized Certifying Officer								
			3-24-49	4-22-49	REENL	30		-11					CO
			5-10-49	5-23-49	EM		14	-25					LTJG, Bydir
ANCR	6-30-49	30						5					LTJG, Bydir.
BBF	7-1-49	5						5					LTJG, Bydir.
		✓	12-17-49	12-17-49	REG	01		04					LTJG, Bydir
			1120 2-9-50 (Includes 12CL granted)	0730 2-27-50	ACCREG ADVREG	04	01	00 -01					LTJG, Bydir.

see new sheet - PC 63-49

RECORD OF WEST, Howard William 221-071
(Full name, surname to the left) (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	
For this information see new leave sheet						

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
Recruit Sta Seattle		See First Entry Article 1 for this info			M A Jordan Lt (jg)
CG Group, Seattle, Wn 8 Jul 1947		NO DEDUCTIBLE TIME WHILE ATTACHED			[illegible]
RELIEF LIGHTSHIP #82		No deductible time while attached			[illegible] Lieut (jg) USCG
CG 65302-D The Dalles, Ore		NO DEDUCTIBLE TIME WHILE ATTACHED			CBOSN
CGC WACHUSETT		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			[signature] CO

10. TRIALS BY COURTS MARTIAL

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

.EST, Howard W. 221-071 MM1

CGC FIR (WAGL-212) At Sea

13th CG District 28 February, 1950

0735
28 February, 1950 7 days ACC and 12 days compensatory leave
TAD and transportation to LIGHTSHIP-92

PC: 63-49

0720
1 March, 1950 Transportation completed, departed to LIGHTSHIP-92
resumption of regular duties.

Ind-8 of leaves papers.

H. A. JENSEN

13th Dist (pmp) 8735

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Relief Lightship # 92	Seattle, Washington	28 January, 1950

FROM (REQUESTER):	TO	VIA:
WEST, Howard W. (221-071) MM1	Comdr. 13th CG District (p)	OIC, Relief LIghtship # 92

THE FOLLOWING LEAVE IS REQUESTED: 12 days CL & 7 days REG LV

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		On or about 8 February, 1950			

REASON FOR REQUEST:

Recreation

My address on leave will be: 520 12th Street North, Seattle, Wash. Phone MI 4736

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Relief Lightship # 92 Date: 28 January, 1950

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ ~~NOT APPROVED (because)~~

~~Returned ☐ GRANTED ☐ NOT GRANTED (because)~~

R. E. Miller
R. E. MILLER, BOSN.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Relief Lightship # 92 Date: 30 January, 1950

~~Forwarded ☐ APPROVED ☐ NOT APPROVED (because)~~

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

Auth: CCGD13/D 3023422 (January, 1950)

R. E. Miller
R. E. MILLER, BOSN
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Relief Lightship # 92 Date: 9 February, 1950

Departed at 1120 this date. This leave of absence will expire before 0800 28 February, 1950, at CGOR, Seattle, Wash and is subject to the special instructions indicated on reverse hereof.

R. E. Miller
R. E. MILLER, BOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Relief Lightship # 92 Date: 1 March, 1950

Reported at 0735 this date, having taken 12 (CL) days' leave and 7 days' TT. ALREGLV

R. E. Miller
R. E. MILLER
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16-40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519 16—40220-2

Ind-3 28 February, 1950
CGC FIR (WAGL-212)

You reported aboard at 0735 this date and place for TAD and transportation to LIGHTSHIP-92. Transportation completed, departed at 0730 1 March, 1950

E. W. HANSEN
Executive Officer

Form 2529
U. S. Coast Guard
Revised September 2, 1941.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Lightship 92 (WAL-516) (Unit) Seattle, Wash. (Place)

1 January, 1950 (Date)

From: WEST, Howard W. (221-071) HM1

To: Commandant (via Comdr., 13th CG District (fd))

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Anna Mae West (Full name of wife; if not married, so state)	~~520 12th Ave, N.,~~ 15 Valley Seattle, Wash. (Address of wife)
Howard William West, Jr. (Full name of child; if none, so state)	~~307~~ West 8th St., The Dalles, Oregon (Address of child)
None (Full name of child; if none, so state)	(Address of child)
None (Full name of child; if none, so state)	(Address of child)

SERVICE RECORD COPY

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:

Mrs. June Des Rochers (Full name of relative)	Daughter (Relationship)	307 West 8th St., The Dalles, Oregon (Address of relative)

Potential
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Howard W West
HOWARD W. WEST (Signature)

Subscribed and sworn to before me this 1st day of January, 1950

C.D. EUBANKS (Signature)

HM1 (Rank or rating)

Lieutenant (j.g.), USCG (Rank or title)

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

O, Commander, 13th CG District
(Unit)

Seattle, Washington
(Place)

14 October, 1949
(Date)

FROM: WEST, HOWARD W. (221-071) MM1

TO: COMMANDANT (via Commander, 13th CG District (pmp)

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:

Anna Mae West (Full name of wife; if not married, so state)	Wife	520 12th St., North Seattle, Washington (Address of wife)
Howard W. West, Jr. (Full name of child; if none, so state)	Son	307 West 8th St., The Dalles, Oregon (Address of child)
(Full name of child; if none, so state)		(Address of child)
(Full name of child; if none, so state)		(Address of child)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

Service Record

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

14th day of October, 19 49

C.D. EUBANKS, LTJG, USCG
(Signature)

(Rank or title)

Howard W. West
Howard W. West
(Signature)

MM1 - USCG
(Rank or rating)

16—25758-1

From compensation of

APPLICATION FOR ALLOTMENT

LS # 92

WEST, Howard W. (221-071) BM1

PAYABLE TO

Monthly allotment in the amount of

Twenty Five Dollars and no cents ($ 25.00) Dollars.
(Words) (Figures)

Name COAST GUARD WELFARE FUND

Street and No. Commander, 13th CG District

Post office Seattle 4, State Wash.

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

Name Howard W. West

Reason for allotment

Repayment of CG Welfare loan

First payment: Month June, 19 49

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

Howard W. West

Rank or rating BM1 U. S. C. G.

17 May 1949, 19

Approved, allotment granted.

JAMES MORRISON, LCDR, USCG

Commanding By direction

Commander, District.

Witnessed and registered 17 May, 19 49

R. L. REMANDS, LTJG, ACO, USCG
CG 13thCGD

Pay officer,

16—12642—1

N. A. V. C. G. - 2528
(Revised January 1942)
Form approved by Comptroller General, U. S.
(April 14, 1934)

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RECORD OF PAYMENTS

Mo./Yr.	19	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

ACKNOWLEDGED BY HQ

DATE: JUL 8 1949

* Allotter or member immediate family

From compensation of

APPLICATION FOR ALLOTMENT

WEST, HOWARD, C. (221-071) [redacted] LS # 92

Monthly allotment in the amount of

* * * FORTY * * * * * *NO/100 ($40.00) Dollars.
(Words) (Figures)

PAYABLE TO

Name Reta J. Derochor (Daughter)

Street and No. 307 W. 6th Street

Post office The Dalles State Oregon

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

Name

Reason for allotment Support of dependent son Howard W. West, Jr. MAR(LC)

First payment: Month JUNE, 19 49

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

Howard C. West

Rank or rating Yeo1 U. S. C. G.

9 May, 19 49

Approved, allotment granted.

ELMER WINBECK, LTJG, USCG

Commanding By direction

Commander, District.

Witnessed and registered 17 May, 19 49

R. L. HEMANDS, LTJG, AUS, USCG

Pay officer, C13thCOD

16—12642—1

N. A. V. C. G. - 2528
(Revised January 1942)
Form approved by Comptroller General, U. S.
(April 14, 1934)

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RECORD OF PAYMENTS

Mo./Yr.	19	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

ACKNOWLEDGED BY HQ
JUL 8 1949
DATE:

* Allotter or member immediate family

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 262

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	WM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Comdr., 13th CG District	LIGHTSHIP-92 - Seattle, Wn.	Seattle, Wn.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-001	WAL-516	30 April, 1949

TIME 1600
DATE 4-29-49

REPORTED FROM: WACHUSETT via CGB,Seattle,Wn. via FIR
FOR assignment to duty

AUTH: C13/L 3-29(pmp)(73)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

ELMER WINBECK (Commanding.)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

WEST, Howard W. 221-071 MM1

USCGC WACHUSETT (WPG-44) Seattle, Washington

Commander, 13th CG District 25 April, 1949

1000
4-25-49 CG Base, Seattle, Wn.
Further transportation to LS 92 (WAL-516) for ASDU.

C13CGD/L 3-29-49, file pmp 73

52 (s) W. L. DAVID, CDR, USCG

Form D-147
U. S. Coast Guard

From [redacted] C.O.

To Mustletter & Ltr

Remarks:

over your signature
stating a claim V. A. the
for Back Company
for reserve time USMC

U. S. COAST GUARD

Seattle, Washington

Address Reply To:
Comdr. 13th CG Dist. (ptp)
And Refer to File: CG-702

24 June, 1947

From: Recruiting Officer - 13th Coast Guard District.
To: WEST, Howard William (221-071) MM2c - USCG

Subj: Orders to Active Duty-Transfer.

1. Having this place and date originally enlisted in the U.S. Coast Guard in a Special Temporary Enlistment for a period of [redacted] years in the rating of [redacted], you are hereby directed (3) to proceed andreport to the Commanding Officer - COAST GUARD OPERATING BASE, Seattle, Washington, for assignment to temporary duty in connection with outfitting and issuance of clothing and further transfer when so directed by competent authority. to LS # 92

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

3. You have been informed of the various benefits of NSLI.

4. Your service and health records are handed you herewith for safekeeping and delivery to the Commanding Officer - COAST GUARD OPERATING BASE, Seattle, Washington. Form 510, Pay Record Order, is handed you herewith for delivery to the District Pay Officer, Room 1223, New World Life Building, Seattle, Washington.

5. Delivered and departed at 1300 this date.

M. A. JORDAN,
Otis H. Adsey,
By Direction...

CC: OpBase
Pers
SR
File.

N. C. G.-2529
(Rev. 9-2-43)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Office, Comdr. 13th CG District (Unit) — Seattle, Washington (Place)

1 June, 1949 (Date)

FROM: WEST, Howard W. (221-071) MM1, USCG

To: COMMANDANT (via Commander, 13th CG District)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)		(Address of wife)
Howard W. West, Jr. (single)	Age 12 years (20 April, 1937)	307 West 8th Street The Dalles, Oregon
(Full name of child; if none, so state)		(Address of child)
(Full name of child: if none, so state)		(Address of child)
(Full name of child; if none, so state)		(Address of child)

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

(Full name of relative)	(Relationship)	(Address of relative)

SERVICE - RECORD
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 1st day of June, 1949

ELMER WINBECK
(Signature)

Lieutenant (jg), USCG
(Rank or title)

Howard W. West
Howard W. West
(Signature)

MM1 - USCG
(Rank or rating)

16—25758-1

9 May 1949

TO WHO IT MAY CONCERN:

I, Howard W. West certify that my wife FAY V. WEST past away on 6 May, 1949 at the U.S. Marine Hospital, Seattle, Washington. I request MAQ(LC) for my legetimate child, HOWARD W. WEST, Jr. age 12, born 4/20/47. My son HOWARD W. WEST, Jr. is not married and is dependent on me.

My son will reside with my daughter Reta J. Derocher who resides at 307 W. 8th Street, The Dalles, Oregon until further notice

Howard W. West
HOWARD W. WEST
221-071 MM1, USCG

221-071

115

Name WEST, Howard W. Age 36 Total service 9 yrs, 7 mos.
(surname first)

Present station Lime Kiln L.S. Friday Harbor, Wash. Present civil grade Asst. Keeper Present pay 1680.

Allowances (per annum)

Qualified ? Yes Reserve 7 May 41

Disqualified ? (give reason)

Grade recommended by board P.O.2c. Pay and allowances

Grade determined by Hdqrs. Pay and allowances (per annum)

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

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

Decrease

Seattle District.

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

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2600-C (SUPPLEMENT) (8-45)

NAME	SERVICE NUMBER	RATING
WEST, Howard W.	221-071	MM2c
UNIT	**LOCATION**	**DATE REPORTED**
Office Comdr.13th CG District	Seattle, Washington	23 June, 1947
FINAL AVERAGE EFFICIENCY MARKS	**PROFICIENCY IN RATING**	**CONDUCT**
	3.34	3.99

PAFE OR PFWOAD (Whichever is applicable for determination of travel allowance)

PAFE - - - - - Seattle, Washington

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[ ] SURRENDERED [X] NOT SURRENDERED (Explanation below)

To re-enlist

Howard W. West (Signature)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
6-23-47	HONORABLE DISCHARGE	B 162042
REASON	**AUTHORITY**	
Expiration of enlistment	Art. 589 (1) CG Regs	

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (Check)

[ ] HONORABLE DISCHARGE BUTTON [X] HONORABLE SERVICE BUTTON [ ] HONORABLE SERVICE EMBLEMS [X] SATISFACTORY SERVICE CARD NO. ~~212445~~

SIGNATURE OF DISCHARGEE

Howard W. West
Howard W. West

MUSTERING OUT PAY (Check)

[X] ENTITLED TO & CERTIFIED FOR M.O.P. [ ] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF FIVE CENTS PER MILE (Destination)			TOTAL TRAVEL ALLOWANCE
FROM: Seattle, Washington	TO: Seattle, Washington		NONE
TOTAL AMOUNT PAID FOR TA & PAY (In full to date of Discharge)	CHECK NO.	NAME OF PAY OFFICER	
150.00		H.E. MAJOR CPC-USCG	

CREDITABLE SERVICE DURING THIS ENLISTMENT	YEARS	MONTHS	DAYS
	5	11	29

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE	TITLE AND POSITION
F.W. DOHERTY, Lt. (jg) By direction	Off. Comdr. 13th CG Dist.

(P)

NCG 2511
USCG

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD

File No. CG-702

Seattle, Washington

From: Personnel Officer, DCGO, 13ND

39 June, 1947

To: Finance Officer, DCGO, 13ND

SUBJECT: WEST, Howard William (221-071) MM2c - USCG
Statement of service of.

1. The following is a statement of the service of the above-named (man) (officer) for the purpose of computing pay, to and including 25 June, 1947

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
6/25/41	6/24/44 Ext'd	NONE		NONE		NONE	
	6/23/47 HD	NONE		NONE		NONE	
6/24/47	Reenlisted this date for a period of three (3) years, Reg. Estb., rating of MM2c						
	Now serving						

	Yrs.	Mos.	Days
Coast Guard Service	6	0	1
Navy Service	6	-	-
Other Service	7	0	0 (Marine Corps)
Total - - - - - - -	13	0	1

Ottis H. Abney, Lt(jg)USCG
Recruiting Officer, 13th CGD

Completed 12 years service 24 June, 1946

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Recruiting Station (Unit) — Seattle, Washington (Place)

24 June, 1947 (Date)

FROM: WEST, Howard William (221-071) MM2c - USCG

TO: COMMANDANT (via Recruiting Officer, 13th CGD)

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:

Fay Vaughn West (Full name of wife; if not married, so state)	The Dallas, Oregon (Address of wife)
Howard W. West Jr. (Full name of child; if none, so state)	" " " " (Address of child)
(Full name of child: if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Mrs June DesRochers (Full name of relative)	Daughter (Relationship)	The Dallas, Oregon (Address of relative)

POTENTIAL
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

24 day of June, 1947

M. L. JORDAN, Lt(jg)
Recruiting Officer
(Rank or title)

Howard William West
(Signature)

MM2c
(Rank or rating)

16—25758-1

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Recruiting Station, (Unit) Seattle, Washington

WEST, Howard William (Name in full—surname to the left) 23 June, 1947 (Date)

(Service number) 221 071 Machinist's Mate Second Class (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1941	6	25			
Enlistment extended (for 3 years from)	1944	6	24			
Date of discharge (Honorable (Character of discharge))	1947	6	23			
Total time of last enlistment period				5	11	29

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)

Creditable time served during last enlistment period 5 11 29

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

E. A. JORDAN

Date 23 June, 1947 (Rank) Lt(jg), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 24 June, 1947 Recruiting Station, Seattle, Washington (Unit and place)

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

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

E. A. JORDAN

(Rank) Lt(jg), U. S. C. G.
Commanding officer.

16—20908-1

Form 2500-B

CERTIFICATION OF APPLICANT

Recruiting Office at Seattle, Wash.

Date 24 June, 1947

To: The Commandant, U.S. Coast Guard

1. I hereby certify that I have this day had the enlistment contract fully explained to me, understand it fully and certify that no promises of any kind have been made to me concerning assignment to duty, discharge prior to expiration of enlistment, or advancement during the period for which I am enlisting in the Coast Guard.

2. I further certify that I am fully aware that I am enlisting for GENERAL SERVICE ONLY and will accept without reservation such station or assignment commensurate with my rating as I may receive from time to time during enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic inoculation against typhoid.

4. I further certify that the matter of desertion has been fully explained to me and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from FRUADULENT ENLISTMENT and the meaning thereof.

6. I am fully aware of the fact that I am enlisting for a period of THREE (3) years in the rating of MM2c and that the pay of the rating in which I am enlisting is $138.00 per month.

7. I further am aware that my dependents are not entitled to transportation at Government expense from place of enlistment, my home, or any other place to the place where the first unit to which I am permanently assigned is located.

Howard Wilton West

Signature of Applicant

MM2c 221-071

ATTEST:

M. A. JORDAN, Lt(jg) USCG

Name - Recruiting Officer - Rank

A F F I D A V I T

Recruiting Station, Seattle, Washington
(place)

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

Howard William West

MM2c 221-071
(rate) (service number)

Subscribed and sworn to
before me this

24 day of June, 1947

M. A. JORDAN, Lt(jg)
Recruiting Officer, 13th CGD

REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 624-47

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WEST, H ward William	221-071	MM2c
MAJOR UNIT NAME / MINOR UNIT NAME		LOCATION
R,druiting Station		Seattle, Wash.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT / MINOR UNIT ITEM No.		DATE
13-00a		24 June, 1947

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1300

DATE 24 June, 1947

TRANSFERRED TO: CGOB,SEATTLE, WN

FOR ASSIGNMENT TO TEMPORARY DUTY AND FURTHER ASSIGNMENT

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

24 June, 1947 - Reenlisted this date for a period of three (3) years, Reg. Estb., rating of MM2c

Total Previous Service: (CG) 5 years 11 months 29 days.
(USMC) 7 years 00 months 00 days.
Total 12 years 11 months 29 days.

PAFE: Seattle, Washington

Last Discharged: (Fm CG) 23 June, 1947 with H.D. Cert. No. B162042

DUTY CODE NO.

AUTH:

39 Art 556 CG Regs.

M. A. JORDAN, Lt(jg)
Recruiting Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

From compensation of

WEST, Howard W. (221-071)

APPLICATION FOR ALLOTMENT

Lime Kiln Light Station

PAYABLE TO

Name: Treasurer of the United States

Address: Washington, D. C.

First payment: Month JULY, 1944

Last payment: Month _____, 194__

Monthly allotment in the amount of

Eighteen Dollars & 75/100 - - - - - - - ($18.75) Dollars.

(Words) (Figures)

Number of months Indefinite

(Words) (Figures)

Reason for allotment: Purchase of War Bonds ~~under Installment Plan~~.

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

Rank or rating M.M.1c., U. S. C. G.

27 June, 1944

Approved, allotment granted.

G. P. GRANADE, Lieut.(jg)

Commanding By direction

District CG Station

Seattle, Washington

Witnessed and registered JUL 12, 1944

Pay Officer, J. A. Miguez, Pay Clerk, USCGR-SDA 55,372
Disbursing Officer, 00CGD, 13th ND

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

DO NOT FOLD -- MAIL FLAT

(Over)

Delivery of War Bonds to addresses outside the continental United States or to ships is temporarily suspended.

It is requested that, beginning month of JULY, 1944, monthly deductions of $ 18.75 be made so that United States War Bonds of $ 25.00 denomination may be issued in the name of

Mr. Howard H. West

(First name, in full) (Middle name or initial, if any) (Last name)

You may use your home address on the face of a War Bond or "c/o U. S. Coast Guard, Washington, D. C."

Lime Kiln Light Station, Friday Harbor, Washington

(State your Address)

You may name either a co-owner or a beneficiary, but not both.

Co-owner Mr. / Mrs. / Miss Fay V. West

(Given name, in full) (Middle name or initial) (Last name)

Address Lime Kiln Light Station, Friday Harbor, Washington

Beneficiary Mr. / Mrs. / Miss

(Given name, in full) (Middle name or initial) (Last name)

Address

Either co-owner may redeem the bonds without the signature of the other. The beneficiary may redeem bonds only if surviving the owner. War Bonds may not be reissued during the lives of the persons named in order to change the registration; however, bonds registered in one name alone may be reissued to add the name of a beneficiary.

Do you want your bonds held without charge in safekeeping? If so, indicate where:

____ Hold at Treasury Department. ____ Hold at Federal Reserve Bank of

Mail bonds to me at Lime Kiln Light Station, Friday Harbor, Washington

(Not to be filled in if bonds are to be held for safekeeping)

Signature of purchaser Howard H. West

Howard H. West — Name

M.M.1c., CG Station, Seattle, Washington — Rank or Rating — Station

Form 2515-A
U. S. COAST GUARD
(Revised April 1940)

IDENTIFICATION RECORD

(On reenlistment of a man in the Coast Guard this blank to be filled out and forwarded immediately to Coast Guard Headquarters.)

Name WEST, Howard William

Service No. 221-071

Rate MM2c

Reenlisted 24 June, 1947

At Seattle, Wash.

Date last discharged 23 June, 1947

Signature Howard William West

Tip of finger this end



Rolled print of right index finger to be taken immediately after signature is written.

GPO 16—15087-1

NCG 2500
(Rev. June, 1942)

NCG 2515 SUBJECT TO IDENTIFICATION

ENLISTMENT CONTRACT

JUL 11 1947

CODED NO. 4

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ } AUTH: Art 556 CG Regs.

ENLISTMENT OF WEST, Howard William (Full name, surname to left); 2210071 (Service number); $138.00 (Pay per month)

Accepted for enlistment at Seattle, Washington; MM2c (Rating in which enlisted)

Enlisted at Seattle, Washington; 24 June, 1947 (Date of enlistment)

Transferred to CGOB, Seattle, Wn, TD & FFT

Occupation Coast Guard Citizenship * NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 30 Sept. 1903 Place of birth Lansing, Michigan

Home address The Dallas, (Street and number) Wasco (Town) Oregon (County) (State)

Married or single Married Name and address of next of kin or legal guardian (Wife)

Fay Vaughn West (Relationship) The Dallas, Oregon (Address)

Continuous Service Certificate None (Number) Previous service { Coast Guard / ~~Reserve~~ } 5 (Years) 11 (Months) 29 (Days)

First enlisted 6/25/41 (Date) at Seattle, Washington (Place) and was

last discharged 6/23/47 (Date) from C, 13CGD (Unit)

with Honorable (Character) discharge as MM2c (Rate) No. B162042

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service 7 (Years) 0 (Months) 0 (Days)

Previous Army service None (Years) (Months) (Days) Age 43 years 9 months.

Height 5 feet 10½ inches. Weight 163 pounds.

Eyes Brown Sex Male Hair Black Complexion Ruddy Color White

Personal characteristics ____ marks, etc. TATTOOS: Upper rt. arm "Bucking Horse", ½" scar upper lip VSULA

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with M. A. JORDAN of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { THREE (3) years from 24 June, 1947 / during minority, until ____, 1____ } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, HOWARD William West, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

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

Howard William West
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 24 day of June, A. D. 1947

M. A. Jordan
(Commanding officer, notary public, or other officer qualified to administer oaths)

M. A. JORDAN, Lt(jg) USCG
Recruiting Officer, 13thCGD
(Title)

U.S. COAST GUARD

Citizenship substantiated and contract perfected.

M. A. Jordan

M.A. JORDAN, Lt(jg) USCG
Recruiting Officer, 13th CGD
....., *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

..... (Unit) ..... (Place) ..... (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

.....
(Signature of man)

.....
(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

A F F I D A V I T

Recruiting Station, Seattle, Washington
(place)

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

~~Howard William West~~ West

MM2c (rate) 221-071 (service number)

Subscribed and sworn to
before me this

24 day of June, 1947

M. A. JORDAN, Lt(jg)
Recruiting Officer, 13th NGD

Form 2500-D

CERTIFICATION OF APPLICANT

Recruiting Office at Seattle, Wash.

Date 24 June, 1947

To: The Commandant, U.S. Coast Guard

1. I hereby certify that I have this day had the enlistment contract fully explained to me, understand it fully and certify that no promises of any kind have been made to me concerning assignment to duty, discharge prior to expiration of enlistment, or advancement during the period for which I am enlisting in the Coast Guard.

2. I further certify that I am fully aware that I am enlisting for GENERAL SERVICE ONLY and will accept without reservation such station or assignment commensurate with my rating as I may receive from time to time during enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic inoculation against typhoid.

4. I further certify that the matter of desertion has been fully explained to me and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from FRUADULENT ENLISTMENT and the meaning thereof.

6. I am fully aware of the fact that I am enlisting for a period of THREE (3) years in the rating of MM2c and that the pay of the rating in which I am enlisting is $138.00 per month.

7. I further am aware that my dependents are not entitled to transportation at Government expense from place of enlistment, my home, or any other place to the place where the first unit to which I am permanently assigned is located.

Howard Wilcox West

Signature of Applicant

MM2c 221-071

ATTEST:

M. A. JORDAN, Lt(jg) USCG

Name - Recruiting Officer - Rank

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Recruiting Station, Seattle, Washington (Unit)

WEST, Howard William (Name in full—surname to the left) 23 June, 1947 (Date)

[redacted] (Service number) Machinist Mate Second Class (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	6	25
Enlistment extended (for 3 years from)	1944	6	24
Date of discharge (Honorable [redacted] (Character of discharge))	1947	6	23
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
5	11	29

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)

Creditable time served during last enlistment period	5	11	29

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

M. A. JORDAN

Date 23 June, 1947 (Rank) Lt(jg), U. S. C. G.

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 24 June, 1947 Recruiting Station, Seattle, Washington (Unit and place)

I CERTIFY that the above-named man Reenlisted for

(Reenlisted or voluntarily extended his enlistment)

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

M. A. JORDAN

(Rank) Lt(jg), U. S. C. G.

Commanding officer.

16—20903-1

STATE OF OREGON
MILITARY DEPARTMENT
Office of The Adjutant General
Salem

GHB/f
July 16, 1943

CERTIFICATE OF NATIONAL GUARD SERVICE

THIS IS TO CERTIFY that the records of this office show that HOWARD W. WEST completed the following periods of enlisted service in the active National Guard of Oregon:

FROM	TO	ORGANIZATION
September 16, 1921	October 5, 1922	Battery A, 148th Field Artillery

Periods of service in the Inactive National Guard: None

Copy furnished this 16th day of July, 1943, to Howard W. West MM2c., United States Coast Guard, Lime Kiln Light Station, Friday Harbor, Washington.

Federally Recognized on
10 March, 1926.
SERVICE NOT CREDITABLE.

ELMER V. WOOTON
Acting The Adjutant General
State of Oregon

George H. Bates,
Captain, Infantry,
Personnel Officer

Certified to be a true
and correct copy

Ottis H. Abney, Lt(jg) USCG
Recruiting Officer, 13th CGD

184520
ACB-ole

FIRST ENDORSEMENT

Headquarters, U. S. Marine Corps, Washington, D. C.

17 December, 1941

FROM: The Major General Commandant.
TO: The Commandant, U. S. COAST GUARD

Subject: Service record of Howard William West while serving as a member of the U.S. MARINE CORPS

1. Returned. The records of this office show that Howard William West, born 30 September 1903 at Lansing Michigan, enlisted in the Marine Corps on 18 September 1922 at Mare Island, California, and was honorable discharged upon expiration of enlistment on 17 September 1925 at San Diego, California, a private, with character "Excellent" No time lost. Assigned to the Marine Corps Reserve on 18 September 1925 at San Diego, California, transfered to an incative status the same date, and was honorably discharged upon expiration of enlistment on 17 September 1929 as a private, with character "Excellent"

L. W. T. Waller, JR.,
By direction

Certified to be a true
and correct copy

Ottis H. Abney, Lt(jg) USCG

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Recruiting Station (Unit) — Seattle, Washington (Place)

24 June, 1947 (Date)

CODED NO. 4

FROM: WEST, Howard William (221-071) MM2c - USCG

TO: COMMANDANT (via Recruiting Officer, 13th CGD)

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:

Fay Vaughn West (Full name of wife; if not married, so state)	The Dallas, Oregon (Address of wife)
Howard W. West Jr. (Full name of child; if none, so state)	" " " " (Address of child)
(Full name of child: if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Mrs June DesRockers (Full name of relative)	Daughter (Relationship)	The Dallas, Oregon (Address of relative)

POTENTIAL
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

24 day of June, 1947

M. [illegible] Jordan Lt(jg)
(Signature)
Recruiting Officer
(Rank or title)

Howard William West
(Signature)

MM2c
(Rank or rating)

16—25758-1

Lime Kiln

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

CODED
NO. 4

LIME KILN LIGHT STATION

Marmino

PEX-E
-65

Service Record

WEST
(Surname)

Howard William	221-071	NB
(Christian names)	(Service No.)	(Citizenship)
A.M.2c.	25 June, 1941.	THREE
(Enlisted as)	(Date)	(Term of years)
LIME KILN LIGHT STATION	Seattle, Washington.	
(Ship or station)	(Place)	

16—9677

Ord Extended 6/29/45 MO

CERTIFIED FOR MUSTERING-OUT PAY.....

DATE 5/14/45

RECEIPT OF U.S. COAST GUARD DEPENDENT IDENTIFICATION CERTIFICATE FOR MY DEPENDENT/DEPENDENTS, IS HEREBY ACKNOWLEDGED.

Howard W. West
(SIGNATURE)

M.M.1c 221-076
(RATE) (SERIAL NO.)

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

221-071	WEST	Howard	W.	1M2c	USCG
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)	

23 June, 1947	Off. Comdr. 13th CG District, Seattle, Wn.	More than 60 Days
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* YES

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct.

(Sign original only)

F.W. DOHERTY, Lt. (jg) By direction

(Name and signature of officer authorized to sign in accordance with article 202(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? YES
(Enter Yes or No)

Howard W. West

Howard W. West
(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

To be paid lump sum of $300.00 in accordance with Alnav 360-45
(Number) (Street)

(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $300.00 on 423-4818 (Public voucher) 42691 (Check number) JUN 26 1947 (Date)

E. E. MAJOR, CPC, USCG, 18-490

(Type name and symbol No. of disbursing officer making initial payment)

16—29029-1

MUSTERING OUT PAYMENT DIVISION DATA

TRIPLICATE

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (8-45)

NAME	SERVICE NUMBER	RATING
WEST, Howard W.	221-071	MM2c
UNIT	**LOCATION**	**DATE REPORTED**
Office Comdr.13th CG District	Seattle, Washington	23 June, 1947
FINAL AVERAGE EFFICIENCY MARKS	**PROFICIENCY IN RATING**	**CONDUCT**
	3.34	3.99

PAFE OR PFWOAD (Whichever is applicable for determination of travel allowance)

PAFE - - - - - Seattle, Washington

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[ ] SURRENDERED [X] NOT SURRENDERED (Explanation below)

To re-enlist

Howard W. West
Howard W. West (Signature)

CODED NO. 4 mpd

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
6-23-47	HONORABLE DISCHARGE	B 162042
REASON	**AUTHORITY**	
Expiration of enlistment	Art. 589 (1) CG Regs	

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (Check)

[ ] HONORABLE DISCHARGE BUTTON [X] HONORABLE SERVICE BUTTON [ ] HONORABLE SERVICE EMBLEMS [X] SATISFACTORY SERVICE CARD NO. 212445

SIGNATURE OF DISCHARGEE

Howard W. West
Howard W. West

MUSTERING OUT PAY (Check)

[X] ENTITLED TO & CERTIFIED FOR M.O.P. [ ] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF FIVE CENTS PER MILE (Destination)		TOTAL TRAVEL ALLOWANCE
FROM: Seattle, Washington	TO: Seattle, Washington	NONE
TOTAL AMOUNT PAID FOR TA & PAY (In full to date of discharge)	**CHECK NO.**	**NAME OF PAY OFFICER**
150.00		H.E. MAJOR CPC-USCG

	YEARS	MONTHS	DAYS
CREDITABLE SERVICE DURING THIS ENLISTMENT	5	11	29

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE

F.W. Doherty

F.W. DOHERTY, Lt. (jg) By direction

STATION

Off. Comdr. 13th CG Dist.

(P)

LEAVE PAPERS

RELIEF LIGHTSHIP #92 CGOB-SEATTLE, WASHINGTON 14 February, 1947

WEST, Howard W.(221-671)MM2c Commanding Officer

15 0 14 Feb.1947 0

recreation

1536 Shelton St. Seattle, Washington

Howard W. West
HOWARD W. WEST

RLS #92 14 February, 1947

60

XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX To depart about 14 Feb.1947 leave to expire at
X XXXXXXXXXXXXXXXXXXX CGOB-Seattle, Washington fefore 0800 1 March, 1947
for further transportation to LS#92 LOUIS J. BURNS Acting A-in-C
XXXXXXXXXXXXXXXXXXXXXXXXXXX

CCG 1-R
Rpt aboard 1430 2/14/47
Departed 1645 2 March

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

LEAVE PAPERS

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
RELIEF LIGHTSHIP #92	CGOB-SEATTLE, WASHINGTON	14 February, 1947

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-671)MM2c	Commanding Officer	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
17	0	14 Feb.1947	0		

REASON FOR REQUEST:

recreation

My address on leave will be: 1536 Shelton St. Seattle, Washington

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

Howard W. West
HOWARD W. WEST
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: RLS #92 Date: 14 February, 1947

Leave record indicates balance of 60 days' annual and ____ days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)
for further transportation to LS#92

To depart about 14 Feb.1947 leave to expire at CGOB-Seattle, Washington before 0800 1 March, 1947

LOUIS J. BURNS Acting A-in-C
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Louis J. Burns

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Date:

Departed at ____ this date. This leave of absence will expire before ____, at ____ and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ____ days extension of leave to expire before noon, ____
Authority:

Signature and rank — Title

Ind.-6 Unit: Date:

Reported at ____ this date, having taken ____ days' leave and ____ days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

Seattle, Washington

COMDR.13th. CG DISTRICT

CG-73-701

2 January, 1947

From: Commander, 13th. Coast Guard District.
To: WEST, Howard W. (221-071), MM2c.

Via: 1. Commanding Officer, CG Operating Base, Seattle, Washington

Subject: Orders; transfer.

1. Effective upon receipt hereof you are detached from further duty at the Coast Guard Operating Base, Seattle, Washington. You are directed to proceed and report to the Commanding Officer, LS#92 for further assignment to duty on board that vessel. You will time your departure from the CG Operating Base in sufficient time to enable you to report aboard the LS#92 prior to her departure from this port.

2. This order constitutes a permanent change of station for you from Seattle, Washington to Astoria, Oregon.

3. No travel necessary and none is authorized.

R. J. MOHR
By direction

CC: LS#92
File

RECD 6 JAN

WEST, Howard W. (221-071) MM2c.

RELIEF LIGHT SHIP # 92 Seattle, Washington

13-417-92 W-516) 1 January, 1947

0925 CCOB-Seattle, Washington
8 January, 1947 Duty.

68 C13thCGD L/ 1-2-47 CG-73-701.

FRANK COBERLY, BOS'N

UNITED STATES COAST GUARD

Seattle, Washington

ADDRESS REPLY TO
COMDR.13th. CG DISTRICT

REFER TO FILE
CG-73-701



COAST GUARD OPERATING BASE
RECEIVED
JAN 2 1947

2 January, 1947

From: Commander, 13th. Coast Guard District.
To: WEST, Howard W. (221-071), MM2c.

Via: 1. Commanding Officer, CG Operating Base, Seattle, Washington

Subject: Orders; transfer.

1. Effective upon receipt hereof you are detached from further duty at the Coast Guard Operating Base, Seattle, Washington. You are directed to proceed and report to the Commanding Officer, LS#92 for further assignment to duty on board that vessel. You will time your departure from the CG Operating Base in sufficient time to enable you to report aboard the LS#92 prior to her departure from this port.

2. This order constitutes a permanent change of station for you from Seattle, Washington to Astoria, Oregon.

3. No travel necessary and none is authorized.

R. O. MOHR
By direction

CC: LS#92
File

Ind-1
CG GROUP, Seattle, Wn.
8 January, 1947

1. Directed to proceed in accordance with basic instructions.

2. Service and health records are handed you herewith for delivery.

3. Delivered and departed 0900 this date.

D. W. IERR
Acting

Rpt 0925/1/8/47

WEST, Howard W. 221-071 EM2c

CG GROUP Smith Island Light Station

13-013 8 January, 1947

0900 LS #92
8 January, 1947 assignment to duty

C130GD/L 12-2-47 CG-73-701

SERVICE RECORD COPY

D. W. HERR, Executive Officer

10-100

WEST, Howard W. 221-071 MM2c

CG GROUP Smith Island Light Station Smith Island, Wn.

13-013 16 October, 1946

1600
16 October, 1946 CG OPERATING BASE, Seattle, Wn.
assignment to duty as Officer-in-Charge

(30)(D) Art. 902, Regs. (Inter-unit transfer)

SERVICE RECORD COPY

D. W. HERR, Executive Officer

WEST, Howard W. 221-071 MM2c

CG GROUP CG OPERATING BASE Seattle, Wn.

13-010 11 Sept. 1946

MM1c MM2c 1 July, 1946

37-D Alcoast 119-46

Temporary rating held as of 30 June, 1946 - MM1c

Originally advanced to that rating on 4 May, 1944

Permanent rating as of 1 July, 1946 - MM2c

D. W. HERR
Exec tive Officer

"1"

WEST, Haward W, 221-071 M.M.1c

COLUMBIA RIVER L.S.#93 Columbia River Station

13-417(93) 2 April, 1946

13:00
2 April, 1946 CG Repai Base, Astoria, Oregon
assignment to temperary duty.

DCGO 13thND/L CG-626(15613/19) 26 Sept, 1945

E.P. GIERHOFER, Bos'n, USCG

Service Record

WEST, HOWARD W. 221-071 M.M.1c

COLUMBIA RIVER L.S.#93 COLUMBIA RIVER STATION

13-417(93) 12 April 1946

13;00 CG Repair Base, Asteria, Oregon
12 April 1946 resumption of regular duties.

68 S DCGO 13th CG/L CG-626(15613/19) 26 Sept. 1945

E.F.GIERHOFER BOS'N

Service Record

"9"

WEST, Howard W. 221-071 mm 1c

COLUMBIA RIVERL.S. #93 COLUMBIA RIVER STATION

13-4179(93) 6 May, 1946

1300
6 May, 1946 CG Repair Base, Asteria, Oregon
assigament to temperary dutie

DCGO 13th ND/L CG-626(15613/19) 26 Sept., 1945

E.F. GIERHOFER Boa'n USCG

WEST, Howard W. 221-071 M.M.1c.

COLUMBIA RIVER L.S. #93 Columbia River Station

13-417(93) 17 March, 1946

2230
17 March, 1946 CG GROUP, Vancouver, Wn.
assignment to duty.

68 S CG GROUP, Vancouver, Wn letter 783-701-531 dated 11 March, 1946

E. F. GIERHOFER, Bos'n, USCG

Service Record

WEST, Howard W. | 221-071 | Mate.

CG GROUP, Seattle | Lime Kiln Light Station | Friday Harbor, Wn.

13-029 | 10-12-45

0600
10-11-45

CG MORRINGS, The Dalles, Oregon
assignment to duty aboard CG-65302-D
Granted 10 days lv & 1 day tt enroute.

DCGO(pra)13ND/L 10-5-45, CG-73-701-531

30

ALEXANDER STANDISH, Lieut., USCG
By direction

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT...CG GROUP.....ADDRESS..Seattle, Washington DATE..12 June 1945

WEST,	Howard	W.	221-071	MM1c.
SURNAME	FIRST NAME	INITIAL	SERVICE NO.	RATING

has completed a continous period of three (3) years' active service on 24 June, 1944, with no mark less than 4.0. Accordingly, appropriate entry has been made in the service record and the above named person has been authorized to wear appropriate (ribbon) (star) in lieu of issue of actual award at this time.

W. J. MORGAN, Lieut. USCGR
Signature and rank of Commanding Officer

B

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

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interests in time or war or national emergency declared by the President to exist, such additional time not to extend beyond six (6) months after the dates of termination of the war or national emergency.

U. S. C. G. REPAIR YARD
(Unit)
Seattle, Washington
(Place)
24 June, 1944
(Date)

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

I, Howard William West (Name of applicant), 221-071 (Service number), M.M.1c. (Rating), having on 25 June, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of three years* from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is the United States being in a state of war.

* and a further period not to exceed six (6) months beyond the war or national emergency

Howard William West
Howard William West
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 24th day of June, A. D., 1944

Lieutenant Commander
BEN C WILCOX (Commanding officer or notary public)

U. S. C. G. REPAIR YARD
(Unit)
Seattle, Washington
(Place)
24 June, 1944
(Date)

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

Lieutenant Commander
BEN C WILCOX (Officer authorized to accept extension)

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

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

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

16—21990 U. S. GOVERNMENT PRINTING OFFICE

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG REPAIR YARD, Seattle, Washington
(Unit)

WEST, Howard William
(Name in full—surname to the left)

25 June, 1944
(Date)

221-071
(Service number)

Machinist's Mate First Class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for three years)	1941	6	25
Enlistment extended (for three years from)	1944	6	24
Date of discharge (_____) (Character of discharge)			

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

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (00 days)

Creditable time served during last enlistment period	3	0	0

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

BEN C WILCOX

Date 25 June, 1944

(Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 24 June, 1944

CG REPAIR YARD, Seattle, Washington
(Unit and place)

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

a period of three * years from this date.

BEN C WILCOX

(Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

* and a further period not to exceed six (6) months beyond the termination of the war or national emergency.

16-20557-1

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

SERVICE RECORD

RECORD OF WEST, Howard William (Full name, surname to the left) 221-071 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
Lime Kiln Lt. S.	9/30/42	[illegible] Lieut	SEATTLE BASE	OCT 1942	[illegible] BOS'N
SEATTLE BASE	1 JAN 1943	[illegible] Lt. Comdr.	LakeUnionPt.Bs.	1/1/43	[illegible] CBM
LakeUnionPt.Bs.	1/1/43	[illegible] CBM	CGPB,Wn.St.Seat.	12-29-42	[illegible] Ensign
CGPB,Wn.St.Seattle	2-22-43	[illegible] Lieut(j.g.)	C.G.REPAIR BASE	2-22-43	[illegible] Lieut.
C.G.REPAIR BASE	5-5-43	[illegible] Lieut.	C.G.FIRE STA# 1	5/5/43	R.F.Elms Bos'n
C.G.FIRE STA.#1HbrIs.	5/4/43	R.F.Elms Bos'n	Smith Isl. L/S	6-4-43	[illegible] Ensign.
Smith Isl. L/S	7-1-43	[illegible] Lt(jg)	Lime Kiln L/S	7-1-43	[illegible] Lt.(jg)
Lime Kiln Light Sta	2-2-44	[illegible] Lieut (jg)	OPR. BASE, SEATTLE	2-2-44	[illegible]
CG Group, Seattle, Wn.	10-11-45	[illegible]	CG Moorings The Dalles	10-13-45	[illegible] Bos'n
CG Moorings, The Dalles	3-14-46	Benny Fellington Lt.	LIGHTSHIP #93	3-17-46	R.F. Gunkel Bos'n
Lightship #93	8-22-46	J.A. Hadley CBM	CG Group, Seattle, Wn.	9-2-46	[illegible] CB,XO
CG Group, Seattle, Wn.	1-8-47	[illegible] CB,XO	R.L.S. #92	1-8-47	[illegible] Bos'n CO

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
SEATTLE BASE	B.M.2c TO M.M.2c(pro)	11/16/42	[illegible] BOS'N
Lime Kiln L/S	MM2c(Pro) to MM2c	6-28-43	[illegible] Lt.(jg)
Lime Kiln LS	MM1c	5/4/44	[illegible] Lieut.Comdr.
CG Group, Seattle, Wn.	MM1c to MM2c	7-1-46	[illegible] ch.Bos'n XO.

16—9676

TREASURY DEPARTMENT
U. S. COAST GUARD

RECORD OF WEST, Howard William (Full name, surname to the left) 221-071 (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special qualification or Special detail	Conduct	Signature
12-31-45			3.5	3.4	3.2		4.0	Benney Fullington
3-14-46			3.5	3.4	3.2		4.0	Benney Fullington C.F. Hudson Lieut.
4-1-46			less then	one	month			
8-22-46			3.5	3.4	3.2		4.0	J.G. Hadley, CQM.
9-30-46			3.5	3.4	3.2		4.0	Roy Stockham Lt. CO
12-31-46			3.5	3.4	3.2		4.0	CB, XO
1-8-47			LESS THAN ONE MONTH				4.0	CB, XO
3-1-47			3.6	3.6	3.5		4.0	R.C. Johnson CBM,
12-31-45 Average	MM 1c		2.8		2.8	2.8		4.0 Benney Fullington Lt.

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

[illegible]	B.M.2c.	LESS THAN ONE MONTH					4.0	[illegible] Comdr.
9-30-41	B.M.2c.	3.5	-	3.4	3.0		4.0	[illegible] Comdr.
12-31-41	B.M.2c.	3.5	-	3.4	3.0		4.0	[illegible] Comdr.
6-30-42	B.M.2c	3.5	--	3.4	3.0		4.0	[illegible] Lieut.
9/30/42	B.M.2c	3.5	--	3.4	3.0		4.0	[illegible] Lieut.
12-31-42	M.M.2c.	3.4		3.4	3.0		4.0	[illegible]
1 JAN 1943	M.M.2c.	LESS THAN ONE MONTH					4.0	[illegible] LT. Comdr.
1/19/43	M.M.2c	LESS THAN ONE MONTH					4.0	[illegible] CBI
2-22-43	M.M. 2c(P)	3.5		3.4	3.1		4.0	[illegible] Lieut(j.g
3/31/43	M.M. 2c	LESS THAN ONE MONTH					4.0	[illegible] Lieut.
5-5-43	M.M.2c.	3.5		3.4	3.1		4.0	[illegible] Lieut.
6/4/43	M.M.2c.	LESS THAN ONE MONTH					4.0	R. F. Elmo Bos'n.
6-30-43	MM2c	LESS THAN ONE MONTH					4.0	[illegible] Ensign
7-1-43	MM2c	Less than one month					4.0	[illegible] Lt.(jg)
9-30-43	MM2c	3.4	- -	3.4	3.4		4.0	[illegible] Lt.(jg)
12-31-43	MM2c	3.4	- -	3.4	3.4		4.0	[illegible] Lt.(jg)
3-31-44	MM2c	3.4	- -	3.4	3.4		4.0	[illegible] Lt. Comdr.
6-24-44	MM1c	3.5	--	3.4	3.4		4.0	[illegible] (jg)
Average		3.46		3.4	3.19		4.0	
Entitled to Honorable Discharge in accordance with above marks. Enlistment extended for three years in lieu of discharge.								
~~6-30-44~~	~~MM1c~~	~~3.0~~	~~- -~~	~~3.4~~	~~3.4~~		~~4.0~~	~~[illegible]~~
6-30-44	MM1c	LESS THAN ONE MONTH					4.0	[illegible] Lt. Comdr.
9-30-44	MM1c	3.0	--	3.4	3.0		4.0	[illegible] LT. COMDR.
12-31-44	MM1c	3.5	3.2	3.4	3.2		4.0	[illegible] LT. COMDR.
3-31-45	MM1c	3.5	3.5	3.4	3.2		4.0	[illegible] Lt. Comdr.
6-30-45	MM1c.	3.0	--	3.0	3.2		4.0	[illegible] Lt. Comdr.
9-30-45	MM1c	2.8	--	2.8	2.8		4.0	[illegible] Lt. Comdr.
10-11-45	MM1c	Less than one month				CO mast: under influence of intox.liq., no aggravation	3.8	[illegible] Lt. Comdr.
~~12-31-45~~	~~MM 1c~~	~~2.8~~		~~2.8~~	~~2.8~~		~~4.0~~	~~[illegible] Lt.~~
Average								

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF WEST, Howard William (Full name, surname to the left) 221-071 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

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

Unit	Date	Remarks	Signature
OPR. BASE, SEATTLE	6-24-44	Completed a three (3) year period of net service this date, authorized to wear appropriate ribbon (Good Conduct) in lieu of issue of actual award at this time.	W J Morgan LIEUT.
CG Moorings, The Dalles, Ore.	11-15-45	Entitled to wear American Campaign Ribbon. Alnav 351	Barney Pettingston Lt.
	11-15-45	Entitled to wear World War II Victory Ribbon. Alnav 352	Barney Pettingston Lt.
		Has served outside the continental limits of the United States.	

COMMANDER, 13TH COAST GUARD DISTRICT
SEATTLE, WASHINGTON
JUN 23 1947

16—9676

RECORD OF WEST, Howard William 221-071

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

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date		Duty	Signature
	From—	To—		
Lime Kiln Light Station	2-2-44	10-11-45		H Rees

U. S. GOVERNMENT PRINTING OFFICE 16—9676

WEST, Howard William | 221-071 | BM 2/c | (Unit)

(Name) | (Service No.) | (Rating)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
RS ANACORTES MH SEATTLE	Smallpox vacc.; Typhoid inoc. Chronic parenchymatous nephritis	7-3-41 5-1-43	7-18-41 Remaining	OP IP

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

T. LE BLANC
Lieutenant

"5"

RECORD OF WEST, Howard W. (Full name, surname to the left) 221-071 (Service number)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE.	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.	NO. DAYS	FROM	TO	REASON	NO. DAYS	
IC	9-1-46	60						60					ROY STOCKMAN

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

RECORD OF **WEST, Howard William** **221-071**
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
LIME KILN LT STN	1st Yr	6/25/41	CREDIT	30		Ch.Pos'n
Lime Kiln Lt Stn	6-7-42	6-17-42	10	20	0	Lt. (jg)
SEATTLE BASE	12/18/42	12/29/42	10	10		Lt. Comdr.
C.G. REPAIR BASE,	3/16/43	3/22/43	5	5		Lieut.
CG REPAIR YARD, Seattle - Extension of Enlistment Cr.				30	30	Lt.(jg)
REP.YARD, SEATTLE	7-25-44	8-10-44	15	15	30	Lt. Comdr.
OPR. BASE, SEATTLE	5th Year	6-24-45	Credit	30	30	LIEUT.
OPR. BASE, SEATTLE	7-20-45	8-5-45	15	15	30	LIEUT.
C.G. OPERATING BASE SEATTLE 99, WASHINGT	8-31-46 Lv to be paid in Bonds & Cash accord Alcoast 158-46			-43----------		ChBosn
C.G. OPERATING BASE SEATTLE 99, WASHINGTON	9-1-46 Lv accrued.Alcoast158.			--60----------		ChBosn

16—9676

RECORD OF WEST, Howard William 221-071

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

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
Lime Kiln Lt. S.			No deductible time while attached to this unit.			[illegible] Lieut
SEATTLE BASE			NO DEDUCTIBLE TIME WHILE ATTACHED			[illegible] LT. Comdr.
LakeUnionPatrolBase			NO DEDUCTIBLE TIME WHILE ATTACHED			[illegible] CBM
CGPB,Wn.St.Seattle			NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT			[illegible] Lieut(j.g.
C.G.REPAIR BASE			NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT			Thos A Ross Lieut.
C.G.FIRE STA.#1HbrIs			NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT			R.J. Elms. Bos'n
Smith Isl. L/S			No deductible time while attached.			[illegible] (j.g)
CG Group, Seattle, Wn.			NO DEDUCTIBLE TIME WHILE ATTACHED			[illegible] LIEUT.
CG MOORINGS, The Dalles			NO DEDUCTIBLE TIME WHILE ATTACHED			Bensey Pettington Lt. CB,XO
CG Group, Seattle, Wn.			NO DEDUCTIBLE TIME WHILE ATTACHED			[illegible]

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
CG REPAIR YARD Seattle	6-24-44	Enlistment extended for three (3) years and a further period not to exceed six months beyond the termination of the war or national emergency. Voluntary agreement by reason of the United States being in a state of war.	[signature] BEN C WILCOX Lieut. Comdr

12. ON DISCHARGE

Date ____, 19____ Place ____ Serial No. ____

Kind of discharge ____ Authority for ____

Discharged on account of ____

Is ____ recommended for reenlistment.

(If "not," so state, and show reason)

SIGNATURE ____

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF WEST, Howard William 221-071
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

_____ (Years) _____ (Months) _____ (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

The within-named man has been furnished travel allowance amounting to $_____ at the rate of _____ cents per mile from _____ to _____ _____ and paid $_____ in full to date of discharge. Name of pay officer _____

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { TO / NOT TO } REENLIST NEXT DAY.

Certified to be correct upon termination of service _____, 19____

_____
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

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

ENLISTMENT CONTRACT

ENLISTMENT of WEST, Howard William (Full name, surname to left) 221-071 (Service number) as B.M.2c. (Rating)

U. S. Coast Guard ~~Cutter~~ Station LIME KILN LIGHT STATION, ____ District, Friday Harbor, Washington (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at Seattle, Washington (Place)

1. I, Howard William WEST (Full name), this 25th day of June, 1941., desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: None

2. I was born in Lansing, Michigan, on 30 September, 1903 Citizenship [a] NB

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

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

Home address Lime Kiln Light Station, Friday Harbor, Wash.

Full name and address of the following: Fay Vaughn West, Friday Harbor, Washington. (Wife, if any)

Reta June West, daughter (age 13 yrs) and son, Howard William West, Jr. (age 4 yrs). (Children under 21 years of age. Specify ages of children)

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

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

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

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

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

None (State fully nature of offense, if any, and nature of institution in which incarcerated)

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

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

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

9. I agree to and with the United States of America, represented by A. Van DeVENTER, Ch.Bos'n (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

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

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

Thirdly, the United States of America, represented by A. Van DeVENTER, Ch.Bosn (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said Howard William WEST (Name of person enlisting) who has hereunto signed his

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

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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

Howard William West
Howard William West
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By A. Van DeVENTER, Chief Boatswain
(Signature and rank of enlisting officer)

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

A. Van DeVENTER,
Chief Bos'n, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Howard William West
Howard William West
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of June, A. D. 19 41.

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

A. Van DeVENTER, Ch.Bos'n
Enlisting Officer

A. Van DeVENTER, Chief Boatswain
Acting Personnel Officer,
(Comdg. officer, officer in charge of a unit, or notary public)
Seattle District.

12. DESCRIPTIVE LIST

Age 37 years 8 months. Height 5 feet 10 inches. Weight 150 pounds. Eyes brown

Hair black Complexion ruddy Color white Married yes

Distinguishing marks TATOOS: upper rt. arm "Bucking horse". Scar 1/2" upper lip. VSULA.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

where this enlistment is made.

Form 2599
U. S. Coast Guard
Revised September 2, 1941.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

C.G. REPAIR BASE, HARBOR ISLAND (Unit) — Seattle, Washington (Place)

1 April, 1943 (Date)

FROM: WEST, Howard W. (221-071) M.M.2c.(Pro)

To: COMMANDANT (via C.G. Repair Base, Harbor Island, Office)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)	(Address of wife)
Fay Vaughn West (Lawful Wife) (Married 3/31/25)	Box 833 Friday Harbor, Washington
(Full name of child; if none, so state)	(Address of child)
Rota June West (Daughter)	Box 833 Friday Harbor, Washington
Howard W. West Jr. (Son)	Box 833 Friday Harbor, Washington

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Howard W. West
Howard W. West
(Signature)

Machinist Mate Second Class
(Rank or rating)

Subscribed and sworn to before me this 1 day of April, 19 43.

William H. Hudgins.
William H. Hudgins
By direction
(Signature)

Chief Boatswain Mate
(Rank or title)

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

LIME KILN LIGHT STATION (Unit) — Seattle, Washington (Place)

25 June, 1941. (Date)

FROM: WEST, Howard W. (221-071) B.M.2c.

TO: COMMANDANT (via Commander, Seattle 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:

Fay Vaughn West (Full name of wife; if not married, so state)	Lime Kiln Light Station, Friday Harbor, Wash. (Address of wife)
Reta June West, daughter (13 yrs) (Full name of child; if none, so state)	"Same address" (Address of child)
Howard William West, Jr., son (age 4 yrs) (Full name of child; if none, so state)	"Same address" (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Walter E. West (Full name of relative)	Father (Relationship)	603 - 27th Street, Oakland, California (Address of relative)

No dependency
(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY:

A. Van DeVENTER,

Rank Chief Boatswain

SIGNED:

Howard W. West

Howard W. West

Rank or Rating B.M.2c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

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

FOLLOW INSTRUCTIONS ON BAC

WEST, Howard W. (Name, surname first) | 221-071 (Service number) | B.M.2c. (Rank or rating) | LIME KIN LIGHT STATION (Unit)

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

FINAL MEDICAL CERTIFICATE

Place U. S. P. H. S. Relief Station Anacortes, Wash., Date July 18th, 19 41

To: Commander, Seattle District
(Coast Guard unit)
550 Federal Office Bldg.,
Seattle, Washington
(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 Inoculation	0122	July 3 ,1941	July 18th,1941
Anti-Inoculation (Smallpox)	0119	July 3, 1941	July 3rd, 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.}

Samuel G. Brooks
A. A. Surgeon U. S. P. H. S.
Medical Officer in Charge
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2822
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard W. (Name, surname first) | 221-071 (Service number) | B.M.2c. (Rank or rating) | LIME KILN LIGHT 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 Seattle, Washington, Date 25 June, 19 41.

To: Medical Officer in Charge,
U. S. Public Health Relief Station,
Anacortes, Washington

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 550 Federal Office Bldg., Seattle, Wash.

Howard W. West
Howard W. West
(Signature of patient)

A. Van DeVENTER, Personnel Officer
A. Van DeVENTER, Ch. Bos'n U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. P. H. S. Relief Station Anacortes, Washington, Date July 3rd, 19 41

I CERTIFY that I have examined the above-named person and find him suffering from ~~MAKKKWARKKKK~~ Anti-Inoculation (Smallpox) 0119 - Anti-typhoid Inoculation # 0122
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at U. S. P. H. S. Relief Station Anacortes, Washington {*~~hospital~~ / *office} on July 3rd, 1941, 19

Samuel G. Brooks
A. Surgeon U.S.P.H.S.
Medical Officer in Charge U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

WEST Howard W. (221-071) Mo.M.M. 2c. (R).

6-13-01

COAST GUARD FIRE BOAT STATION NO. 1, HARBOR ISLAND, Seattle, Washington 5 May, 1943

0930 - 5 May, 1943: Reported this unit for assignment to duty from HARBOR ISLAND ~~XXX~~ COAST GUARD, REPAIR BASE, Seattle, Washington.

Granted no leave en route.

Headquarters
Pay office
Personnel office
COTP., Seattle.

HARRY L. MORSE, CBM.,

Commanding officer.

WEST, Howard (221-071) M.M. 2c.(Pro).

6-13-01
COAST GUARD FIRE BOAT STATION NO.1,HARBOR ISLAND, Seattle,Wn. 2 June,1943

1500 - 2 June,1943 Reported to this unit from inpatient treatment at UNITED STATES MARINE HOSPITAL, Seattle, 13th Naval District.

Diagnosis: Not misconduct.

Article 3002 (1) Regulations.

H. L. MORSE, Bos'n.

Commanding officer.





Howard William West
221-071
Eyes: brown
Height: 5' 10"
Weight: 150 lb.
Born: 9-30-03
Date of photo: 6/24/41

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

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

CODED
NO. 5

I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interests in time or war or national emergency declared by the President to exist, such additional time not to extend beyond six (6) months after the dates of termination of the war or national emergency.

U. S. C. G. REPAIR YARD
(Unit)
Seattle, Washington
(Place)
24 June, 1944
(Date)

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

I, Howard William West (Name of applicant), 221-071 (Service number), M.M.1c. (Rating), having on 25 June, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of three years* from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is the United States being in a state of war.

* and a further period not to exceed six (6) months beyond the war or national emergency

Howard William West
Howard William West
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 24th day of June, A. D., 1944

Lieutenant Commander
BEN C WILCOX (Commanding officer or ~~notary public~~)

U. S. C. G. REPAIR YARD
(Unit)
Seattle, Washington
(Place)
24 June, 1944
(Date)

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

Lieutenant Commander
BEN C WILCOX (Officer authorized to accept extension)

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

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

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

16—21990 U. S. GOVERNMENT PRINTING OFFICE

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct
6-30-41	BM2c	LESS THAN ONE MONTH				4.0
9-30-41	BM2c	3.5	--	3.4	3.0	4.0
12-31-41	BM2c	3.5	--	3.4	3.0	4.0
6-30-42	BM2c	3.5	--	3.4	3.0	4.0
9-30-42	BM2c	3.5	--	3.4	3.0	4.0
12-31-42	MM2c	3.4	--	3.4	3.0	4.0
1-1-43	MM2c	LESS THAN ONE MONTH				4.0
1-19-43	MM2c	LESS THAN ONE MONTH				4.0
2-22-43	MM2c	3.5	--	3.4	3.1	4.0
3-31-43	MM2c	LESS THAN ONE MONTH				4.0
5-5-43	MM2c	3.5	--	3.4	3.1	4.0
6-4-43	MM2c	LESS THAN ONE MONTH				4.0
6-30-43	MM2c	LESS THAN ONE MONTH				4.0
7-1-43	MM2c	LESS THAN ONE MONTH				4.0
9-30-43	MM2c	3.4	--	3.4	3.4	4.0
12-31-43	MM2c	3.4	--	3.4	3.4	4.0
3-31-44	MM2c	3.4	--	3.4	3.4	4.0
6-24-44	MM1c	3.5	--	3.4	3.4	4.0

CERTIFIED TO BE A TRUE COPY

G. P. GRANADE
Lieut. (jg) USCG

NCG 2599
U. S. COAST GUARD
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
WEST	Howard	W.	215-652	M.M.1c.

(Unit)	(Place)	(Date)
CG REPAIR YARD (13-027-03) 13thND, Seattle, Washington		24 June, 1944

LIME KILN LIGHT STATION (13-027-48)

---

24 June, 1944: Enlistment voluntarily extended, this date, for three years and such additional time not to extend beyond six months after the date of termination of the war or national emergency.

PAFE: Seattle, Washington
Place of extension: Seattle, Washington (CG REPAIR YARD)

Not entitled to mileage
Entitled to Enlistment Allowance

04-D
AUTHORITY: Article 271 (5) P&SI
Alcoast 83, 1941

GORDON P. GRANADE, Lieut.(jg)
By direction (Commanding)

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29504-1

Bu 9-16-41

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

ENLISTMENT CONTRACT

~~RE~~ENLISTMENT of WEST, Howard William (Full name, surname to left) 221-071 (Service number) as B.M.2c. (Rating)

U. S. Coast Guard ~~Cutter~~ Station LIME KILN LIGHT STATION, ____ District, Friday Harbor, Washington (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at Seattle, Washington (Place)

1. I, Howard William WEST (Full name), this 25th day of June, 1941, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: None

2. I was born in Lansing, Michigan, on 30 September, 1903 Citizenship[a] NB

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

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

Home address Lime Kiln Light Station, Friday Harbor, Wash.

Full name and address of the following: Fay Vaughn West, Friday Harbor, Washington. (Wife, if any)

Reta June West, daughter (age 13 yrs) and son, Howard William West, Jr. (age 4 yrs). (Children under 21 years of age. Specify ages of children)

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

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

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

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

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

None (State fully nature of offense, if any, and nature of institution in which incarcerated)

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

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

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

9. I agree to and with the United States of America, represented by A. Van DeVENTER, Ch.Bos'n (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

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

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

Thirdly, the United States of America, represented by A. Van DeVENTER, Ch.Bosn (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said Howard William WEST (Name of person enlisting) who has hereunto signed his

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

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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

Howard William West
Howard William West
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By A. Van DeVENTER, Chief Boatswain
(Signature and rank of enlisting officer)

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

A. Van DeVENTER,
Chief Bos'n, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Howard William West
Howard William West
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of June, A. D. 19 41.

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

A. Van DeVENTER, Ch.Bos'n
Enlisting Officer

A. Van DeVENTER, Chief Boatswain
Acting Personnel Officer,
(Comdg. officer, officer in charge of a unit, or notary public)
Seattle District.

X-P-22.

12. DESCRIPTIVE LIST

Age 37 years 8 months. Height 5 feet 10 inches. Weight 150 pounds. Eyes brown

Hair black Complexion ruddy Color white Married yes

Distinguishing marks TATOOS: upper rt. arm "Bucking horse". Scar 1/8" upper lip. VSULA.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

16—8420

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

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

APPLICATION FOR ENLISTMENT

Position desired B.M.2c.

WARNING

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

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

Seattle, Washington
(Place)

25 June, 1941.
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 37 years 9 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Howard William West

Date of birth 30 Sept.1903.

Place of birth Lansing, Michigan Citizenship NB

Home address Lime Kiln Light Station, Friday Harbor, Wash.

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

Wife and 2 children.

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

Are your parents living? Father Are your parents dependent on you for support? No

Name and address of next of kin Fay Vaughn West, wife, Friday Harbor, Washington

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

Employer's Name	His Address	His Business	Length of Employment		You were Employed as—
			From—	To—	
U.S.Lighthouse Service	Seattle, Wash.	Dept of Comm	6/16/33	present.	Keeper
Mr. E. H. Lindman	741 Federal Ave.	Bos'n, USCG.			Character
Mr. Carl Stanton	Rt.1, Box 431-B, Everett, Wash.	C.M.M., USCG			Character

Do you drink intoxicating liquors? If so, to what extent? Occassional glass beer.

Have you ever been arrested? If so, for what? No.
Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No.

2—13412

(OVER)

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

Grade School - 7th grade.

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

If so, state which U.S.Marine Corps

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

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

Have you ever applied for enlistment in the Coast Guard? No

When did you apply? - - - Where? - - -

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

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

Howard W. West

(Sign your full name here) Howard William West.

Accepted or rejected Accepted Cause of rejection - - -

Date 25 June, 1941.

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

A. Van DeVENTER, Chief Boatswain,
U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. Coast Guard

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Seattle, Wash.
(Place)

25 June, 1941.
(Date)

To Chief of Police, Friday Harbor, Wash.

DEAR SIR:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard, and it is requested that you fill in the following from the records of your office:

Howard William West
(Name of applicant)

37	5' 7"	150	White
(Age)	(Height)	(Weight)	(Color)

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

A. Van DeVENTER, Chief Boatswain
Recruiting Officer.

SEATTLE - DISTRICT JUN 28 1941 U.S. COAST GUARD

June 26, 1941
(Date)

To Recruiting Officer, A.D. Van DeVenter

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

Frank J. Doyle
Town Marshal
Frank J. Doyle

U. S. GOVERNMENT PRINTING OFFICE 16—9747

DO NOT FOLD THIS FORM

Classification No. _____

RIGHT HAND

16—9747

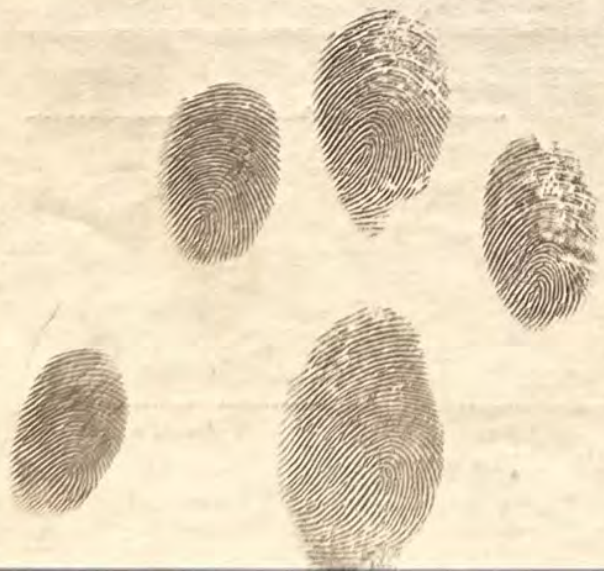
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

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

LEFT HAND

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



RIGHT HAND

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



Form 2682
TREASURY DEPARTMENT
U. S. Coast Guard

CHARACTER REFERENCE

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Seattle, Wash.

Howard William West has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

A. Van DeVENTER, Ch.Bos'n
Recruiting Officer

1. How long have you known the applicant?. . . . . 7 yrs.
2. What is his general reputation in the community?. . . . . Good
3. Is he industrious? . . . . . yes
4. Is he trustworthy? . . . . . yes
5. Is he married? . . . . . yes
6. What are his usual habits as regards to sticking to his job? . Good
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . no.
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . Not to my knowledge
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . yes
10. Are you related to the applicant? . . . . . no.

Believe he served in U S navy.

Carl A. Stanton
(SIGNATURE)

R.F.1 Box 431-B
(STREET or BOX NUMBER)

Ernett Wash.
(CITY) (STATE)

Form 2682
TREASURY DEPARTMENT
U. S. Coast Guard

CHARACTER REFERENCE

SEATTLE DISTRICT
JUN
27
1941
U. S. COAST GUARD

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Seattle, Washington

Howard William West has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

A. Van DeVENTER, Ch.Bos'n
Recruiting Officer

1. How long have you known the applicant? . . . . . 9 Years
2. What is his general reputation in the community? . . . . . Good
3. Is he industrious? . . . . . Yes
4. Is he trustworthy? . . . . . Yes
5. Is he married? . . . . . Yes
6. What are his usual habits as regards to sticking to his job? . Good
   Sticking to his job
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . No
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . . No
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . I do not know
10. Are you related to the applicant? . . . . . No

Erik H. Lindman.
Erik.H.Lindman
(SIGNATURE)

741 Federal ave.
(STREET or BOX NUMBER)

Seattle Wash.
(CITY) (STATE)

REPORT OF CHANGE IN PERSONN
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45) mcm

No. 1061

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Seattle	Lime Kiln Light Station	Friday Harbor, Wn.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	13-029	10-12-45

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 0600
DATE 10-11-45
TRANSFERRED TO: CG MOORINGS, The Dalles, Oregon
FOR assignment to duty aboard CG-65302-D
Granted 10 days lv & 1 day tt enroute.

AUTH: DCGO(pra)13ND/L 10-5-45, CG-73-701-531

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 30
AUTH:

Alexander Standish
ALEXANDER STANDISH, Lieut., USCG
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

LIME KILN LIGHT STATION (Unit) — Seattle, Washington (Place)

25 June, 1941. (Date)

FROM: WEST, Howard W. (221-071) B.M.2c.

TO: COMMANDANT (via Commander, Seattle District.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of child; if none, so state)	(Address of child)
Fay Vaughn West (Full name of wife; if not married, so state)	Lime Kiln Light Station, Friday Harbor, Wash. (Address of wife)
Reta June West, daughter (13 yrs)	"Same address"
Howard William West, Jr., son (age 4 yrs)	"Same address"

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

(Full name of relative)	(Relationship)	(Address of relative)
Walter E. West	Father	603 - 27th Street, Oakland, California

No dependency
(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY:

A. Van DeVenter
A. Van DeVENTER,
Rank Chief Boatswain

SIGNED:

Howard W. West
Howard W. West
Rank or Rating B.M.2c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

File 3-13

PE-3
26 February 1958

From: Commandant
To : WEST, Howard William (221-071) MM1, USCG (Retired)
Route 4, Box 438, Albany, Oregon

Subj: Retirement Status; verification of

1. Reference is made to your letter dated recently.

2. Enclosed is a certification which may be presented to establish proof of your retirement from active duty by reason of permanent physical disability amounting to 70 per centum. Because of this disability you are now receiving compensation from the Coast Guard and still considered a member in an inactive status.

A. E. McLANE
By direction

Encl: (1) Certification
(2) CG Travel Orders dtd
25 February 1953 (Copy)

Mailed
2-26-58
CER

corres; cer - ret. to 3-13.

PE-3
26 February 1958

TO ALL WHOM IT MAY CONCERN:

This is to certify that Howard William West (221-071), Machinist's Mate, first class, enlisted in the U. S. Coast Guard on 25 June 1941 and served continuously on active duty until he was placed on the permanent disability retired list of the U. S. Coast Guard in accordance with Section 402 of the Career Compensation Act of 1949. In accordance with the current Schedule for Rating Disabilities of the Veterans' Administration, the total combined percentage of physical disability is shown to be 70 per centum. Because of this disability he is now receiving compensation from the Coast Guard and still considered a member in an inactive status. The records also show that he was born 30 September 1903 in Lansing, Michigan.

A. E. McLANE
Chief, Administration Section
Enlisted Personnel Division
By direction of the Commandant

Albany, Oregon
Rt. 4, Box 438

Commandant
U. S. Coast Guard
Washington 25, D. C.

Dear Sir:

The undersigned was retired from the U. S. Coast Guard due to physical disability rated at 70%. The letter directing my retirement was dated February 25, 1953.

I am attaching a copy of this letter.

The State of Oregon allows a substantial reduction in taxes on a homestead to a veteran who was retired from the armed services with a disability rating of 40% or more.

The state law requires that the evidence from the tax assessor be not more than three years old, and be submitted prior to April 1.

It will be greatly appreciated if your office will forward to me some evidence of my retirement as indicated.

Respectfully yours,

Howard W. West
Howard Wm. West
(221-071) MM 1 -USCG Retd.

Encl. 1

Mailed Port Orf 2-16-57 Cp

(File - 3-13)

24

Albany Oregon
Sept 12 57

From Howard W. West 221-071 mm1 Ret.
(221-071)

To Commandant United States C.G.

Subject Change address

New address
Howard W. West
R. H Box 438
Camp adair
Albany Oregon

Old address
R. 2 Hastings ave
Pt Townsend
Wn

Howard W. West U.S.C.G.R.

(LAST)	(FIRST)	(MIDDLE)	REGISTER NO.	PREV. ADM. DATE	U. S. NAVAL HOSP.	INFO. DESK
WEST, Howard	William		3773			

DUTY STATUS	AV. STATUS	RATE	SEX	RELIG.	MAR. STATUS (STATE)	BIRTH (DATE) (AGE)	PRES. ENLISTMENT DATE	EXPIR. (VAB DISCH) DATE	TOTAL SERVICE YRS. MOS.
Act.		C	M	P	M	Mich. 9-30-03 48			23

(TIME) ADMISSION (DATE)	FROM	AUTH.
1600 5-12-52	NORTH HEAD LIGHT STATION USCG ILWACO WASH.	LTR. ( ) PHONE ( ) P-10 ( ) Dr. Miller

RECORDS REC'D. MARK 'I' IF REQUESTED POST DATE									Act. Notif.-Emer.	HOW PATIENT ARRIVED (AMBULANCE NAME, ADDRESS, ETC. FOR CLAIMS)
HR/DR	SR	PR	305/CSC	'G'	ORD.	DISC. LTR.	BAG	OTHER		Ambulatory

OFFICER'S PR LOCATION (OR OCCUPATION, IF VAB)	GOV'T. INS. (ANY)	DEPENDENTS
	10,000	2

NEXT OF KIN (OR DEPENDENT OF) (NAME IN FULL)	(RATE)	PRESENT ADDRESS	TELEPHONE	RELATIONSHIP
WEST, Anna Mae		Ilwaco Washington		Wife

MOTHER'S MAIDEN NAME (IN FULL)	BIRTHPLACE	MISC. (1) PLACE OF ENLIST. (2.) SOCIAL SECURITY NO. (3.) VETERAN'S ORGANIZATION, ETC.
PEDDER, Lula	Michigan	

FATHER'S NAME (IN FULL)	BIRTHPLACE
WEST, Walter	Michigan

PATIENT'S LEGAL RESIDENCE—TIME (OR IN CASE OF EMERGENCY NOTIFY: NAME, ADDRESS, TELEPHONE)

Ilwaco, Washington

ADMISSION DIAGNOSIS	NUMBER	DISCHARGE DIAGNOSIS	NUMBER
DU(Angina Pectoris) (7955)			

FILE
T.LeB

DISP.	DATE	TO WHERE	MISC. (SICK DAYS)	DATE S. L. BEGAN

NAME (LAST) (FIRST) (MIDDLE)	S.	C.	RATE (INCL. VAB)	CLASS/BRANCH	SERVICE OR VAB 'C' NO.	WARD	
WEST, Howard William			MM1	USCG	221-071		1

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

CLINICAL RECORD | **HISTORY—Part 1**

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

Chest pain - sternal for past 4 days.

HISTORY OF PRESENT ILLNESSES

Pt states that on Wednesday while walking up a small incline he developed substernal pain which subsided upon resting. These attacks continued throughout Thursday & Friday when he saw a civilian physician who told him it was attacks of gas. The pt forces himself to vomit & seems to get some relief upon vomiting. The pain is substernal radiating across anteriorly at the level of the 5th rib & occasionally st back. The pain has continued until today it has become severe & constant. The pt says the pain seems to choke him.

P.H. Treated for kidney disease several times at Marine Hospital, Seattle (See health record).

P.E. P-82 R-20 BP

Pt is a male who is extremely pale & in discomfort. Comfortable only in sitting position.

(Continue on reverse side)

SIGNATURE OF PHYSICIAN: [illegible]

DATE: May 12, 1945

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West, Howard, Wilson

REGISTER NO.

WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

U. S. GOVERNMENT PRINTING OFFICE 16—56188-2

Head & Neck – negative

Chest –

Lungs – clear

Heart – slightly enlarged ∈ PMI 1cm lateral to nipple line, sounds loud, rate regular + 80/min.

abdomen – neg.

Extremities – neg.

ORDERS: ① Fowler's position as desired

② ~~Nitrate~~ nitroglycerine grain 1/100 tab. # 10 at bed side take ∓ 4 HRS or with pain.

③ Nembutal grain 1½ ∓ 6 HRS

④ bed rest

⑤ EKG Tomorrow

⑥ Sed. rate Tomorrow.

⑦ general diet. 10 ∓ 6 HRS.

⑧ T wet Sedodrin q 6 hrs D.K. Ruud

DX: angina Pectoris

Standard Form 509
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **DOCTOR'S PROGRESS NOTES** (Sign all notes)

DATE

5-12-52 EKG normal today - Thought I might have a precardial rub - 5 ICS adjacent to sternum in sitting position -

C.Y.B.

5-12-52 pt. now free of pain except for slight tenderness in the R.U.Q. There is only a small amount of gas in the stomach today, however patient doesn't appear too good.

Gall bladder series should be considered before discharged -

D.R. Arnold

5-14-52 Pt has been trying forcibly to eructate thus bringing more gas into his stomach.

X-Ray today showed gas in stomach.

D.R. Arnold

5-16-52 EKG. today reveals posterior infarction and patient is put at absolute bed rest.

5-19-52 Diagnosis changed this date to thrombosis Coronary artery, 4.702. Pt has had hypertensive murmur but otherwise good. D.R. Arnold

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Hesty, Leonard Hellison | REGISTER NO. 221-071 | WARD NO. surg.

USNS Antoria, Ore.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—56183-2

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE	
3-21-52	Pt had best night ever last night. EKG on 9th day of Post coronary treatment shows what I feel is slight improvement Except for ~~slight~~ Biphasic changes in QRS. complex. Clinically patient is doing well & pain, anxiety or Evidence of Cardiac failure. — Wife visits daily. D.F. Arnold
5-24-52 1630	abdominal pain generalized & vomiting upon eating. 2 small liquid stools in a.m. Enema ineffectual. Demerol relieves abdominal pain. Left chest pain, moderately severe & periodic began at 1630 - dose of demerol 100 mgm at 1300. Pulse 104. BP 190/80 R. 20 No cyanosis, chest clear. Murmur systolic in apex. Will begin anew & strict coronary routine. Believe extension has begun & pt again in a critical condition. Prognosis is guarded. C.A. Miller Jr.
3-23-52 1740	pain persists in slight severity under 100 mgm demerol. Pt. still coughing. At 1600 pt coughed & aspiration of loosening something from chest. Pt. otherwise grossly unchanged. — A.F. Arnold

U. S. GOVERNMENT PRINTING OFFICE 16—56183-1

Standard Form 509
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **DOCTOR'S PROGRESS NOTES** (Sign all notes)

DATE

5-26-52 pain now subsided moderately. EGG shows no evidence of change since recent Episode of pain. Pt. still coughs. and has slight accentuation of chest pain with same.

5-27-52. Exam this AM finds rales throughout chest associated with mild non productive cough. Will give Papaverine and ammonium chloride in Brans mixture.

Dr. Amend

Later today. Pt. complained of Rt chest pain and temp went to 101.6 This is undoubtedly due to pneumonia and we are putting him on antibiotics now.

Dr. Amend

5-29-52. X-Ray reveals cardiac enlargement, and fluid in left costophrenic angle - Exam this AM. Shows there to be moist Rales in Rt chest and dullness in lower Left chest. — It is felt that this is due to cardiac failure and poor postural drainage. Pt is placed on digitalis today and ammophyllin Dr. Amend

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | REGISTER NO. | WARD NO.

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

5-31-52 Pt looking much better today & increase in appetite and general condition. —
To go on daily leg elevation for 3 days.
His temperature has been fluctuating downwardly from normal.
D.R. Arnold

6-3-52 yesterday pt was feeling very well, but chest still has few rales in both post. chest.
Pt. sleeping better and coughing less tens. normal
D.R. Arnold

6-6-52 Pt's BP fell to around 80/62 pulse good. no complaints except for pain in the L calf including PX shows tender & hard L calf muscles.
Jmp.

6-6-52 Left phlebothrombosis
pt should be on anticoagulants
hypercoagulation began this Am. + Pt.
in fair condition otherwise.
D.R. Arnold.

U. S. GOVERNMENT PRINTING OFFICE 16—56183-1

Standard Form 509
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **DOCTOR'S PROGRESS NOTES** (Sign all notes)

DATE

6-8-52 His left leg remains very painful and swollen slightly despite thrombophlebitis and anticoagulants. With the increase in temperature there could be an element of thrombophlebitis in the process of phlebothrombosis. In any case the prognosis is doubtful because of possible Embolic phenomenon.

D. R. Arnold

6-8-52 1620. The pain now has gone more proximally into the upper leg giving Evidence of Spread of the thrombotic process. —

In our opinion ligation of the inferior vena cava is probably the best that can be done at this time.

He is being sent to Seattle for this specialized procedure.

D. R. Arnold

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West, A. W. | REGISTER NO. | WARD NO.

U.S.N.S. T.P. Astoria Oregon
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 508
Promulgated August 1948
By Bureau of the Budget
Circular A—82

CLINICAL RECORD | **DOCTOR'S ORDERS** (Sign all orders)

DATE START	DATE STOP	ORDERS	DOCTOR'S SIGNATURE	NURSE'S INITIALS
5-12-52		1. Flowers positions as desired 2. Nitro. glycerine grs 1/100 tabs #15 @ beside q 4 h or c pain. 3. Nembutal grs 1 s s Stat q 6 h. 4. bed rest 5. E. K. G. tomorrow 6. Sed. rate tomorrow 7. Gen. diet 8. Bell. gtts VI q 4 h.	D. A. Amend	
5/12/52		1) ~~Seconal~~ Nembutal 3 grs. Stat 2) Demerol 100 mg — Stat 3) Repeat EKG in AM c Bowers 4) Chest film in AM 5) DC N embutal above. 6) wbc & diff ~~sed rate~~		
5-13-52		① Nembutal grs 1 s s ℞. q 4 HRS. D. A. Amend		

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE INITIAL: Treat, Howard Williams
REGISTER NO.: 221-071
WARD NO.: [illegible]

USNS Astoria, Ore.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—56200-2

DOCTOR'S ORDERS
Standard Form 508

DOCTOR'S ORDERS
(Sign all orders)

DATE START	DATE STOP	ORDERS	DOCTOR'S SIGNATURE	NURSE'S INITIALS
5/13/		Flat plate of the abdomen at 0800 Thurs.	Dr Miller	Rhm
5-16-52		(1) Discontinue all other orders (2) soft diet (3) Nembutal gr iss q 4 Hrs (4) Demerol ~~gr~~ mgm 100 q 4 Hrs PRN for pain. (5) Absolute bed rest (quiet room). (6) Belladona gtts. X. 15 min. before meals, TID. (7). Blood pressure and pulse q 4 Hrs while awake. —		
			A K Amend MD	
5-16-52		(1) White count - RBC and sed rate today. (2) Call Duty Office if patient begins to have more pain		
			A K. Amend	
5-16-52		Mineral oil 3 55 H.S. + in am Low S.S. Diet in a.m. Notify duty doctor if pain arises.		
			A Mehyle	
5-16-52		(1) Electrocardiogram (by ambulance) today (2). D.C. mineral oil (3). Diagnosis change.		
			A K. Amend	

U. S. GOVERNMENT PRINTING OFFICE 16—56206-2

Standard Form 508
Promulgated August 1948
By Bureau of the Budget
Circular A—82

CLINICAL RECORD | **DOCTOR'S ORDERS** (Sign all orders)

DATE START	DATE STOP	ORDERS	DOCTOR'S SIGNATURE	NURSE'S INITIALS
5/22/52		E.K.G. ✓ 3rd day Dr. Armond		
5/23/52	5/24/52	P.X. may have Head privilege 2-day ✓ V.O. Dr. Armond		PIC
5/24/52		No Head Privileges	Dr. Arhvall	
5/24/52		Small scrap sterile enema	Cam	C
	0830			
5/24/52	1030	Demerol 50 mg		
	1200	Demerol 50 mg	Dr. Miller	SM
5/24/52	1501	Demerol 100 mgm St	Camilleri	
5/24/52		① EKG stat Monday AM in his bed.	Camilleri	
		② BP + P q 4 hrs.		
		③ Liquid diet	camilleri	
		④ O2 tent.		
		⑤ Demerol 100 mgm q 4 hrs.		
5/24/52		Call MOOD if any sudden change in BP, P or respirations. Also if increase in pain if demerol doesn't relieve it. Cam		
		CER		

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE INITIAL: West, Howard William | REGISTER NO.: U.S.C.G. | WARD NO.: Surg.

U.S.N. Station - Astoria, Oregon
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—58256-2

DOCTOR'S ORDERS
Standard Form 508

DOCTOR'S ORDERS
(Sign all orders)

DATE START	DATE STOP	ORDERS	DOCTOR'S SIGNATURE	NURSE'S INITIALS
5-25-52		① Pheno barbital gr ss	T.I.O.	
		② Dc. O_2 tent unless ~~spinster~~ patient gets cyanotic.		
		③. Electro cardiogram in Am.		
1740		④ Elixir terpin hydrate tea spoonfuls ¾ HRS for cough.	DR. Amend.	
		⑤ nembutal gr iss HS		
		⑥ change from ~~Bromo~~ terpin hydrate to Bromo quin.		
		⑦ give nembutal gr iss IVV at 11 if he ~~can~~ awakens	DRA	
5-26-52		Coughs quite a bit		
5-27-52		⑧ Sed rate and total blood count today; and sed rate Every 3 days	DR. Amend	
		⑨ D.C. ¾ HRS Demerol	✓	
		⑩ give Pt 100 mgm demerol PRN ✓ for pain, but always one at bed time.		
		⑪. PBZ. 50 mgm Q 6 HRS. ✓	DR. Amend	
		⑫. PA. of chest.		

U. S. GOVERNMENT PRINTING OFFICE 16—56206-3

Standard Form 508
Promulgated August 1948
By Bureau of the Budget
Circular A—82

CLINICAL RECORD | **DOCTOR'S ORDERS** (Sign all orders)

DATE START	DATE STOP	ORDERS	DOCTOR'S SIGNATURE	NURSE'S INITIALS
5-27-52		Penicillin 300,000	Bid	
		Streptomycin 1/2 gram	Bid.	
			Drahnall	
5-28-52.		mucotin tablets #i q 2 HRS. for 3 doses.	D.P. Amend.	
5-29-52		(1) DIGITALIS 90 mgm q 6 HRS for 6 doses then 90 mgm daily	✓	
		(2) Aminophyllin grain 7½ IV. in D5C BID. (give very slowly).	✓	
		(3) continue O2 if pt feels dyspneic	✓	
		(4) hot wet sand bags to feet in Evening	✓ CH	
			D.P. Amend	
5-31-52		(1) change Aminophyllin to IV grain BID.	✓ CH	
		(2) Digitalis to now 90 mgm daily	✓ CH	
			D.P. Amend	
6-2-52		(1) Sed Rate today	CH	
			D.P. Amend	
6-4-52		(1) Oxygen tent today PRN.	✓	CH
		(2) mucotin tabs PO ground up q 2-3 hrs forgos	✓	
		(3). Pronest 100 mgm 5 HRS today.	✓	
			D.P. Amend	

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE INITIAL: West, Howard W. | REGISTER NO. | WARD NO.

YSNS T.P. Astoria Oregon
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—50206-2

DOCTOR'S ORDERS
Standard Form 508

DOCTOR'S ORDERS
(Sign all orders)

DATE START	DATE STOP	ORDERS	DOCTOR'S SIGNATURE	NURSE'S INITIALS
6-6-52		1. Elevate l leg 2 Immobilize l leg.		
		A Morgan		
6-6-52		(1). Decomeral 200 mgms IM now.		✓
		(2) Heparin 150 mgms IV q 8 HRS. for 3 doses		✓
		(3) Prothrombin time AM. and PM.		✓
		(4) DC streptomycin —		✓
		(5) do not massage leg.		✓
		(6) PT. Exercise R leg in bed		✓
		E.R. Arend		
		Check WBCC for further dosage		✓
		Dicumarol in AM		
		E R Arend		
6-7-52		Clotting time		
		prothrombin Time		
		aminophyllin suppo. 7½ gr. AM & PM		MH
			Camille A.	
6-7-52		Dicumerol 100 mgms	Camille A.	
6-7-52		Demerol 100 mgm Q4h PRN	Camille A.	
6-7-52		Codeine gr ½ c Aspirin gr X q 4h p.r.n.		
		Rx. Amend		

U. S. GOVERNMENT PRINTING OFFICE 16—56206-2

Standard Form 511
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION

DATE June

HOSPITAL DAY AND DAY AFTER OPERATION

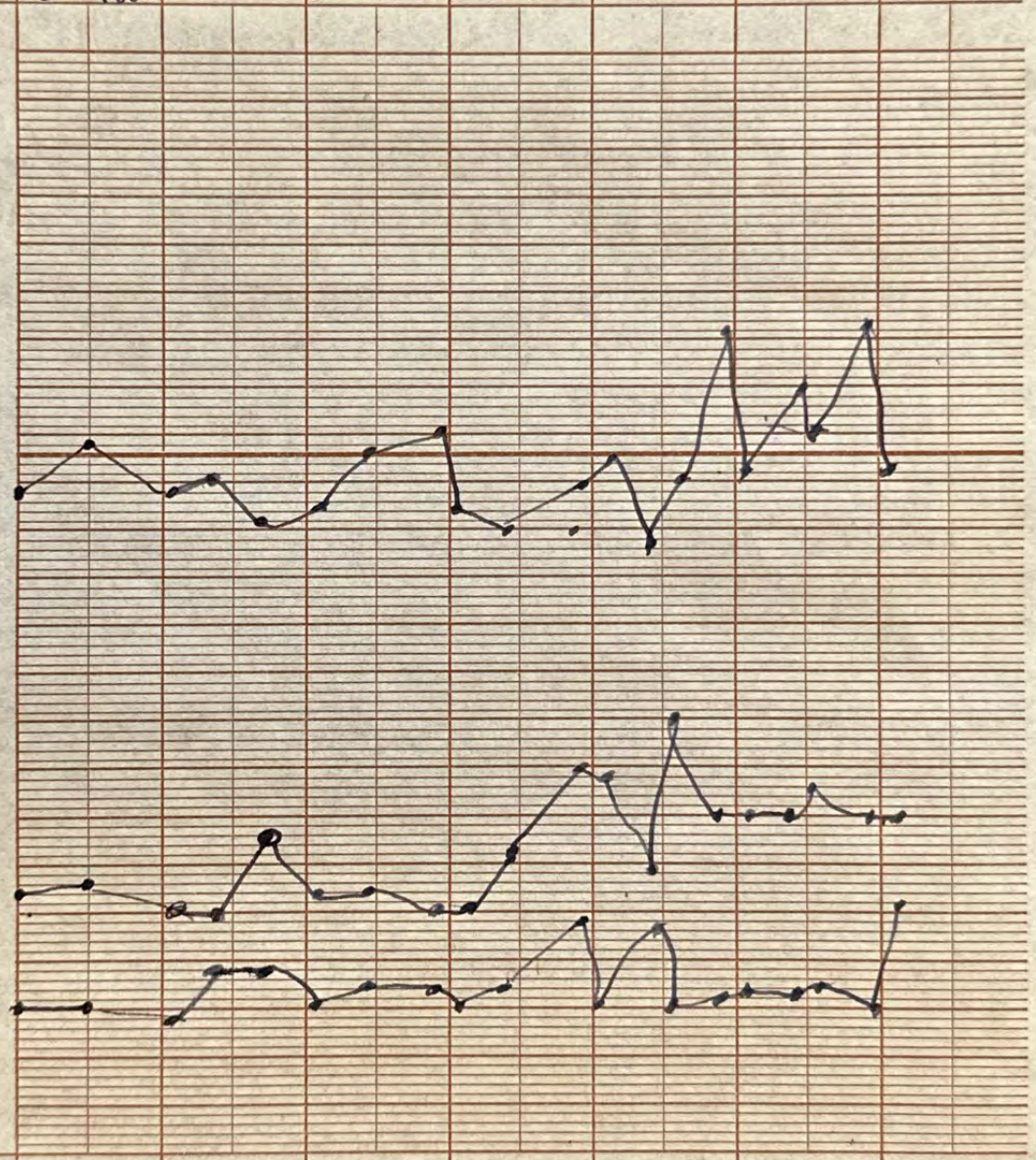
HOUR 0600 1800

	1	2	3	4	5	6	7

PULSE (○) AND BLOOD PRESSURE (X) SCALE

RESPIRATION (●) AND TEMPERATURE (●) SCALE

	C.°	F.°
260	41.7	107
250	41.1	106
240	40.6	105
230	40.0	104
220	39.4	103
210	38.9	102
200	38.3	101
190	37.8	100
180	37.2	99
	37.0	98.6
170	36.7	98
160	36.1	97
150	35.6	96
140	35.0	95
130	55	
120	50	
110	45	
100	40	
90	35	
80	30	
70	25	
60	20	
50	15	
40	10	



STOOLS

INTAKE

OUTPUT

SPECIAL MEDICATIONS AND OBSERVATIONS

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Wist, W. E.

REGISTER NO.: M41

WARD NO.:

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

TEMPERATURE—PULSE—RESPIRATION

Standard Form 511

U. S. GOVERNMENT PRINTING OFFICE 16—56205-2

Standard Form 511
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD

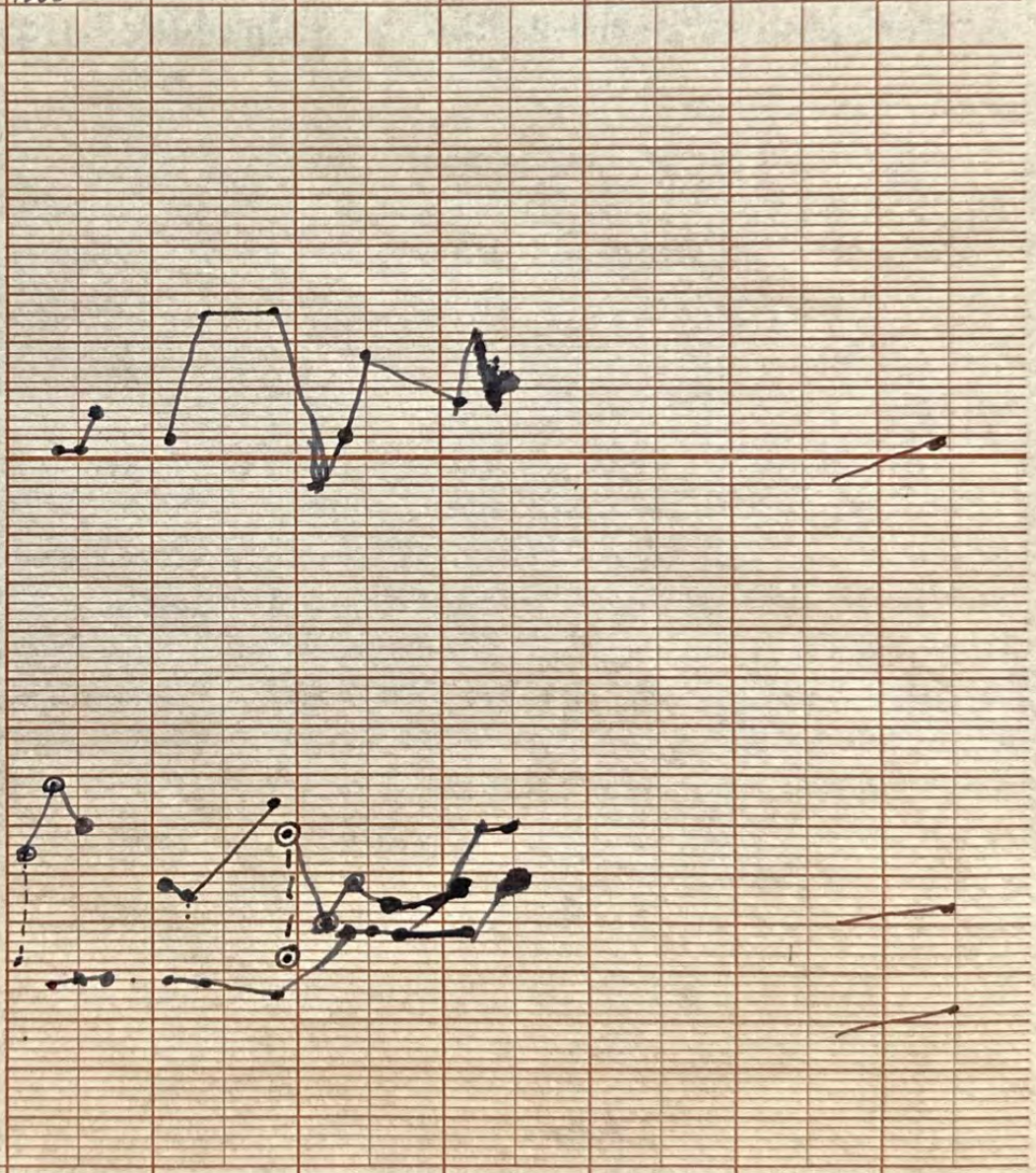
TEMPERATURE—PULSE—RESPIRATION

DATE	26	27	28	29	30	31	1
HOSPITAL DAY AND DAY AFTER OPERATION	15	16	17	18	19	20	21
HOUR	10 8						

PULSE (○) AND BLOOD PRESSURE (X) SCALE

RESPIRATION (●) AND TEMPERATURE (●) SCALE

C.°	F.°
260	41.7	107
250	41.1	106
240	40.6	105
230	40.0	104
220	39.4	103
210	38.9	102
200	38.3	101
190	37.8	100
180	37.2	99
	37.0	98.6
170	36.7	98
160	36.1	97
150	35.6	96
140	35.0	95
130	55	
120	50	
110	45	
100	40	
90	35	
80	30	
70	25	
60	20	
50	15	
40	10	



STOOLS

INTAKE

OUTPUT

SPECIAL MEDICATIONS AND OBSERVATIONS

respiration ·
Bl pressure ×
Pulse ·
Temp ·

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West, Howard William

REGISTER NO.

WARD NO.

413 N. Astoria, Oregon
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

TEMPERATURE—PULSE—RESPIRATION
Standard Form 511

U. S. GOVERNMENT PRINTING OFFICE 16—56205-2

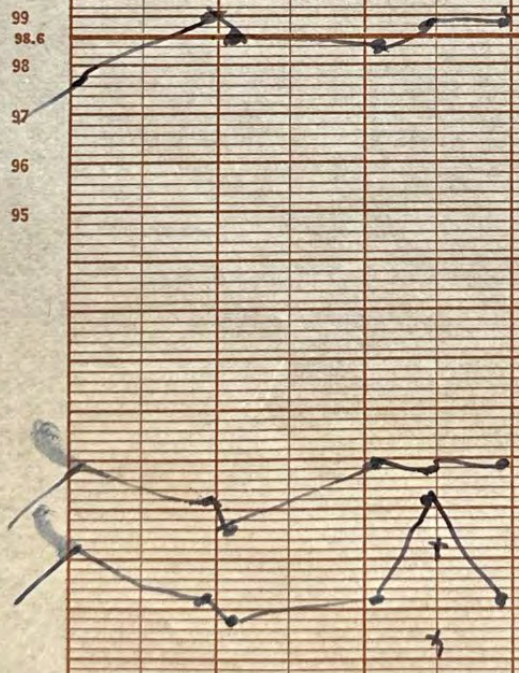
Standard Form 511
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION

DATE	19	20	21	22	23	24	25
HOSPITAL DAY AND DAY AFTER OPERATION	8	9	10	11	12	13	14
HOUR							

PULSE (○) AND BLOOD PRESSURE (X) SCALE	RESPIRATION (●) AND TEMPERATURE (●) SCALE C.°	F.°
260	41.7	107
250	41.1	106
240	40.6	105
230	40.0	104
220	39.4	103
210	38.9	102
200	38.3	101
190	37.8	100
180	37.2	99
	37.0	98.6
170	36.7	98
160	36.1	97
150	35.6	96
140	35.0	95
130	55	
120	50	
110	45	
100	40	
90	35	
80	30	
70	25	
60	20	
50	15	
40	10	



STOOLS	
INTAKE	
OUTPUT	
SPECIAL MEDICATIONS AND OBSERVATIONS	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Ward, Howard Wilson

REGISTER NO.:

WARD NO.: 9 R. 1

U.S.N.S. Disp Transport Pool Portland Oregon
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

TEMPERATURE—PULSE—RESPIRATION
Standard Form 511

U. S. GOVERNMENT PRINTING OFFICE 16—56205-2

Standard Form 511
Promulgated August 1948
By Bureau of the Budget
Circular A—32

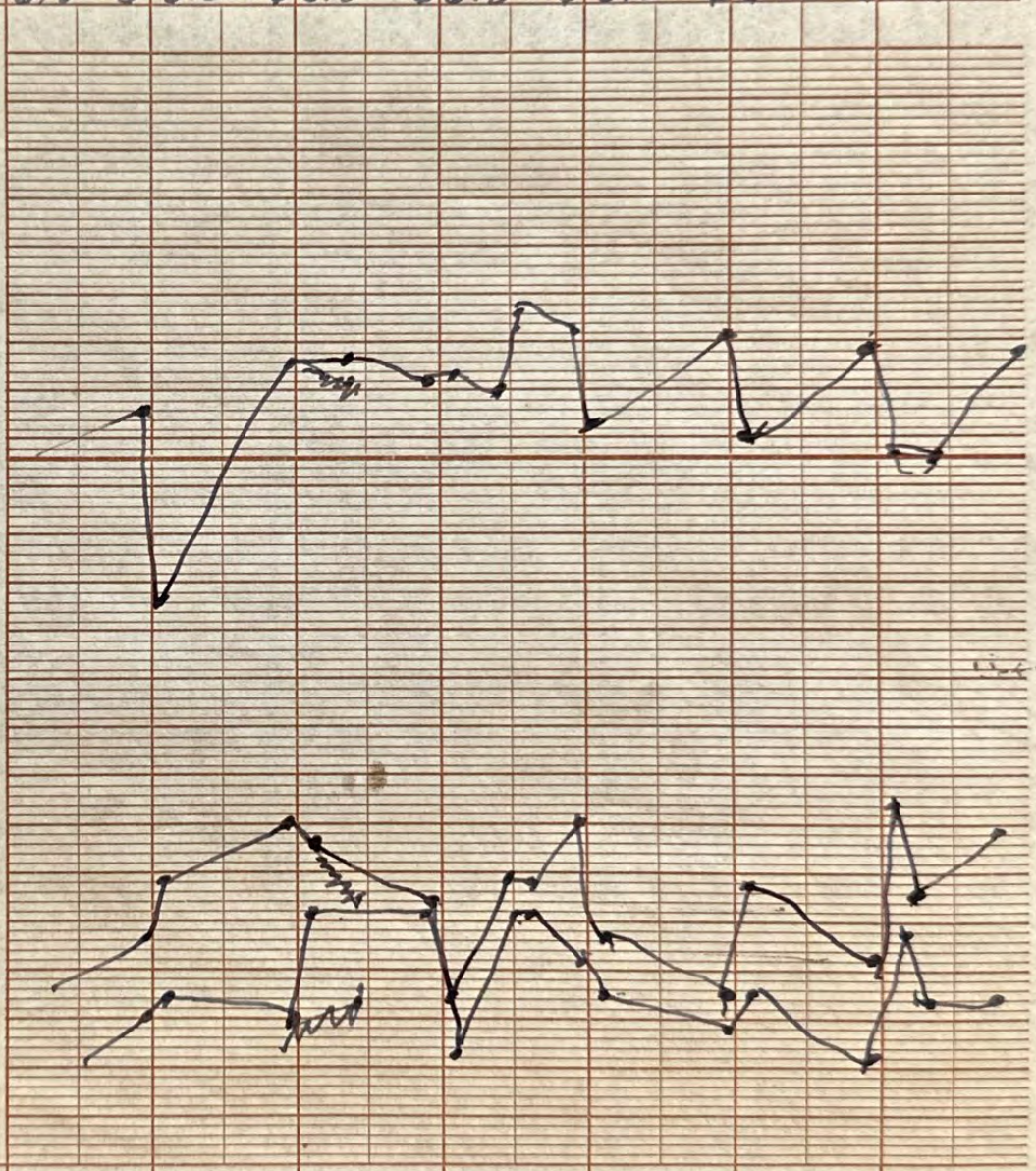
CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION

DATE	5/12/52	12	13	14	15	16	17	18
HOSPITAL DAY AND DAY AFTER OPERATION		1	2	3	4	5	6	7
HOUR		6 10 2 6	6 10 2 6	6 10 2 6	6 10 2 6	6 10 - 2 6	6 10 2 6	6 10 2 6

PULSE (○) AND BLOOD PRESSURE (X) SCALE

	RESPIRATION (●) AND TEMPERATURE (●) SCALE C.°	F.°
260	41.7	107
250	41.1	106
240	40.6	105
230	40.0	104
220	39.4	103
210	38.9	102
200	38.3	101
190	37.8	100
180	37.2	99
	37.0	98.6
170	36.7	98
160	36.1	97
150	35.6	96
140	35.0	95
130	55	
120	50	
110	45	
100	40	
90	35	
80	30	
70	25	
60	20	
50	15	
40	10	



STOOLS	
INTAKE	
OUTPUT	
SPECIAL MEDICATIONS AND OBSERVATIONS	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Keat, Howard Hilliam

REGISTER NO.: 221-07

WARD NO.: [illegible]

DSNS Astoria, Ore.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

TEMPERATURE—PULSE—RESPIRATION
Standard Form 511

U. S. GOVERNMENT PRINTING OFFICE 16—58205-2

Standard Form 509
Promulgated August 1948
By Bureau of the Budget
Circular A—32

-SPECIAL-
- WATCH -

CLINICAL RECORD | **DOCTOR'S PROGRESS NOTES** (Sign all notes)

DATE

WEST - MM1 - USCG

5-24-52

	INTAKE	OUTPUT	COMMENTS
1400	1/4 GLASS H20		
1830	1/2 CUP JELLO		
1905	1/2 GLASS TOMATOE JUICE		
2030	1/4 GLASS TOMATOE JUICE 1/4 GLASS WATER		
2200	L.E. LAGRANGE HM2 ON WATCH		

[5-25-52] [SUNDAY]

2400	DOANE, K.M. HM3 RELIEVED LAGRANGE HM2 ON SPECIAL WATCH. PATIENT ASLEEP
0005	PATIENT AROUSED, CONSUMED 1/4 GLASS OF H20, NO PARTICULAR COMPLAINTS —
0015	PATIENT ASLEEP AGAIN, WITH OCCAISONAL TALKING IN SLEEP, NOTHING DISTINGUISHABLE.
0030	PATIENT ASLEEP, UNEVENTFUL
0050	PATIENT IS SOMEWHAT RESTLESS, HAD A SHORT COUGHING SPELL, FOLLOWED BY AN INCREASE IN RESPIRATION TO 38.
0100	PATIENT ASLEEP, RESPIRATION REMAINS AT 38 PER MINUTE.
0115	PATIENT SLEEPING, RESPIRATION HAS RETURNED

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | REGISTER NO. | WARD NO. →

(CON'T)

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE	
5-25-52	TO NORMAL (26) WITH THE STOPPAGE
ϕ115	OF COUGHING. PATIENT SEEMS TO HAVE AN EXCESSIVE AMOUNT OF MUCOUSE IN THROAT, WHICH CREATES COUGHING.
ϕ130	PATIENT ASLEEP, UNEVENTFUL.
ϕ140	PATIENT'S RESPIRATION HAS INCREASED TO 38, NO COUGHING, NURSE NOTIFIED.
ϕ150	RESPIRATION HAS DROPPED TO APPROX-30.
ϕ200	TPR + TEMP TAKEN, PATIENT AWAKE RELIEVED OF WATCH BY P.D. AHART HM3 K. Doane HM3
0200	Relieved K. Doane, HM3 of watch. R Ahart HM3
0205	Patient awake. Says he feels better, but still has pain in stomach. Coughs intermit.
0210	Respiration - 26 Patient resting.
0215	Respiration - 28 " "
0230	Patient resting - not full sleep. Resp - 28
0245	Patient still has rasping cough. Respirations up to 32.
0300	100 mgm Demerol IM Patient awake. Says he feels better. Pain in stomach going away. Says he is getting a cold, but temp in O_2 tent OK, Respirations 28-30.
0305	Patient received about 1 ounce of

(cont'd) CLINICAL RECORD | DOCTOR'S PROGRESS NOTES (Sign all notes)

5-25-52 DATE

H_2O (cold)

0315 Respirations -28 Patient asleep,

0330 Respirations - 28 " "

0345 Respiration-28 Patient resting well.

0400 Respiration 28 Sleeping well Relieved at watch by. G.D. Gaskin HN
Paul D. Ahart HA3

0400 Relieved Paul Ahart of the Watch

0400 pt. Resting good M.D. Hankin HN

0415 Respirations 28 - Sleeping

0430 Respirations 28 - Stirring about some Resting

0445 Respirations 30 - Sleeping good

0500 Respirations 30 - Sleeping but Rolling Around some + coughing some.

0515 Respirations 32 - Sleeping

0530 Respirations 32 - Woke up but is Resting good.

0545 Respirations 32 - Resting.

0600 Respirations 32 - Awake - Says he feels better.
Relieved of watch by Watch DK
G.D. Gaskin HN.

0600 Assumed therapeutic [illegible] WHL

0615 Respirations 30 Pt. quiet

0630 Respirations 30 Complains of Gas

0630 ½ glass of water

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: WEST, H. W. MM/USCG | REGISTER NO. | WARD NO.

USNS Infirmary Tongue Point, Astoria, Ore.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

DOCTOR'S PROGRESS NOTES
Standard Form 509

16—55168-2

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE	
0645	Respirations - 30 Complains of Pain in Chest.
0700	Demerol, 100 mg IM. Respirations. 32
0715	Respirations - 30
0730	Respiration - 27
0745	Respiration - 28 P. Resting Quietly, Not Sleeping.
0800	Respiration - 28 Relieved of Watch by Gaskin, G.P. HN L. K. Welch HM2
0815	Respiration 30
0830	Respiration 28 cup of tea. pt seems to be feeling better, & in good spirits
0845	Respiration - 30
0900	Respiration - 30 - Resting.
0915	Respiration 27 - Voided 600 cc Phenobarbital gr ¼
1600 - 1400	Pt had liquid noon meal - retained well keeping most of Pm - fairly comfortable - Phenobarbital gr ¼
~~2000~~	~~Personnel to watch. R Hart HM2~~
	27 May 1952
1800	Harlow, E.A. assumed watch.

U. S. GOVERNMENT PRINTING OFFICE 16—56183-1

Standard Form 510
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD		NURSE'S NOTES (Sign all notes)
DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated, include intake and output, type, amount, and time)
Cont 6-9-52 0655	B.P. 54/64 P 88 T 97.6	R-24 Chow served to pt pt set up & ate a bowl of oat meal & cup of milk. Wanted to have music but no lunch. Feels good except when he moves around.
0715		Pt resting quite again.
0730		Pt. resting well.
0800		Relieved by day crew
	Cont. moist Dressings	
	Aminophyllin grs iv IV 10cc I.V. 2.L.J. 7000 - 1800	
	digitalis 20 mgm. 2.L.J. 7000	
	Phenobarbital grs ss 2.L.J. 2.L.J. 7000 - 1400 - 1800	
	Pen. 300,000 2.L.J. 7000 - 1800	
	Nembutal grs 1SS 2.L.J. 1300	
	dicumarol 125 mgm 2.L.J. 1130	
	Continued hot packs all day	
	B/P 2.L.J. 7000 90/58, B/P 2.L.J. 1400 100/66	
15"		
1530	Codeine gr. ½ c Asa gr. X for general discomfort — Complaining of pain in lower extremity - pain	

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | REGISTER NO. | WARD NO.

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
1530		Gradually going up & Right + groin. P.T. appears very kind – Pulse 100 – fair quality. P.K.

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Standard Form 510
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **NURSE'S NOTES** (Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated, include intake and output, type, amount, and time)
Continued 6-7-52		Pt. is complaining of a rash and states that it ~~it~~ is rather uncomfortable pt. also states that he is unable to take the suppositories. Comp.
~~1800~~		Younger assumed watch
2000		Watch assumed by Harlee, E.A. complaining of pain - more than the usual - he says - in his left leg.
2130	Nembutal gr. 1/1ss H.S.	
2155	B.P. 98/72	
2200		Relieved special watch Grebin L.P.N.
2210		pt. complaining about pain going up into groin.
2220	Demerol 100 mg im	Given for pain.
2300		pt. restless. cannot go to sleep
2345	Morphine 1/6 gr	given for pain.
2355		Relieved of watch by Jackson R.B. Goshen L.P.N. assumed special watch, pt. resting quietly

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | REGISTER NO. | WARD NO.

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
2430		pt. resting quietly
0100		pt. resting quietly
0130		pt. resting quietly
0150		relieved of special watch by Thomas J AM3 W K Lock
0155		Relieved the watch from Jack. HN
0230		Pt. resting well
0235		Pt. awake and complaining of pain in Lt. lower leg hot water bottle applied.
0300	M.S. gm ¼ for pain	Pt. complaining of headaches
0330		Pt. resting now.
0400		Pt. resting, Relieved from watch by Mc Lean HN
0430		PT. resting well
0500		PT. resting well
0530		PT. resting well, no complaint of pressure pain, some labored breathing
0600		NO CHANGE IN PT.
		Relieved from watch by PERRY HN3
0600		assumed the watch
0630		Pt. still resting
0645		Pt. awake, says he feels pretty good but Lt leg still hurts a little.

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Standard Form 510
Promulgated August 1942
By Bureau of the Budget
Circular A—32

CLINICAL RECORD

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated, include intake and output, type, amount, and time)
6-4-52 1800	Demerol 100 mgm - 2cc abd. & chest pain -	
	streptomycin .5 gm - 10/00 - 1800	
	Penicillin 300,000 u - 10/00	
	Aminophyllin gr iv I.V. 10/00 - 1800	
	Digitalis 90 mgm - 10/00	
1200	Sgt Diet - salt free - Appetite Fair -	
	Demerol 100 mgm - q 4 hrs. today -	
	10/00 - 14/00 - 1800 -	
1530		Fair Day
1800	Demerol 100 mgm I.M.	Pt. rather depressed
	Phenobarb. 33 gr. ii	To-day.
	Mucotin tabs II	
	Pen. 300,000 U.	BP 118/88 J. L. V.
6-5-52 0600		BP 94/80 98 4-108-20
6/6/52	Streptomycin .5 gram - 10/00 - 1800	
	Penicillin 300,000 u - 10/00	
	aminophyllin gr iv I.V 10/00 - 1800	
	Digitalis 90 mgms - ~~q 4 hr~~ - 10/00	
1200	Sgt Diet - salt free - appitit Fair.	
	~~Phenobrab 33~~ gr.	
	Mucotin tabs. ii	
	Pen. 300,000 U.	

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West, Howard | REGISTER NO. | WARD NO.

USNS T.U. Astoria Oregon
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
6/5/52 2000	Aminophylline gtt IV Penicillin 300 m.u. Mucotin tabs ii Phenobarb. gr ss 1800 Streptomycin Gm. 0.5 not available.	Pt. comfortable. Boyster.
6/6/52 0715	Reserpine 50 mgm IM 1000 - 2000 - 0200 Dicumerol 200 mgm 1000	Pt. complains of poor circulation in left leg & pain & cold. — BP 80/60 pulse: 116 M1000 notified —
6-7-52.	Penicillin 300,000 u 1000 aminophyllin gr 7½ = 1000 - 1800 Digitalis 90 mgm - 1000 Dicumerol 100 mgm. 1000 salt = salt free diet 1200	1000. care Pt. appears to feel much better this A.M. very little pain in Lt. leg = X 3 - appetite improving = comp = A.M.
6-8-52	Pen. 300,000 u. 2 L.I. 1000 aminophylin gr. 7½ gr tabs suppositories 2 L.I. 1800 Digitalis 90 mgm. 2 L.I. 1000 Dicumerol 100 mgm 2 L.I. Phenobrab. ½ gr. 1000-1400-1800 continued	B/P @ 1000 88/62, B/P @ 800 70/40

Standard Form 510
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated, include intake and output, type, amount, and time)
5-31-52		
1000	BP 100/65 98-80-20	
	Penicillin 300,000 u q	
	Streptomycin 1 cc.	
	Aminophyline gr. VII I.M.	
1400	BP 110/65 98⁶-88-18	
1800	BP 100/65 98²-80-24	Pt. seems to complain of some gas on the stomach. W.D.
2000	Aminophyline gr. VII I.V.	
2200	Nembutal 1½.	
6-1-52 0115 0700	Digitalis 90 mg. O.D	BP 84/66 99⁶-90-24
	Phenobarbital gr 55 T.I.D.	BP 82/60 97⁸-84-20
1200	Aminophyllin gr IV. I.V.	BP 90/68
1800	Penicillin 300,000	BP 86/65 Pt had a good day.
	Units @ 1000 & 1800	
	Tinct Belladonna gtts X T.I.D.	
	Mycolin Tabs II Q.I.D.	
2100	Nembutal gr iss for sleep.	
6-2-52 0600	Tinct Belladonna gtts X	slept well
1000		T. 98 P. 80 R. 24 B.P. 94/70
		No Complaints
1400		Temp. 97² Pulse 96 Resp. 20
		BP 70/50

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | REGISTER NO. | WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
6-2-52 1800 continued	Digitalis 90 mgm.	B/P 96/72
~~2100~~	~~Nembutal gr 1 1/2~~	No Complaints
		~~J. L. T.~~
1800	Pen. 300,000 U.	
1800	aminophyllin gr 1/2 IV	By Dr. Bradley M.O.D.
	10 cc I.V.	
		J. L. T.
2100	Nembutal gr 1 1/2	
6-3-52 0800	sgt. Diet salt free	appetite improved
	Penicillin 300,000 U - 10/00 (C.D.)	
	streptomycin 15 mgm - 10/00 (C.D.) - 1800	
	aminophyllin gr 1/2 IV (I.V.) 10/00 (C.D.) - given by Dr. Amend =	
	Digitalin 90 mgm - 10/00 (C.D.)	
1300		sleeping at intervals -
	B. P. 96/72	C.D.
1800	Penicillin 300,000. 1800	Pt. in good spirits. Tray.
	Aminophyllin gr 1/2 IV 1800	
	Nembutal gr 1 1/2 1800	
6/4/52 0800		Pt. awakened - vomited approx.
		600 cc. of fluid which consisted
		in the most part of the eggs for
		breakfast. Taylor

U. S. GOVERNMENT PRINTING OFFICE 16—56175-1

Standard Form 510
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | NURSE'S NOTES (Sign all notes)

DATE AND HOUR 5-29-52	MEDICATION—TREATMENT	OBSERVATIONS (When indicated, include intake and output, type, amount, and time)
1400		Temp-100 Pulse 100 Resp. 28 BP 112/70
		Breathing well
	Phenobarbital gr ~~ss~~	
1700		Evening chow- light meal PDa
1730	Brown's Mixture 1/2 oz.	For cough
1800	Penicillin 300,000 u.	IM Temp-100.4 Pulse-100
	Aminophylline 10cc	IV Resp-28 BP 104/70
	Phenobarbital gr 1/2	Oral Resting well PDa
	Digitalis 90 mgm	Oral
	Pyribenzamine mg.	Oral
1930		Patient resting well
2100		Patient voided-resting well.
2125	Mercotin 2 tab PDa	Patient complained of gas. PDa
2130	Demerol ~~50~~ mgm PDa	
2200		Temp-100.4 Pulse-82 Resp 30
		BP 106/70 PDa
2230	Nembutal gr ~~1½~~	
2400	Digitalis 90 mgm gr 1½ / Pyr. benzamine 50 mg.	ORAL PAT. ~~NAME~~ AWAKENED to give pills
0200	Brown's Mixture	Coughing quite a lot
		Temp 99.6 to 100-32 BP 98/68
0630	Slept better than he has in the long time	Temp 97.6. 98-24 BP 84/68

(continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West Howard | REGISTER NO. | WARD NO. L

USNS Fatimaca Tongue Point Astoria
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—56173-2

NURSE'S NOTES
Standard Form 510

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
0600	Pentobarbital Pentobarbital 50 mgm Digitalis 1½ gr (90 mgm) + gtts Belladonna in Water	
5-30-52 1100		BP 96/70 pt. resting -
	Aminophyllin gr iv	given by Dr. Miller MD.
1800	Aminophyllin gr iv	given by Dr. Miller MD.
	Brown's Mixture 3ss	
1800		B/P 98/74 - patient resting - has no pain
2100	Digitalis grss daily Belladonna gtts x iii H.O. ac - 1000 - 1430 BBZ. gr 4½ - Penicillin 300 M.O. 10-p Demerol grss instead of Demerol 100 mg. per 1000. Dr. Miller - Douglas -	pt. quiet and no complaints - pt pulse & BP. normal & constant — Douglas -
5-31-52 2400	Digitalis gr ss 5-31-52 0600 Pentobarbital 50 mgm	1800 - 2430 - 0600
0115		Temp 99.6 - 95 - 28 BP - 98/68
0630	Digitalis gr ss Pentobarbital 50 mgm gtts Belladonna	temp 98 - 96 - 28 BP 98/68

Standard Form 510
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated, include intake and output, type, amount, and time)
1630		Relieved Assessor of the watch. E. Fielder (Hm 2
1700		Pt. resting - No complaints
1800	Mucotin tab i	
	Pinicillin 300,000 u.	T - 100 - 80 - 26
	Browns Mixture 3ji	Pt. resting well.
	Streptomycin 15 mgm.	
1900 ~~1700~~		Pt. resting. States that he
		feels much better.
1960		Changed oxygen tanks.
2020		Pt. had cup of milk.
2005	BP 104/84 - 100-86-26	
2200	Nembutal grs 1/150	Relieved Fielder of the watch
	Mucotin tabs ii	by H. Holliday,
2230		Pt. Sleeping
2300	Browns Mixture 3ji	
2400	BP 106/82 - 99-92-28	Relieved Holliday of
		WATCH. Elwood,
		PT RESTING WELL.
0100		pt complains of cold.
0200		RELIEVED OF WATCH.
0300		Assumed the watch from Cook.
		Pt. RESTING well.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Hart, Howard | REGISTER NO. | WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—56173-2

NURSE'S NOTES
Standard Form 510

NURSE'S NOTES

(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
5-29-52 0300		Pt. asleep & resting well.
0315	Brown Mix. 1 oz	For cough.
0315		B.P. 90/66
0400		Pt. resting well. Relieved of the 0200 to 0400 watch E. L. Johnson HM3
5-29-52 0400		Relieved Johnson of the watch C. G. Pettit
0410	B.P. 109/80 T 99 P 96 R 24	
0420	Changed tanks on oxygen machine	Patient took some grape juice 200 cc
0500		pt. resting well is hungry.
0600	T 99 P 96 R 32	pt did not void.
	Tr. Belladonna 10 gtts. 1 tab of Tyribenzamine	Relieved of watch by Calder HM2
0700		Pt. Resting. Had Milk toast for breakfast.
0755		Relieved of the watch. S.D.C.
0900	Aminophyllin gr ss IV I.V. 1000	Taken out of oxygen tank Bathed, Temp 99° Pulse 88 Resp 28 99/24
1200		Temp. 101° Pulse 100 Resp 28 BP. 110/70
1210		Ate a good meal.
1230	Digitalis 10 mgm Tyribenzamine 50 mgm	Oral

U. S. GOVERNMENT PRINTING OFFICE 16—56178-1

Standard Form 510
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated, include intake and output, type, amount, and time)
2300		Relieved the watch D. H. Halliday
		Pt. Sleeping
2400		Relieved the watch - A. Durrell
		Demerol 100 mgm. given. BP 100/65
0200		Relieved the watch. R. Cook
0400	Demerol 100 mgm given	Relieved the watch Self.
	B/P 104/70 T 99 P. 88 - 20	Pt. coughing Periodically.
0500		Pt. resting well.
0600		Pt. Sleeping. Relieved by Pettit.
0615	Belladonna gtts x	Pt Awake Washed & ready for breakfast
1400		Temp. 101.4 Pulse 86 - Resp. 24
		BP 112/72
5-27-52 1800		Watch assumed by Harlee, E.A. HM2
1800		B.P. 98/72 T. 101.6 P. 104 R. 24
1800	Pyribenzamine 50 mgm	
1800	Browns mixture ℥ii	PRN. for cough.
1800	Penicillin 300,000 u.	I.M.
	Phenobarbital 50 mgm.	
1900		Visiting with family
2015	Streptomycin 1 gm.	b.i.d. P.M. Care.
2115		Sleeping

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West, Howard William
REGISTER NO.: 321-071
WARD NO.: 1

USNS Astoria Ore.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

NURSE'S NOTES
Standard Form 510

16—50173-2

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
5-27-52		
2145	Demoral 100 mg. H.S.	
		Harlee, E.A. relieved of watch by ward night corpsman.
2200	pt is sleeping	
2330	pt is awake complains of gas on stomach, is able to belch up some.	
5-28-52 0020	BP 110/80 still awake with gas	Prophenamine 50 mgm 1206-1/2-6
0215	voided 225cc	Demerol 100 mg
0345	Browns Mixture for cough	
0630	BP 102/64 97.4	106-24 Still has some gas this A.M.,
5-28-52	Soft diet	Temp. 99 Pulse 80 Resp. 28
	BP & TPR	BP 118/90 (0920)
0930 SJ	~~0930~~ 0920: 118/90	98-80-28
1200 SJ	~~1200~~ 100/90	99-88-28 Pale Pink in oxygen tent, Resting Well
1600	~~1600~~ 102/90	100.8-84-28 Resting frequently, No Complaints
	2000:	
	Streptomycin 1.5 mgm	
	1200 - 1800	
	Penicillin 300,000u	
	1000 - 1800	
	Aureotin Cat I	
	1200 - 1400 - 1600 - 1800 - 2000	

U. S. GOVERNMENT PRINTING OFFICE 16—56173-1

Standard Form 510
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD		NURSE'S NOTES (Sign all notes)
DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated, include intake and output, type, amount, and time)
5-21-52	Nembutal gr i SS ~~x~~ 2-6-10	
	Bell. gtts. x before	
	each meal	B/P @ 1000 86/70
		B/P @ 1400 104/80
		Good day
		B/P @ 1800 72/54
5-22-52	Nembutal gr i SS	B/P @ 1000 82/68
	@ HS only	B/P @ 1400 86/70
	Bell. gtts x before	
	each meal	
5-24-52	Nembutal gr i SS	B/P @ 1000 92/64
	@ h.s	B/P @ 1400 84/68
		Good day
5-24-52		B/P @ 1800 104/70
1030	Demerol 50 mg	
1205	Demerol 50 mg	
1400		B/P @ 1400 106/80
1500	Demerol 100 mgm.	
1800		B/P @ 1800 104/80
1900	Demerol 100 Mgm.	for pain
	Belladonna gtts X before	
	each meal	pt put in Oxygen tent at 1840, resting a little better, still

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West, Howard William | REGISTER NO.: 221-071 | WARD NO.: cmf.

USNS Astoria, Arc.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

NURSE'S NOTES
Standard Form 510

16—56173-2

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
5-24-52		has pain in stomach.
5-24-52 2200		Relieved by special Watch on West by La Grange Hm2 B. F. McMullen.
2200	T. 98.2 - P. 120 R. 24 B.P. 110/82	Pain in stomach persists.
2300	Demerol 100 mgm.	
5-25-52 1200	Demerol 100 mgm.	
1915		Voided 300 cc
1730		Voided 100 cc. feeling better this afternoon, has less gas pains. Resting quiet.
	Phenobarbital 30 mgm Tid ~~X~~-2-2	
	Demerol 100 mg q 4h	~~12-7-8~~ - 12-4-8
	Blood P. + P + Resp q 4h	feeling better, Resting - seems worried all day but had a pretty good day.
2900	Nembutal gr ½	pt. drank cup of tea at 1630
5-25-52		Catabe of 300 cc H_2O Measured the water - R. Ahart HM3
		Relieved by special watch G. D. Hoskin HN

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Standard Form 510
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By Bureau of the Budget
Circular A—32

CLINICAL RECORD

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated, include intake and output, type, amount, and time)
5-25-52		
2200		Relieved GasKin for special watch - P. Hart HM3
2230		T 98 R 60 - TPR. Patient is resting well.
2300		Patient asleep - resting well.
2330		Resting well.
2400	Demerol 100 mgm	IM Patient restrigneed. Relieved of watch by Mr. McMillon. P. Hart HM3
2400	cough mixture 1 teaspoon full	Relieved Paul D. Abert on Special Watch
0030		patient is asleep.
0100		patient is still asleep
0130		patient is sleeping
0200		BP 100/90 P 088 Resp 26
		Relieved of special watch by Welch D Hm2 on Resumed the watch D. R. Williams
0230		Pt awake + Coughing
0300		Pt restless, Awake + Coughing
0330		Pt awake, Coughing, ½ glass H2O
0400	Demerol 100 mg IM	Relieved of watch by McLean
	Brown Mix. 3i	D. R. Welch HM2

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West, Howard William

REGISTER NO.: 231-071

WARD NO.: 1

USVS Victoria Ore.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—56173-2

NURSE'S NOTES
Standard Form 510

NURSE'S NOTES
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
0430		PATIENT RESTING WELL
0465		PATIENT HAD ½ GLASS OF WATER, INTERMITTENT COUGHING.
0530		PATIENT AWAKE, CONTINUED COUGHING.
0600		PATIENT IS QUIET
0600		RELIEVED OF WATCH BY K. DONNER HM3
0600	BP 110/66	ASSUMED THE WATCH, PATIENT IS NAPPING, NO COMPLAINTS AT THE PRESENT TIME.
0615	TPR TAKEN	TEMP-98.2 PULSE-100 RESP-28
0640		MORNING MEAL SERVED LIQUID DIET. - Pt. Took glass of Milk for breakfast.
0700		PATIENT IS AWAKE, NO COMPLAINTS AT PRESENT
0720		Resting-comfortable
0745		Resting quietly
0800		watch taken over by Ward
1400		Resting quietly Temp 98° Pulse 108 Resp. 24
		5 Mg Demerol
1800		Demerol Temp 99.6 Pulse 100 Resp. 24
		Resting frequently

U. S. GOVERNMENT PRINTING OFFICE 16—50173-1

Standard Form 510
Rev. Feb. 1951
Promulgated
By Bureau of the Budget
Circular A—82

CLINICAL RECORD | **NURSING NOTES** (Sign all notes)

DATE	HOUR	MEDICATION—TREATMENT	OBSERVATIONS
5-12-52		Nitro glycerine gtt 1/100 gr 1/4 for pain	Pt. still complaining of lots of gas pressure and lots of discomfort
	1600	Nembutal gr iss IM	
	2045	Nembutal gr iss IM	
		Demerol 100 mgm.	
		Bell. gtts VI gr 1/4	
5-13-52	0230	Demerol 100 mgm	
		Bell. gtts VI	Pt. still having gas & a bit of discomfort
		gr 1/4 given	
		Nembutal gr iss	
		gr 1/4 given	
		Nitro-glycerine	
		gtt 1/100 gr 1/4	
		given	
5/14/52		Penicillin 300 mgm q 4 hrs	Was quite uncomfortable this
		Streptomycin gm ss q 6 hrs	morning but says he feels
		after planting abdominal much better this afternoon.	
		Nembutal gr iss q 4-6 hrs PRN	
5-15-52		Bell. gtts VI	Pt. much better
		q 4-6 10-2	
		Nitro glycerine gtt 1/100	
		gr 1/4.	
		Streptomycin gm. ss q 4-6-	

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West, Howard William | REGISTER NO.: 221-071 | WARD NO.: [illegible]

USNS Astoria, Arc.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

NURSING NOTES
Standard Form 510

16—56173-3

NURSING NOTES
(Sign all notes)

DATE	HOUR	MEDICATION—TREATMENT (Specify time)	OBSERVATIONS (Specify time)
5-15-52		Pen. 300,000 IM-6	
5-17-52	2400	Nembutal gr iss ½ oz Mineral oil	
		Loss Enema quiet this AM.	84/64 B.P fast full & full & fine
	1000		85/70 B.P.
			B/P @ 1600 106/74 B/P @ 1800 98/64
[redacted]		[redacted]	B/P @ 2200 100/66
5-18-52		Nembutal gr iss @ bedtime Bell. gtts. X before meals given	B/P @ 0600 82/62 Slow & steady
			B/P @ 1000 96/68 good beat
			B/P @ 1400 96/64 good beat
			B/P @ 1800 88/60 good & slow
			[redacted]
			B/P @ 2200 82/62 good beat
			Pt. Complains of diarrhea no Rx advised
5-19-52		Nembutal gr iss X-2-6-10 Bell. gtts X before each meal given	B/P @ 1000 84/58
			B/P @ 1400 86/60
			No diarrhea to-day good day
5-20-52		Nembutal gr iss X-2-6-10 Bell. gtts. before Meals	B/P @ 1000 70/52
			B/P @ 1400 86/62
			Same day
			B.P. @ 1800 86/64
			BP @ 1000 88/60

U. S. GOVERNMENT PRINTING OFFICE 16—56173-3

Standard Form 510
Rev. Feb. 1951
Promulgated
By Bureau of the Budget
Circular A—32

TPR + Temp @ 4H

CLINICAL RECORD | **NURSING NOTES** (Sign all notes)

DATE	HOUR	MEDICATION ~~TREATMENT~~ TEMPERATURE	BLOOD PRESSURE ~~OBSERVATIONS~~
5-24-52	1800	98 - 88 - 24	102/80
	2200	98² - 120 - 24	110/82
SUNDAY	——	TPR	BLOOD PRESSURE
5-25-52	0200	98⁴ - 112 - 28	112/86
	0600	98² - 108 - 32	104/82
	1000	98 - 90 - 24	102/80
	1400	98⁴ - 98 - 30	104/~~82~~
	1800	99⁴ - 100 - 36	112/84
	2200	99⁶ - 104 - 32	120/84
5-26-52	0200	99 - 88 - 26	100/78
	0600	98² - 100 - 28	110/66
	1000	98⁸ - · · 28	
	1400	98⁵ - 108 - 24	98/70
	1800	99⁴ - 100 - 24	94/70
	2200		
5-26-52	2015	Milk of Mag. ℥i	
5-27-52	0800	99 - 88 - 24	82/70

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: WEST MMI USCG | REGISTER NO. | WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—66173-3

NURSING NOTES
Standard Form 510

NURSING NOTES
(Sign all notes)

DATE	HOUR	MEDICATION—TREATMENT (Specify time)	OBSERVATIONS (Specify time)
6-6-52	2130	Nembutal gr. 1½	
6-6	2300		Resumed the watch. Pt. resting well. A. Fiddler Hmn2
			Upon resuming the watch Mrs. West informed me that the patient is very dejected and feels that he will never pull out of this, and that death is certain. Mrs. West requested paper of forms so that as will could be made out. Night Nurse Notified.
	2300		Pt. resting well. Sleeping. Appears to be breathing easily. Respirations 30.
	2400		Relieved of the watch by D. Holiday. A. Fiddler Hmn2 →
	2400		RELIEVED THE WATCH PT. SLEEPING & GAVE P.T. WIFE A.P.C.
	2430		PT. SLEEPING
	0100		PT. SLEEPING. BREATHING O.K.
	0130		PT. SLEEPING
	0200		RELIEVED OF THE WATCH BY GASTON
	0200	Heparin 5 mgm I.V.	q 8 h. given I.V. by doctor Bradley.
	0230		pt. resting, asked for ankles blanket.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—50173-3 †

Standard Form 510
Rev. Feb. 1951
Promulgated
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **NURSING NOTES** (Sign all notes)

DATE	HOUR	MEDICATION—TREATMENT	OBSERVATIONS
6-7-52	0300		pt. sleeping, breathing good.
	0330		pt. asleep - color & breathing ok.
	0450		Relieved of watch by Pettit E. SHN42 G.D. Jostin HN
	0400		Pt asleep, color + sleeping
	~~0430~~		ok
	0700		Pt resting well
	0500		Pt sleeping well
	0530		Pt has slept very well
	0600		Pt still sleeping, relieved of obs watch by Johnson, E.L. HN02
	0615		BP 98/84 T-98.2 P-100 R-32
	0630	Soft diet	

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | REGISTER NO. | WARD NO.

Standard Form 520
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **ELECTROCARDIOGRAPHIC REPORT**

PREVIOUS ECG ☐ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE
49	mkd	W				D.K. Ammons	5-29-52

RHYTHM: Regular Sinus

AXIS DEVIATION (QRS): Left.

RATES: AURIC. 100 VENT. 100

INTERVALS: PR .12 QRS .06 QT

P WAVES: notched interval normal

QRS COMPLEXES: Diphasic V1 - Low voltage

RS—T SEGMENT

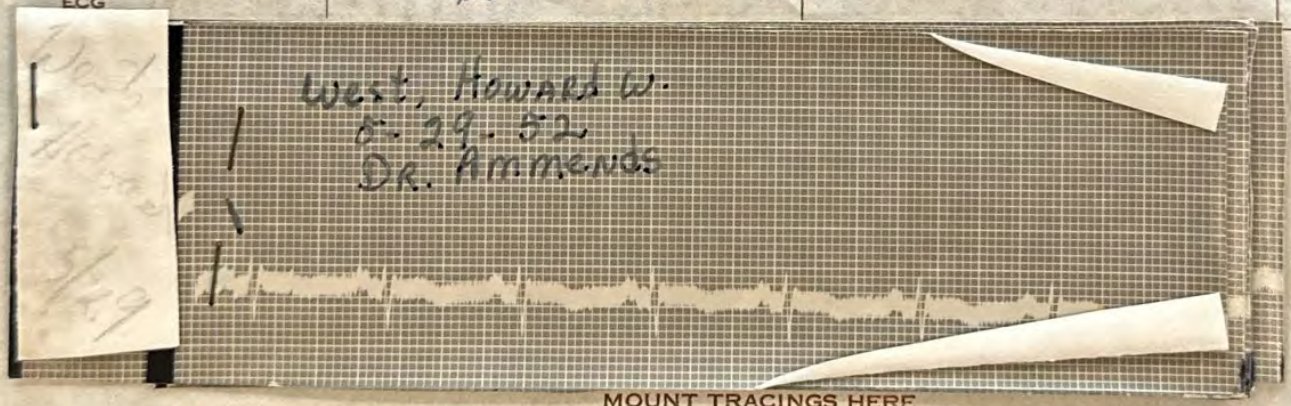
T WAVES: inverted 1-2-3

PRECORDIAL LEADS (Specify): inverted V4-6 slurring QRS VR3-X-1 Y-2

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Post myocardial infarction with generalized irritability. QRS slightly increased in voltage over previous Record

NO. ECG	SIGNATURE	TITLE	DATE
	D.K. Ammons		



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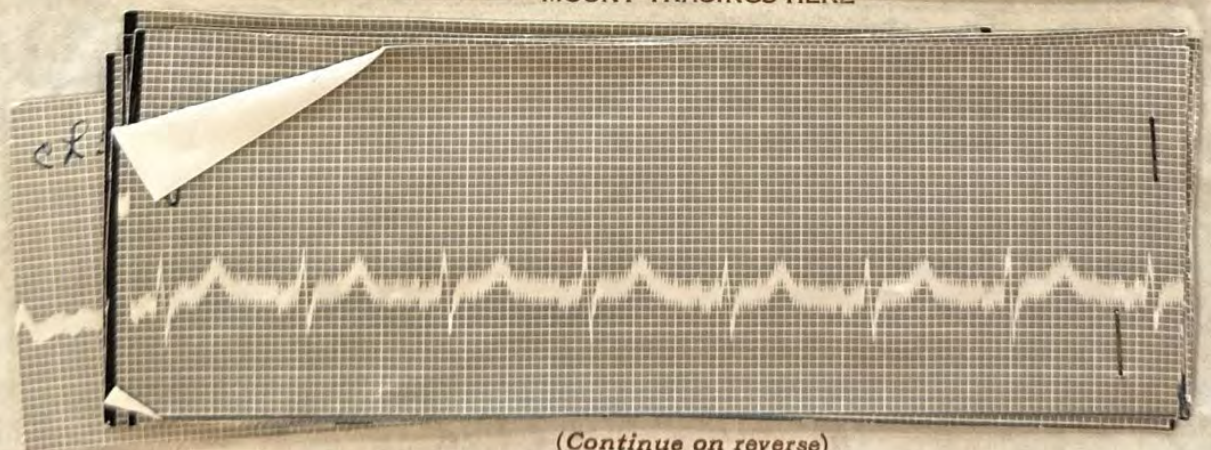


(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
West, Howard W.		

Infirmary, Tongue Point
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

U. S. GOVERNMENT PRINTING OFFICE 16—50200-2

Standard Form 520
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | ELECTROCARDIOGRAPHIC REPORT

PREVIOUS ECG ☐ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN

DATE 5-26-52

RHYTHM Regular sinus

AXIS DEVIATION (QRS) left.

RATES AURIC. ~~60~~ 100 VENT. ~~60~~ 100

INTERVALS PR .08 QRS .05 QT .28

P WAVES .06 normal

QRS COMPLEXES W and N forms. with low voltage.

RS—T SEGMENT

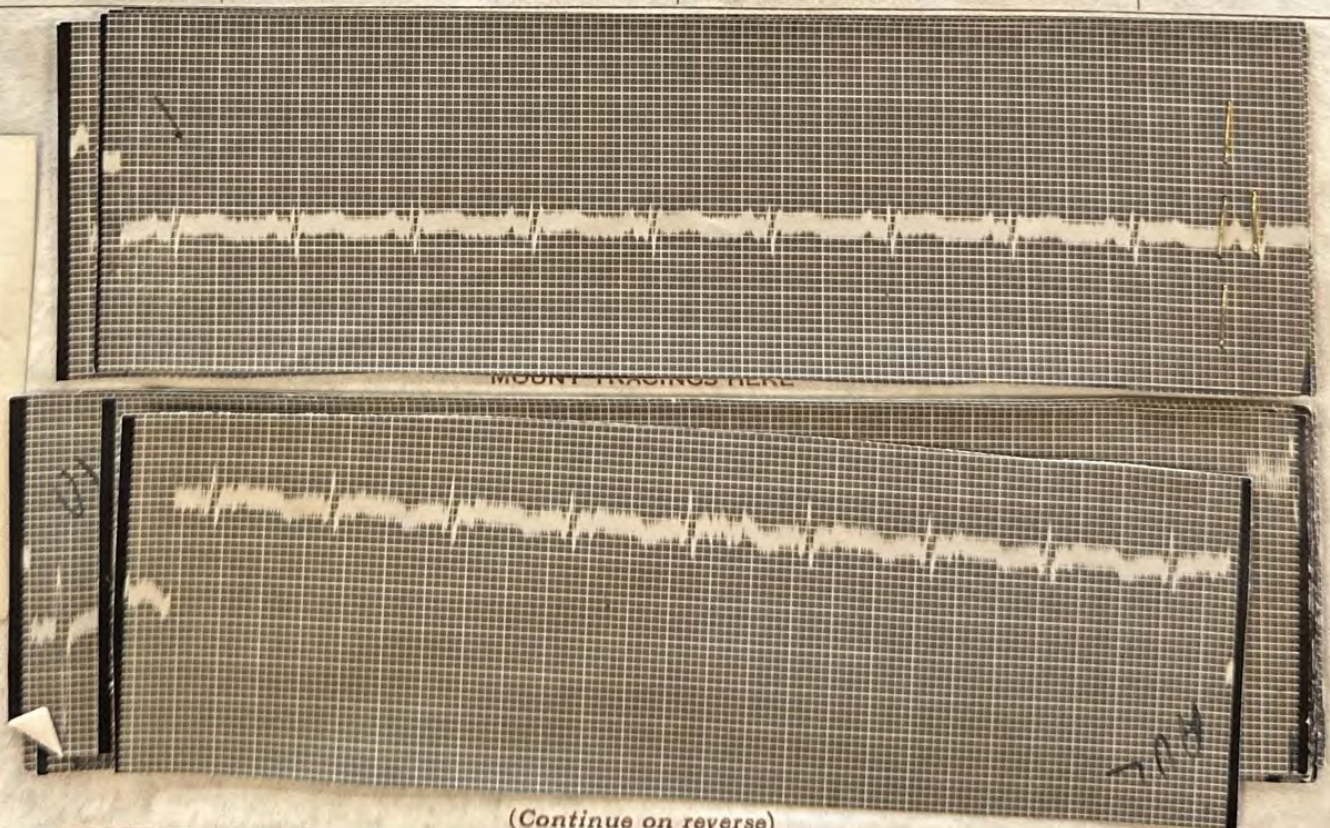
T WAVES inverted low voltage in 2-3-4-5

PRECORDIAL LEADS (*Specify*)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Essentially unchanged E.C.G. - Evidence of myocardial infarction

NO. ECG	SIGNATURE	TITLE	DATE
5-28-52	D.P. Amend	Ward Med Off.	



(*Continue on reverse*)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
West, Howard W.

REGISTER NO.

WARD NO.

Infirmary, Tongue Point
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

U. S. GOVERNMENT PRINTING OFFICE 16—56209-2

Standard Form 520
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **ELECTROCARDIOGRAPHIC REPORT**

PREVIOUS ECG ☐ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE
							5-26-52

RHYTHM: Regular Sinus

AXIS DEVIATION (QRS): RT.

RATES: AURIC. 100 VENT. 100

INTERVALS: PR .08 QRS .05 QT .28

P WAVES: .06

QRS COMPLEXES: BI PHasic N AND W Type.

RS—T SEGMENT: 1 mm Elevated

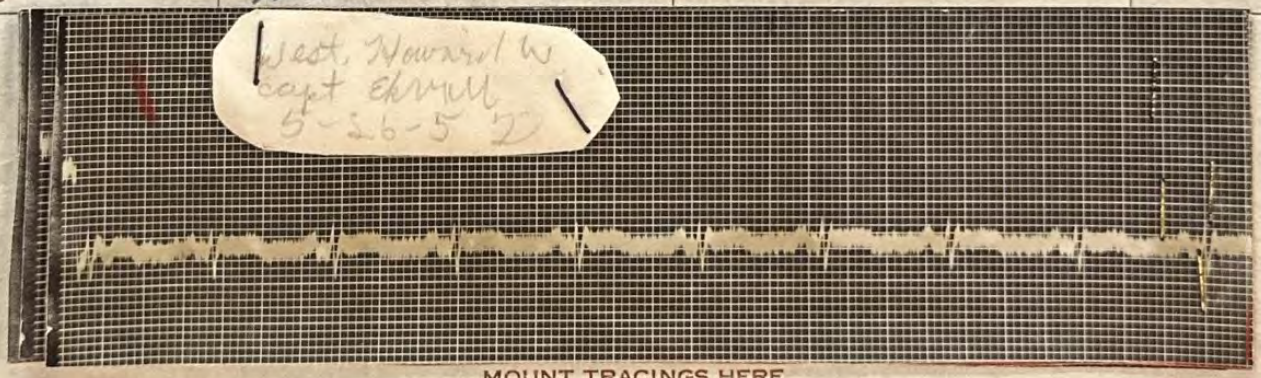
T WAVES: BUT ALMOST ISOELECTRIC INVERTED IN 1-2-3 AVR & AVF.

PRECORDIAL LEADS *(Specify)*

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

low potential dorsal show T wave inversion, but it is still present, but felt to be rising o-

NO. ECG	SIGNATURE	TITLE	DATE
	H. R. Amend		



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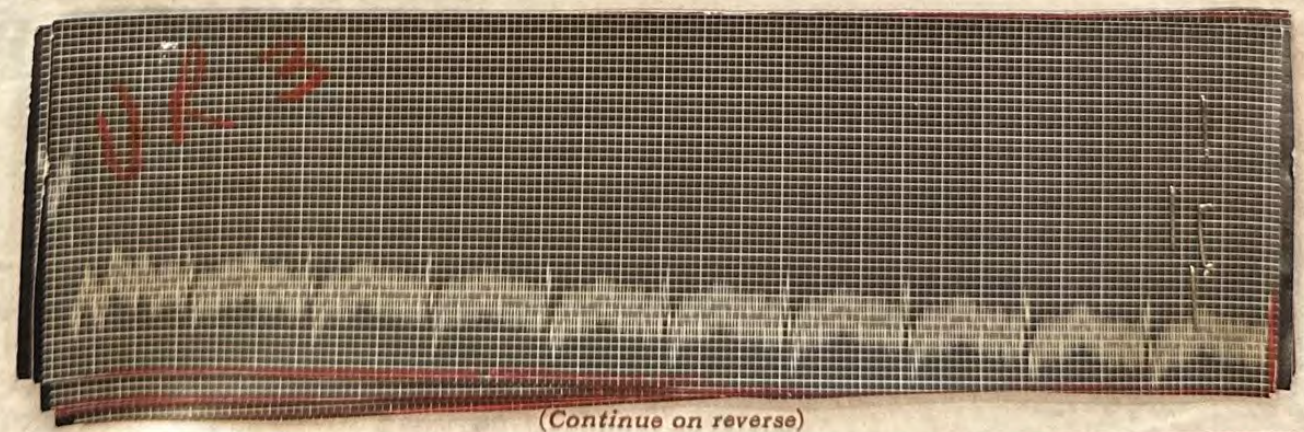


(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
West, Harold W.		

Infirmary, Tongue Point
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

U. S. GOVERNMENT PRINTING OFFICE 16—58209-2

Standard Form 520
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD — ELECTROCARDIOGRAPHIC REPORT

PREVIOUS ECG: [X] YES [ ] NO

CLINICAL IMPRESSION

MEDICATION: Pt. receiving Terramicin

[ ] EMERGENCY [ ] BEDSIDE
[X] ROUTINE [ ] AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE
48	m		5ft 10½	175	90/60		5-22-52

RHYTHM

AXIS DEVIATION (QRS)

RATES — AURIC. VENT.

INTERVALS — PR .1 QRS .3 QT

P WAVES: .4 normal

QRS COMPLEXES: Slight slurring noted & low voltage

RS—T SEGMENT: depressed in V3 but other normal

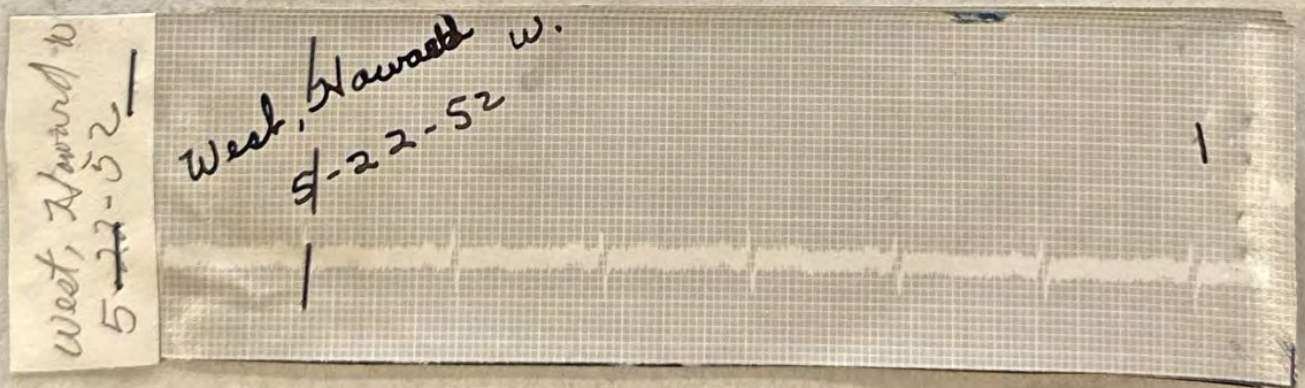
T WAVES: inverted in 2-3 leads V-4-5-6

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Slight slurring of QRS and inverted T waves persists but shows evidence of improvement over old EGG.

NO. ECG	SIGNATURE	TITLE	DATE
	R.P. Amend	LT. MC. WARD OFF.	5-22-52


West, Howard W.
5-22-52
West, Howard W.
5-22-52
1
1
1

Standard Form 520
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **ELECTROCARDIOGRAPHIC REPORT**

PREVIOUS ECG: [X] YES [ ] NO

CLINICAL IMPRESSION: acute coronary thrombosis

MEDICATION: sedation

[ ] EMERGENCY [ ] BEDSIDE
[X] ROUTINE [ ] AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN
						D.R. Amend

DATE: 5-19-52

RHYTHM: Regular sinus

AXIS DEVIATION (QRS): left

RATES: AURIC. 70 VENT. 70

INTERVALS: PR .8 QRS .3 QT .11

P WAVES: normal

QRS COMPLEXES: biphasic throughout

RS—T SEGMENT: depressed in lead C-L-1-2-3-4

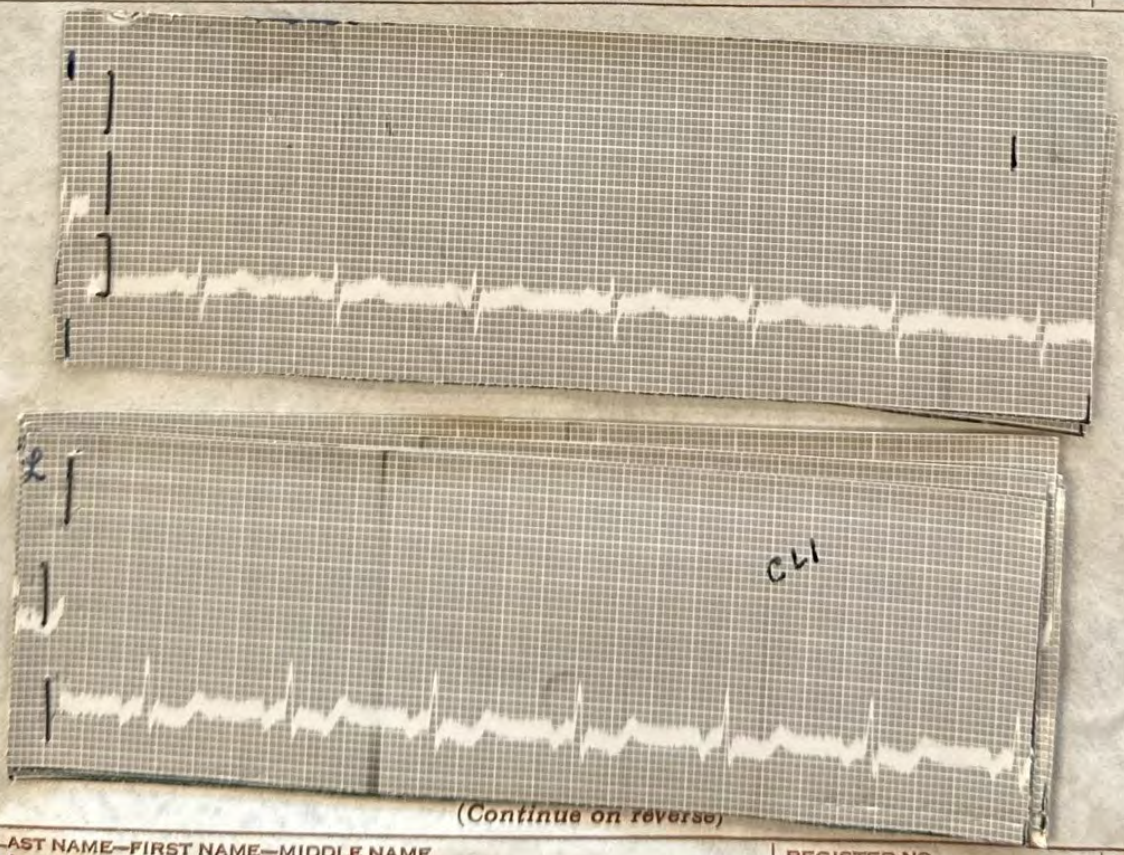
T WAVES: inverted in 2-3

PRECORDIAL LEADS *(Specify)*

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Biphasic QRS and depressed S-T segment along with inverted T waves give evidence for acute coronary thrombosis with slight improvement.

NO. ECG	SIGNATURE	TITLE	DATE
	D.R. Amend	CT MC	5-20-52



(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: West, Howard, W.

REGISTER NO.

WARD NO.

Infirmary, Naval Base
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)
Tongue Point
Astoria, Oregon.

U. S. GOVERNMENT PRINTING OFFICE 16—56200-2

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

Standard Form 520
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **ELECTROCARDIOGRAPHIC REPORT**

PREVIOUS ECG ☐ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE
33	M						

RHYTHM

AXIS DEVIATION (QRS)

RATES AURIC. VENT.

INTERVALS PR QRS QT

P WAVES

QRS COMPLEXES

RS—T SEGMENT

T WAVES

PRECORDIAL LEADS *(Specify)*

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Post Myocardial Infarction, Acute

NO. ECG

TI

E

-15-52





T TRACINGS

tinue on reverse

PATIENT'S LA

West, Howard W.

REGISTER NO. Serviceman

WARD NO.

Infirmary, Naval Base
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)
Tongue Point, Astoria, Oregon

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

U. S. GOVERNMENT PRINTING OFFICE: 16—50209-2

Standard Form 520
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **ELECTROCARDIOGRAPHIC REPORT**

PREVIOUS ECG ☐ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE

RHYTHM

AXIS DEVIATION (QRS)

RATES
AURIC. VENT.

INTERVALS
PR QRS QT

P WAVES

QRS COMPLEXES

RS—T SEGMENT

T WAVES

PRECORDIAL LEADS *(Specify)*

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Post Myocardial Infarction c extension
Ant Lat. — The latter if persists is the pattern
of Vent. aneurysm

...iller - Emergency.

TITLE

12-52

MOUNT TRACINGS HER

(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
West, Howard W.

REGISTER NO.

Infirmary Tongue Point
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)
Astoria, Oregon

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

U. S. GOVERNMENT PRINTING OFFICE 16—58209-2

NCG-2522 *

3773

Case jacket

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard William	221-071	MM1	North Head Light Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place MEDICAL DEPARTMENT U.S. NAVAL STATION TONGUE POINT OREGON, Date June 8, 1952

To: CinC North Head Light Station
(Coast Guard unit)
Ilwaco, Washington
(Address)

The above-named patient was ~~discharged~~ transferred from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
CORONARY THROMBOSIS, ARTERY	(4702)	5-12-52	6-8-52

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

This man was transferred to the USPHS Hospital, Seattle, Washington, on 8 June, 1952.

CONDUCT REPORT:

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

D.R. Amend
D.R. AMEND LT MC USNR

U.S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

WEST, Howard William 221-071 MM1 North Head Light Sta.
(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at INFIRMARY, U.S.N.S. TONGUE POINT, ASTORIA, OREGON {*office / *hospital} at USNS TONGUE POINT, ASTORIA ORE. for CORONARY THROMBOSIS, ARTERY
(Diagnosis) since 5-12, 19 52, has been transferred this date 8 June, 19 52, to the U. S. Marine Hospital at Seattle Washington for further treatment.

D.R. Amend
D.R. AMEND

U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard William (Name, surname first) | 221-071 (Service number) | MK1 (Rank or rating) | North Head Light Stat. (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Ilwaco, Washington, Date 12 May, 1952

To: Medical Officer US Naval Infirmary

Tongue Point, Astoria, Oregon

SIR: You are requested to examine the above-named {*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 CinC North Head Light Station

Howard W. West MK1
(Signature of patient)

Howard W. West MK1
CinC U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place MEDICAL DEPARTMENT U.S. NAVAL STATION TONGUE POINT OREGON, Date 13 May, 1952

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

DU (Angina Pectoris) (7955)
(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 (1600) {*hospital *office} on 12 May 1952

D.R. AMEND LT MC USNR

U.S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NOTICE OF CHANGE IN DIAGNOSIS

NAVMED-HF 53 (REV. 7-45)

Give key letter, specialty letter and classification of injuries and poisonings on reverse side

TO: Record Office

NAME: WEST. HOWARD W. | RANK OR RATE: USCG. | DATE: 5-19-52

DIAGNOSIS CHANGED

FROM: D.U. ANGINA.

DIAGNOSIS NO. D.U. 7955

TO: THROMBOSIS CORONARY acting

DIAGNOSIS NO. 4702.

REASON FOR CHANGE (*Check*)

- ☐ COMPLICATION
- ☒ ERROR
- ☐ CONCURRENT
- ☐ CONVALESCENT LEAVE
- ☐ SEQUELA
- ☐ DIAGNOSIS ESTABLISHED
- ☐ INTERCURRENT
- ☐ RETURN TO FORMER STATUS

RECORD NEW DIAGNOSIS AS (*Check*)

- ☐ ACD
- ☐ AD
- ☐ EC
- ☐ FS

(*Diagnosis*) (*Diagnosis No.*)

If complication or sequela, give primary cause:

(*Date*)

If venereal, give date taken up for PRESENT infection under any title:

Is disability the result of own misconduct? ☐ YES ☒ NO

Did condition exist prior to entry into service? ☐ YES ☒ NO

If yes, has prior admission for disability been made? ☐ YES ☒ NO

(*Date*) If YES, give date:

Signature R. A. Amend LT, (MC)USN

U. S. GOVERNMENT PRINTING OFFICE 16—45417-1

Ref. 53 (670) File 3
61A2
Box 670

FILED
PE-89

UNITED STATES COAST GUARD

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

PS-1
L-13
24 May 1962

From: Commandant
To: WEST, Howard W. (221-071) MM1, USCG, Retired
Box 996, Bridgeport, Washington

Subj: National Service Life Insurance, correction of allotment

1. The Veterans Administration has advised this office of a discrepancy existing in your National Service Life Insurance account. The records at this office indicate that the discrepancy occurred at the time you authorized the establishment of an allotment in the amount of $39.00 with month of first payment April 1962. The allotment should have been established in the amount of $37.10.

2. In order to correct this discrepancy, it is requested that the following allotment adjustments be made:

$39.00 allotment should be discontinued "NO PAYMENT"
$37.10 allotment should be established with month of first payment April 1962

3. NAVCOMPT Form 545, Allotment Authorization has been prepared for your convenience. It is requested that this form be signed where indicated and returned to Commandant (PS-1) in the enclosed pre-addressed envelope.

M. J. MAYER
By direction

Encl: (1) NAVCOMPT Form 545
(2) Envelope

SLBraxton:slb 24 May 1962

Ref-58-Book 61 A2 Box 670

Return Complete Set

Form Approved
Budget Bureau No. 76-R127.5.

VETERANS ADMINISTRATION

CHANGE OR DESIGNATION OF BENEFICIARY AND/OR CHANGE OR SELECTION OF OPTIONAL SETTLEMENT

NATIONAL SERVICE LIFE INSURANCE—UNITED STATES GOVERNMENT LIFE INSURANCE

DO NOT WRITE IN THIS SPACE

1. NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES (Type or print)

Howard W. West
(FIRST NAME—MIDDLE NAME—LAST NAME)

* P. O. Box 996
(NUMBER AND STREET OR RURAL ROUTE)

Bridgeport Wash
(CITY OR P. O., ZONE NUMBER, AND STATE)

*Is this a new address change for your insurance records? ☐ Yes ☐ No

2. FILE NO. (Include letter prefix)

3. POLICY NO. ON WHICH CHANGE IS DESIRED
FV 1530 40 49
RS 6120

4. SERVICE NO.
221-071

5. DATE OF BIRTH

Please read "IMPORTANT INFORMATION AND INSTRUCTIONS" on reverse before completing items 1 through 12. Use a separate form for EACH POLICY on which a change is desired. DO NOT RETURN POLICY WITH THIS FORM. Type, or use ink or indelible pencil (typewriter or ballpoint pen preferred) for legible copies. Do not remove carbon.

FOLD

IMPORTANT — 6. BENEFICIARY DESIGNATION AND SELECTION OF OPTIONAL SETTLEMENT — IMPORTANT

For EACH beneficiary, give the complete name, address, relationship of each to you, amount and option (how payable). If Option 2 is selected, show number of monthly installments.

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (If married woman, give her own first and middle names and husband's last name)	RELATIONSHIP OF EACH TO INSURED	AMOUNT TO EACH (Fractions preferred)	OPTION FOR EACH (1, 2, 3, or 4)
PRINCIPAL			
Anna Mae West	Wife	entire	same
CONTINGENT			
Howard W. West Jr.	Son.		

7. REMARKS (Include any additional information which will clarify your intent regarding the payment(s) of the above policy.)

ALL PREVIOUS designations of principal and contingent beneficiaries under the policy number in item 3 are hereby Canceled and it is directed that the insurance be paid upon my death as specified above.

8. SIGNATURE OF WITNESS	9. SIGNED AT (City and state)	10. DATE SIGNED
Robert Johnston	Bridgeport Wash	5/27/62
11. ADDRESS OF WITNESS	12. SIGNATURE OF INSURED (Do not print)	
Bridgeport Washington	Howard W. West	

DO NOT WRITE IN SPACE BELOW—FOR VA USE ONLY

ENTERED BY VETERANS ADMINISTRATION	DATE	SIGNATURE OF VA INSURANCE UNDERWRITER

VA FORM 9-336 SEP 1957 — EXISTING STOCKS OF VA FORM 9-336, MAY 1956, WILL BE USED. — C58—16-73705-1

RETURN COMPLETED SET—1

(Duplicate copy will be returned to you after entry has been made by VA.)

(Voted Ret Pay 5-19-60)

NAME — PRINT OR TYPE—LAST NAME FIRST: West W. Howard

OLD ADDRESS — HOUSE NO. AND STREET, APT. NO.; OR BOX OR R. D. NO. (In care of): R. 1 Box 1643

CITY, ZONE, AND STATE: PT Blakely Wash.

NEW ADDRESS — HOUSE NO. AND STREET, APT. NO.; OR BOX OR R. D. NO. (In care of): Oasis Trailer Court

CITY, ZONE, AND STATE: Box 863 Bridgeport Wn

SIGN HERE — (If signed as agent, include title): Howard W. West mm. ½ R. 221-07-

EFFECTIVE DATE: 5/16/5-0

COMPLETE OTHER SIDE

GPO 048—16—73917-1

PE-70

West

File
3-13

Port Blakely
Nov. 16, 1958

From Howard W. West 221-071
M.M.I.R.

To Commadent U.S.C.G. Wa. D.C.

Subject Change address

old address
Howard W. West
R. H Box 438
Albany Oregon

New address
R. 1 Box 500
Ft Ward
Port Blakely
Washington
Howard W. West USCGR

Noted
Post Pay
11-19-58
op

CHANGE OF ADDRESS NOTICE TO CORRESPONDENTS

EFFECTIVE DATE OF NEW ADDRESS	DATE OF THIS NOTICE
Nov 15. 1958	Nov. 15 1958

PREVIOUS ADDRESS

STREET NUMBER, STREET NAME, APARTMENT NUMBER, POST OFFICE BOX NUMBER, OR R. F. D. NUMBER

R. 4 Box 438

NAME OF CITY OR TOWN	ZONE NO.	NAME OF STATE
Albany		Oregon

NEW ADDRESS

STREET NUMBER, STREET NAME, APARTMENT NUMBER, POST OFFICE BOX NUMBER, OR R. F. D. NUMBER

R. 1. Box 500

NAME OF CITY OR TOWN	ZONE NO.	NAME OF STATE
Port Blakely		Washington

PRINT NAME HERE	SIGN NAME HERE
Howard W. West	Howard W. West

POD Form 22-B (June 1954) c16—44362-5 GPO

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-14) ~~OFFICERS~~
REFER TO FILE: CG-73

22 March, 1950

To: Chief, Pay Records Subsection

Subj.: Statement of service for longevity pay

Incl.: (1) Copy of U.S. Marine Corps statement of service dated 17 December,1941
(2) Copy of Oregon National Guard statement of service dated 16 July,1943

The following is a statement of service, to and including 22 March, 1950
of WEST, Howard William (221-071)BM1, USCG

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
U.S.C.G.							
6-25-41		None		None		None	
Enl. Ext. 3 yrs. from							
6-25-44	6-23-47 HD	None		None		None	
6-24-47							
Now serving							

	Yr.	Mo.	Days
Coast Guard Service	8	8	28
~~Navy service~~ Marine Corps	7	0	0
National Guard	1	0	2
Lighthouse Service	8	0	9
Total	24	9	9

D. A. SHAW
By direction

Completed 24 years 13 June,1949
Entitled to 21 yrs.credit on 1 July,1948(Act of 24 June,1948)
Entitled to 15 yrs.credit on 22 June,1948
Entitled to 12 yrs.credit on 22 June,1945
Entitled to 9 yrs.credit on 22 June,1942 (Act of 16 June,1942)
Entitled to 6 yrs.credit on 1 June,1942 (Act of 16 June,1942)

16—36636-2 U. S. GOVERNMENT PRINTING OFFICE

First Endorsement

Headquarters, U.S.Marine Corps, Washington, D.C., 17 December, 1941.

From: The Major General Commandant.
To : Commandant, US Coast Guard.

Subject: Service record of Howard William West while serving as a member of the U.S.Marine Corps.

1. Returned. The records of this office show that Howard William West born 30 September, 1903, at Lansing, Michigan, enlisted in the Marine Corps on 18 September, 1922 at Mare Island, California and was honorably discharged upon expiration of enlistment on 17 September, 1925, at San Diego, California, a private, with character "Excellent", No time lost. Assigned to the Marine Corps Reserve on 18 September, 1925 at San Diego, California, transferred to an inactive status the same date, and was honorably discharged upon expiration of enlistment on 17 September 1929 as a private, with character "Excellent".

4- 0- 0 Inactive
3- 0- 0- Active

Certified to be a true copy

B. A. SHAW,
Chief, Enlisted Records.

184520
ACD-ole.

First Endorsement

Headquarters, U.S. Marine Corps, Washington, D.C., 17 December 1941.

From: The Major General Commandant.
To: The Commandant, U.S. Coast Guard.

Subject: Service record of Howard William West while serving as a member of the U.S. Marine Corps.

1. Returned. The records of this office show that Howard William West, born 30 September 1903 at Lansing, Michigan, enlisted in the Marine Corps on 18 September, 1922 at Mare Island, California, and was honorably discharged upon expiration of enlistment on 17 September 1925 at San Diego, California, A private, with Character "Excellent." No time lost. Assigned to the Marine Corps Reserve on 18 September 1925 at San Diego, California, transferred to an inactive status the same date, and was honorably discharged upon expiration of enlistment on 17 September 1929 as a private, with character "Excellent."

L.W.T. Waller Jr
L.W.T. WALLER, JR.
By direction.

4 yrs. 0 mos. 0 das. Inactive
3 yrs. 0 mos. 0 das. Active

7 yrs. 0 mos. 0 das. Creditable for Pay Purposes

U.S.C.G. SEATTLE DISTRICT
JUL 22 1943
COAST GUARD

Natl Bd Encm
Corps Federally Recognized
on 3-11-26
Ltr 8/

STATE OF OREGON
MILITARY DEPARTMENT
Office of THE ADJUTANT GENERAL
SALEM

GHB/f
July 16, 1943

CERTIFICATE OF NATIONAL GUARD SERVICE

THIS IS TO CERTIFY that the records of this office show that HOWARD W. WEST completed the following periods of enlisted service in the active National Guard of Oregon:

FROM	TO	ORGANIZATION
September 16, 1921	October 5, 1922	Battery A, 148th Field Artillery

Periods of service in the Inactive National Guard: None

Copy furnished this 16th day of July, 1943, to Howard W. West, MM2c, United States Coast Guard, Lime Kiln Light Station, Friday Harbor, Washington.

ELMER V. WOOTON,

Acting The Adjutant General,
State of Oregon.

OFFICIAL:

George H. Bates,
Captain, Infantry,
Personnel Officer.

1-0-2 PB

Federally Recognized 4 February, 1921
National Directory dated 1939 Page 1075
Information also obtained from N.G.Bureau
3-22-50 F.G.T.

1-0-2 Cred. N.G. Service
overlaps active marine corps service -
Credit given to marine corps. F.T.

STATE OF OREGON

MILITARY DEPARTMENT
Office of THE ADJUTANT GENERAL
SALEM

GHB/f
July 16, 1943

CERTIFICATE OF NATIONAL GUARD SERVICE

THIS IS TO CERTIFY that the records of this office show that HOWARD W. WEST completed the following periods of enlisted service in the active National Guard of Oregon:

FROM	TO	ORGANIZATION
September 16, 1921	October 5, 1922	Battery A, 148th Field Artillery

Periods of service in the Inactive National Guard: None

Copy furnished this 16th day of July, 1943, to Howard W. West, MM2c, United States Coast Guard, Lime Kiln Light Station, Friday Harbor, Washington.

ELMER V. WOOTON,

Acting The Adjutant General.
State of Oregon.

OFFICIAL:

George H Bates
George H. Bates,
Captain, Infantry,
Personnel Officer.

Federally Recognized 4 February, 1921

1yr. 0 mo. 2 das.Cred.
Overlaps active Marine Corps Service
Credit given to Marine Corps-F.G.T.

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-5) ~~OFFICERS~~

REFER TO FILE: CG-73

26 July, 1948

To: Commanding Officer, CG Group, Vancouver
VIA: Commander, 13th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay

Incl.: (a) Copy of Marine Corps statement dated 17 December, 1941
(b) Copy of National Guard statement dated 16 July, 1943

The following is a statement of service, to and including 23 June, 1947 of WEST, Howard William (221-071) MM2, USCG.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
6-25-41		NONE		NONE		NONE	
Enl. Ext.	3 Years from						
6-25-44	6-23-47 H D	NONE		NONE		NONE	
6-24-47							
Now serving							

U.S. COAST GUARD (1) MAILED JUL 27 1948

	Yr.	Mo.	Days
Coast Guard Service	5	11	29
Navy service			
~~XXX~~ Nat'l Guard	0	0	0
~~MARINE CORPS SER.~~	7	0	0
~~Lighthouse service~~	~~8~~	~~1~~	~~15~~
Total			
Completed years	21	1	12

B. A. SHAW
By direction

16—80336-2 U. S. GOVERNMENT PRINTING OFFICE

Return to 3-13

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-5) ~~OFFICERS~~ 25 June, 1947
REFER TO FILE: CG-75

To: Officer in Charge, CG Recruiting Station, 13th CG District

Subj.: Statement of service for longevity pay

Incl.: 1. Copy of Marine Corps Statement dated 17 December, 1941
2. Copy of National Guard Statement dated 16 July, 1943

The following is a statement of service, to and including 25 June, 1947 of WEST, Howard William (221-071) MM2c, USCG.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
6-25-41		NONE		NONE		NONE	
Enl Ext 3 Yrs from							
6-25-44	6-23-47 HD						
Now serving							
6-24-47							
Nonserving							

U. S. COAST GUARD
MAIL SECTION
MAILED JUN 26 1947

	Yr.	Mo.	Days
Coast Guard Service	6	0	1
Navy service			
~~MARINE CORPS SER.~~	7	0	0
~~NATIONAL GUARD Ser.~~	~~0~~	~~0~~	~~0~~
Total	13	0	1

Completed 12 years on 24 June, 1946

M. K. HUTCHINSON
By direction

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

Return to 3-13

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

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 16 August, 1943

From: Commandant.

To: DCGO, 13th Naval District., Seattle.

SUBJECT: West, Howard William (221-071) M.M. 2c.

Statement of service of.

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

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
6-25-41 Now serving Enl Ex 3 Yrs from 6-25-44 Now serving.							

S.C. CRANDALL
By direction

U. S. COAST GUARD (3)
AUG 18 1943

Incls
1 Copy of Marine statement dated 17 December, 1941
2 Copy of National Guard statement dated 16 July, 1943

U. S. GOVERNMENT PRINTING OFFICE 16—32658-1

EHB:D:bas

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

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 18 March, 1943.

From: Commandant.
To: District Coast Guard Officer, Seattle, Thirteenth Naval District.

Subject: Statement of service for longevity pay.

Inclosure: (A) Copy of Marine Corps statement dated 17 December, 1941.

1. The following is a statement of service, to and including 25 June, 1941, of WEST, Howard William (221-071) M.M.2c.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
6-25-41							
Now serving							

U. S. COAST GUARD (5)
MAILED MAR 19 1943

Yr. Mo. Days

Coast Guard service.....
Navy service.....
.....
.....
Total.....
Completed years

F. X. BAINE,
By direction.

16—23559-2

mcs BOS

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

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

3-12

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 17 November, 1942

From: Commandant.
To: Commanding Officer, Coast Guard Base, Seattle, Washington.

Subject: Statement of service for longevity pay.

Inclosure: A. Copy of Marine statement dated 17 December, 1941

1. The following is a statement of service, to and including 25 June 1941, of WEST, Howard William (221-071) B.M. 2c

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
6-25-41 Now serving							

Yr. Mo. Days

Coast Guard service
Navy service
Total
Completed years

F.X. BAINE,
by direction.

16—23559-2

73

CG BASE, SEATTLE

UNITED STATES COAST GUARD

Seattle, Washington,
4 November, 1942.

SEATTLE DISTRICT NOV 7 1942 U.S. COAST GUARD

1942 NOV 14 AM 10 57

3-17

From: Commanding Officer.
To : Commandant.

Via : 1. District Coast Guard Officer, Seattle, Thirteenth Naval District.

Subject: WEST, Howard W. (221-071) B.M.2c.(Pro); Statement of Service, request for.

Inclosure: (A) United States Marine Corps discharge.

1. It is requested that a verification of Inclosure (A) be forwarded this unit for the purpose of computing subject-named man's longevity pay allowances.

ans 11/17/42

J. Hansen.

- - - -

PE5-73
732
XXXX

19 February, 1943.

From: Commandant, U. S. Coast Guard.
To: Adjutant General, **STATE OF WASHINGTON.**

Subject: **WEST, Howard William (221-071) M.M.2c.**
request for statement of service in active National Guard.

Reference: (a) Pay Readjustment Act of 1942.

1. It is requested that a statement of service, with two carbon copies, be furnished Coast Guard Headquarters for the above-named man. Under the provisions of section 9 of reference (a) only service in the active National Guard may be counted for purposes of longevity pay. It is therefore requested that this statement show if service was in the active, inactive or reserve National Guard. As an aid in identifying this man the following information is furnished:

Enlisted:

Discharged:

Date and Place of birth: **30 September, 1903, Lansing, Michigan.**

E. J. Roland

E. J. ROLAND,
XXXXXXXXXX Commander, U.S.C.G.
Chief, Enlisted Assignment
Sub-Section.

1192

mcs E K Rol

(221-C71) West. Howard Wm. M.M.2c 1st Ind. LAM/ah

Mich AGO, Lansing, Feb. 25, 1943

To: The Commandant, U.S. Coast Guard, Washington, D.C.

1. A diligent search has been made and the name Howard Wm West does not appear on our records.

2. Could it be possible the name was spelled differently at time of enlistment? If the company and date could be furnished this office it might assist us in searching further.

For The Adjutant General of Michigan:

HARVEY S. BELL
Capt., AGD, Mich.S.T.
Assistant

1943 FEB 16 AM 7 04

ADDRESS REPLY TO:
CAPTAIN OF THE PORT, SEATTLE
THIRTEENTH NAVAL DISTRICT
SEATTLE, WASH., AND REFER TO FILE No. 783

UNITED STATES COAST GUARD

OFFICE OF THE
CAPTAIN OF THE PORT
SEATTLE

Seattle, Washington
8 February, 1943

From: Commanding Officer, COAST GUARD PATROL BASE, WASHINGTON STREET, Seattle, Washington.
To : Commandant.

Via : District Coast Guard Office, 13th Naval District, Seattle Washington.

Subject: WEST, Howard William, M.M.2c (R) (221-071), statement of creditable Marine Corps and National Guard service; request for.

1. It is requested that a statement of creditable Marine Corps and National Guard service be furnished this unit for subject named man for the purpose of computing longevity of pay.

M. J. Archambeau

M. J. ARCHAMBEAU

First Indorsement Seattle, Washington,
783 10 February, 1943.

From: District Coast Guard Officer, Seattle, Thirteenth Naval District.
To: Commandant, Coast Guard Headquarters.

1. Forwarded.

Does not claim N. G. on application for enl.

Allen Winbeck

ALLEN WINBECK,
By direction.



3-12

UNITED STATES COAST GUARD
SEATTLE, WASHINGTON

1943 AUG 2 PM 1 41

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER (pra)
AND REFER TO FILE 73

29 July, 1943.

To: The Commandant.

Subj: WEST, Howard W. (221-071) M.M.2c.(Pro); statement of creditable service; request for.

1. It is requested that a Statement of Creditable Service be furnished this office for subject-named man for longevity purposes.

2. Inclosed herewith is two certified copies of West's National Guard Service.

S. T. ELLIS,
By direction.

ars 8/16/43

Incl:
Certificate of
National Guard
Service for
WEST, Howard W.

NAVCG-9619

U. S. COAST GUARD

PE

WN177
HEADING
R R R
WNJC V KNJ NR 31 R

FROM

ACTION

FM RECRUITING OFFICER 13TH CGDD 232232Z
TO COMDT CG

INFORM

TEXT

PTP TO PE X REQUEST THE INFORMATION PRETAINING TO A STATEMENT OF CREDITABLE SERVICE BE DISPATCHED TO THIS STATION ON THE FOLLOWING MAN X HOWARD WILLIAM WEST X 221 DASH 071 X MM2C X USCG X THIS INFORMATION NECESSARY TO COMPLETE SERVICE RECORD AND EFFECT REENLISTMENT

4

6-25-47.

2238/23 JUNE RR 232232Z 221 071 MM2C

OPERATOR'S RECORD AND DATE

EM

OFFICIAL INITIALS

S

221-071

STATEMENT OF PREVIOUS MILITARY SERVICE.

Howard W. West (NAME - Print) | Oiler (GRADE) | Swiftsure Bank Lightship, 113, 17th Lighthouse District (UNIT AND DISTRICT TO WHICH ATTACHED)

U.S. PRINTING OFFICE OF LIGHTHOUSES JUL 5 1939 PORTLAND, ORE.

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

BRANCH OF SERVICE*	SERVICE NUMBER	ORIGINALLY ENLISTED		LAST DISCHARGED	
		DATE	PLACE	DATE	PLACE
ARMY					
NAVY					
MARINE CORPS *		9/18/22	Portland Oregon	9/17/25	San Diego Calif
COAST GUARD					
COAST AND GEODETIC SURVEY					

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

Howard W West
(SIGNATURE)

on both the original and duplicate copy.
PLEASE DO NOT DETACH OR REMOVE CARBON

Ret 58, Book

Return Complete Set

File

Form Approved
Budget Bureau No. 76-R127.5.

VETERANS ADMINISTRATION

CHANGE OR DESIGNATION OF BENEFICIARY AND/OR CHANGE OR SELECTION OF OPTIONAL SETTLEMENT

NATIONAL SERVICE LIFE INSURANCE—UNITED STATES GOVERNMENT LIFE INSURANCE

DO NOT WRITE IN THIS SPACE

FILED

PE-89

1. NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES (Type or print)

Howard W. West
(FIRST NAME—MIDDLE NAME—LAST NAME)

* P.O. Box 996
(NUMBER AND STREET OR RURAL ROUTE)

Bridgeport, Washington
(CITY OR P. O., ZONE NUMBER, AND STATE)

*Is this a new address change for your insurance records? [X] Yes [ ] No

2. FILE NO. (Include letter prefix)

3. POLICY NO. ON WHICH CHANGE IS DESIRED
RS 6120

4. SERVICE NO.
221-071

5. DATE OF BIRTH

Please read "IMPORTANT INFORMATION AND INSTRUCTIONS" on reverse before completing items 1 through 12. Use a separate form for EACH POLICY on which a change is desired. DO NOT RETURN POLICY WITH THIS FORM. Type, or use ink or indelible pencil (typewriter or ballpoint pen preferred) for legible copies. Do not remove carbon.

FOLD

IMPORTANT — 6. BENEFICIARY DESIGNATION AND SELECTION OF OPTIONAL SETTLEMENT — IMPORTANT

For EACH beneficiary, give the complete name, address, relationship of each to you, amount and option (how payable). If Option 2 is selected, show number of monthly installments.

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (If married woman, give her own first and middle names and husband's last name)	RELATIONSHIP OF EACH TO INSURED	AMOUNT TO EACH (Fractions preferred)	OPTION FOR EACH (1, 2, 3, or 4)
PRINCIPAL Anna ~~Ann~~ Mae West	wife	entire	same
CONTINGENT			

7. REMARKS (Include any additional information which will clarify your intent regarding the payment(s) of the above policy.)

ALL PREVIOUS designations of principal and contingent beneficiaries under the policy number in item 3 are hereby Canceled and it is directed that the insurance be paid upon my death as specified above.

8. SIGNATURE OF WITNESS
Robert Johnston

9. SIGNED AT (City and state)
Bridgeport, Washington

10. DATE SIGNED
3/24/62

11. ADDRESS OF WITNESS
Bridgeport, Washington

12. SIGNATURE OF INSURED (Do not print)
Howard W. West

DO NOT WRITE IN SPACE BELOW—FOR VA USE ONLY

ENTERED BY VETERANS ADMINISTRATION	DATE	SIGNATURE OF VA INSURANCE UNDERWRITER

VA FORM 9-336 SEP 1957 — EXISTING STOCKS OF VA FORM 9-336, MAY 1956, WILL BE USED.

C58—16.73705-1

RETURN COMPLETED SET—1

(Duplicate copy will be returned to you after entry has been made by VA.)

Form Approved
Budget Bureau No. 76-R070.5

VETERANS ADMINISTRATION

APPLICATION FOR CONVERSION

NATIONAL SERVICE LIFE INSURANCE – UNITED STATES GOVERNMENT LIFE INSURANCE

Please read Important Information and Instructions on reverse before completing form. Type or use ink. Use separate form for EACH POLICY on which conversion is requested and RETURN THIS APPLICATION. Each item must be completed unless otherwise indicated.

DO NOT WRITE IN THIS SPACE
POLICY NO. ASSIGNED

(For use of VA Index)

1. FIRST NAME - MIDDLE NAME - LAST NAME OF INSURED (Type or print)
Howard William West

2. MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural route, city or P.O., zone number and State)
Box 996 Bridgeport Washington

PREMIUM STATUS

MODE	LMP	SUSPENSE

3. DATE OF BIRTH (Month, day, year)	4. BRANCH OF SERVICE	5. SERVICE NO.
Sept 30-1903	U.S. Coast Guard	221-071

6. CONTRACT INFORMATION

A. POLICY NO. TO BE CONVERTED	B. PLAN(S) APPLIED FOR	C. AMOUNT APPLIED FOR	D. EFFECTIVE DATE
RS 6120		$	

REINSTATED WITH SKIP MONTHS ☐ YES ☐ NO

INDEBTEDNESS (Check) ☐ FINANCE INDEB. ☐ LIEN ☐ NONE

E. AMOUNT RETAINED	If change of beneficiary and/or optional settlement is desired in the amount of Term Insurance retained, a separate request must be made in writing over the signature of the insured.
$	

TYPE OF PREMIUM WAIVER IN FORCE ☐ SEC. 622 ☐ DISABILITY

(If applying for endowment insurance complete items 7A through 7C)

7A. ARE YOU NOW DISABLED?	7B. DOES YOUR DISABILITY PREVENT YOU FROM WORKING?
☐ YES ☒ No (If "Yes," give name of disability)	☐ YES ☒ NO (If "Yes," explain fully)

7C. DATE LAST TREATED BY PHYSICIAN OR HOSPITAL (Include VA physician or hospital)

8. IF TOTAL DISABILITY INCOME PROVISION AT EXTRA PREMIUM IS TO BE ADDED OR CONTINUED CHECK ONE (See paragraph 5 of instructions)

☐ ADDED ☐ CONTINUED

9. METHOD AND MODE OF PAYMENT OF PREMIUMS (See par. 4 of Insts.)	MODE	10. AMOUNT OF REMITTANCE (See par. 4 of Instructions)	
☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION	☒ MONTHLY ☐ QUARTERLY	AMOUNT OF FIRST INSURANCE PREMIUM	Was Sent Enfor $ this Month of March
☐ MONTHLY DEDUCTION FROM VA BENEFIT PAYMENTS	☐ SEMI-ANNUALLY ☐ ANNUALLY	TOTAL DISABILITY INCOME PROVISION PREMIUM (If any)	
☒ ALLOTMENT FROM ACTIVE SERVICE PAY OR SERVICE DEPARTMENT RETIREMENT PAY	MONTH ALLOTMENT EFFECTIVE 4/62	RESERVE (If any)	
		TOTAL	$

11. BENEFICIARY DESIGNATION AND SELECTION OF OPTIONAL SETTLEMENT FOR THE NEW INSURANCE SPECIFIED IN ITEM 6
(See Paragraphs 6 and 7 of Instructions)

The beneficiary and/or optional settlement under the new policy will remain the same as under the old policy, unless otherwise specified in writing over the signature of the insured.

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (If married woman, her own first and middle names and husband's last name must be given)	RELATIONSHIP	AMOUNT (Fractions preferred)	OPTION
PRINCIPAL ANNA Mae West	Wife	Entire	Same
CONTINGENT			

12. WITNESSED BY (See paragraph 8 of Instructions)
Robert Johnston

13. SIGNED AT
Bridgeport, Wash.

14. DATE OF APPLICATION
March 24, 1962

15. SIGNATURE OF APPLICANT (Application must be signed and dated)
Howard W. West

PENALTY - The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine or by imprisonment, or both.

VA FORM OCT 1955 **9-358** SUPERSEDES VA FORM 9-358, AUG 1955, WHICH WILL NOT BE USED.

Ret 50-Book 61-A2 Box 674 Filed PE-89 13

PS-1
L-13
22 March 1962

From: Commandant
To: WEST, Howard W. (221-071) MM1, USCG, Retired
Box 996, Bridgeport, Washington

Subj: National Service Life Insurance, conversion of

1. Receipt is acknowledged of your letter dated 15 March 1962 advising this office that you are converting your National Service Life Insurance..

2. It is therefore requested that the enclosed NAVCOMPT Form 545, Allotment Authorization in the amount of $17.50 with month of last payment March 1962 and $39.00 with month of first payment April 1962 be signed where indicated and returned to Commandant (PS-1) in the enclosed pre-addressed envelope. VA Form 9-358, Application for Conversion, enclosed herewith, should be properly executed and returned with NAVCOMPT Form 545.

M. J. MAYER
By direction

Encl: (1) NAVCOMPT Form 545
(2) VA Form 9-358
(3) Envelope

SLBraxton:slb 22 March 1962

S. L. B. Com

(PS-1)

1770
221 071
27 June 1968

Mrs. Howard W. West
Box 996
Bridgeport, Washington 98813

RE: Mbl Howard W. WEST 221 071
USCG, Retired

My dear Mrs. West:

Information has been received at Coast Guard Headquarters of the death of your husband. I wish to extend to you and your family my sincere sympathy in your great loss.

It is realized that you will be faced with many problems as a result of your recent bereavement. However, experience indicates it is best to handle these matters as expeditiously as possible. Be assured that we at Coast Guard Headquarters will help you in every way possible to facilitate applying for Federal benefits that may be available to you.

The enclosed benefit guide briefly explains the assistance and survivor benefits furnished by the Coast Guard as well as the other governmental agencies. The enclosed forms are forwarded to aid you in promptly filing for Veterans Administration benefits, Uniformed Services Identification and Privilege Card and a headstone or marker to which there may be entitlement. Upon receipt of your husband's personnel record from the National Personnel Records Center, at St. Louis, Missouri, other necessary forms, as applicable will be promptly forwarded.

An informational pamphlet is enclosed which outlines your benefits under the Civilian Health and Medical Program of the Uniformed Services. Additional information and answers to specific questions may be obtained by writing the COMMANDANT (PM).

Sincere sympathy is again extended to you.

Sincerely yours,

R. H. WOOD
Commander, U. S. Coast Guard
Acting Chief, Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. 21-530
(2) Form No. 21-534
(3) Form No. DD-1172
(4) Form No. DD-1330
(5) DOD Pamphlet CG-144
(6) Benefit Guide
(7) VA Fact Sheet IS-1
(8) Envelope

CAUSE OF DEATH: Not yet received
DATE OF DEATH: 31 May 1968
PAMOORE:pam MTST 26 June 1968

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

REPORT OF DEATH OTHER THAN THOSE CARRIED AS MISSING

TO: Chief, Payment and Claims Division

DATE: 26 June 1968

NAME	SERVICE NUMBER	GRADE OR RATING
WEST, Howard W,	221 071 USCG	MM1 RETIRED

DATE OF RECEIPT OF EVIDENCE OF DEATH	ESTABLISHED DATE OF DEATH
19 June 1968	31 May 1968

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

PAY GRADE	YEARS OF SERVICE	RSFPP OPTION ELECTION	DEDUCTION

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

ALLOTMENTS:

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

DEPT. OF TRANSP., USCG, CG-3584 (Rev. 4-67) **CLEARANCE SHEET**

June 27, 1968

My dear Mrs. West:

It is with deep regret that I learned of the death of your husband, Machinist's Mate, first class Howard W. West, United States Coast Guard, Retired.

There is little I can say to minimize your sorrow in this bereavement. On behalf of your husband's many shipmates in the Coast Guard, I would like to extend to you our personal sympathy in your loss.

Sincerely yours,

W. J. SMITH
Admiral, U. S. Coast Guard

Mrs. Howard W. West
Box 996
Bridgeport, Washington 98813

CAUSE OF DEATH: Not yet received
DATE OF DEATH: 31 May 1968
DATE OF BIRTH: 30 September 1903
DATE RETIRED: 1 March 1953
PAMOORE:pam MTST 25 June 1968

OFFICE OR DIVISION	PS	CA-C										
INITIALS OF RESPONSIBLE OFFICERS												
INTRA-OFFICE OR DIVISION INITIALS												

PREVIOUS EDITIONS MAY BE USED

GPO 957-884

Ret-to Book (670) FILE 3-13

VETERANS ADMINISTRATION

STATEMENT OF ALLOTMENT DIFFERENCES OR REQUEST FOR ALLOTMENT ACTION

1. FILE NO. (Include letter prefix): FV15304049

2. TYPE OF ACTION (Check one)
- [X] PART I - STATEMENT OF ALLOTMENT DIFFERENCES
- [ ] PART II - REQUEST FOR ALLOTMENT ACTION

3. POLICY NO. (Include letter prefix): W 6120

TO
- [ ] GOVERNMENT INSURANCE ALLOTMENT DIVISION, FINANCE CENTER DEPARTMENT OF THE ARMY
  - [ ] ACTIVE SERVICE
  - [X] RETIRED PAY
- [ ] ALLOTMENT OFFICER DEPARTMENT OF THE NAVY
- [X] COAST GUARD ALLOTMENT OFFICER DEPARTMENT OF THE TREASURY
- [ ] FINANCE CENTER DEPARTMENT OF THE AIR FORCE
- [ ] MARINE CORPS ALLOTMENT OFFICER DEPARTMENT OF THE NAVY

PART I - STATEMENT OF ALLOTMENT DIFFERENCES (To be completed by Veterans Administration)

The following information has been reported by your Department:

4. (Check one)
- [X] NEW ALLOTMENT
- [ ] DISCONTINUED ALLOTMENT

5. LAST NAME - FIRST NAME - MIDDLE NAME OF INSURED	6. SERVICE NO.	7. CLASS	8. AMOUNT	EFFECTIVE DATE 9A. MONTH	9B. YEAR
	22 071	N	$39.00	4	62

According to Veterans Administration records, the following adjustments should be made by your Department:

10. LAST NAME - FIRST NAME - MIDDLE NAME OF INSURED	11. SERVICE NO.	12. CLASS	13. AMOUNT	EFFECTIVE DATE 14A. MONTH	14B. YEAR
WEST, HOWARD WILLIAM			$37.10	4	62

15. REMARKS (Use reverse if additional space is required)
TO ADJUSTMENT OF PREMIUM TO $37.10

16. PREPARED BY (Name and correspondence symbol): Kathleen 2003980 D

17. DATE PREPARED: 5-17-62

PART II - REQUEST FOR ALLOTMENT ACTION OR INFORMATION REQUIRED BY VETERANS ADMINISTRATION AND NOTICE OF ACTION OR INFORMATION FURNISHED BY THE SERVICE DEPARTMENT

18. LAST NAME - FIRST NAME - MIDDLE NAME OF INSURED	19. SERVICE NO.

SECTION A - THE FOLLOWING ALLOTMENT SHOULD BE DISCONTINUED

AMOUNT OF ALLOTMENT	EFFECTIVE DATE MONTH	EFFECTIVE DATE YEAR	REASON FOR REQUESTED DISCONTINUANCE

SECTION B - ACTION TAKEN BY SERVICE DEPARTMENT

DATE OF DISCONTINUANCE MONTH	DATE OF DISCONTINUANCE YEAR

SECTION C - INSURANCE INDICATED BELOW HAS BEEN ISSUED. NO ALLOTMENT RECEIVED. ESTABLISHMENT REQUESTED

AMOUNT OF INSURANCE	EFFECTIVE DATE MONTH	EFFECTIVE DATE YEAR	AMOUNT OF MONTHLY PREMIUMS
$			$

DATE ALLOTMENT ESTABLISHED

MONTH	YEAR

20. DATE	21. PREPARED BY (Name and correspondence symbol)

22. WHEN SECTION B IS COMPLETED RETURN TO:

Veterans Administration, District Office
Post Office Box 8079, Philadelphia 1, Pa.

23. NAME OF SERVICE DEPARTMENT: U. S. Coast Guard

24. DATE: MAY 1962

25. SIGNED BY:
M. J. MAYER
Chief, Survivors Benefits Branch
U. S. Coast Guard
By direction of the Commandant

(Check)
- [X] SERVICE DEPARTMENT REMARKS ON REVERSE

VA FORM 9-1588 (1962) SUPERSEDES VA FORMS 9-1579, SEP 1960, AND 9-1588, OCT 1961, WHICH WILL NOT BE USED.

GPO : 1962 O - V.A. - 621529 (1208)

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ -3646 (12-55)

Complete and return to CG Hqtrs

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY

(See instructions on reverse side)

3-13

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until cancelled by me in writing.

RETIRED MEMBERS NAME *(Last, First, Middle)*	SERVICE NO.	GRADE OR RATE
West, Howard W.	309-248	SN

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
ALL %	Ramona M West	1016 Union St #302	wife
%			
%			

SIGNATURE AND ADDRESS OF WITNESS
Witness must be a disinterested person
✓ Geo. S. Gropp 108 Westlake N Seattle 2, Wn.
✓

SIGNATURE AND ADDRESS OF RETIRED MEMBER
✓ Howard W West Jr.
✓ 1016 Union St #302

DATE SIGNED
✓ 1-6-8

UNITED STATES COAST GUARD

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

PTP-2
P14-4

Dear Mr.

This is to acknowledge your recent inquiry concerning enlistment in the USCG Reserve.

To be eligible, an applicant must meet the following primary requirements:

(a) Be between 17 and 26 years of age
(b) Be a citizen of the United States
(c) Be of good moral character
(d) Be in good health
(e) Not ordered to report for induction
(f) Reside near a Reserve Training Unit

There are two types of Reserve enlistments available:

(a) The first is the 6-year enlistment during which two years active duty are required. Active duty is general Coast Guard duty and is preceded by 12 weeks basic training at either Cape May, N.J., or Alameda, Calif. This active duty is to be commenced immediately except that enlistees between 17 and 18½ years of age who are satisfactorily pursuing a course of instruction in a secondary school or college may be enlisted and have their active duty delayed until completion of secondary school or current college year or disenrollment therefrom. All enlistees under this program, unless sooner transferred to the Standby Reserve under the screening regulations, must participate satisfactorily in an accredited training program of the Ready Reserve while on inactive duty for a period which, when added to the period of active duty performed, totals 5 years. The remainder of his 6-year enlistment may be served in the Standby Reserve unless he agrees to remain in the Ready Reserve.

(b) The second is the 8-year enlistment for applicants between 17 and 18½ years of age for which six months active duty for training is required. Applicants under this program must be (1) High School graduates, (2) within three months of graduating from High School, or (3) have ceased to pursue a course of instruction in High School. Six months active duty for training is performed at the Coast Guard Receiving Centers, Cape May, N.J., or Alameda, Calif., and trainees are normally ordered to such duty within three months from date of enlistment. The remaining 7½ years are spent in the Ready Reserve during which Reservists are required to perform satisfactorily all training duty prescribed. Personnel enlisted under this program will be deferred from induction so long as they serve satisfactorily in the Reserve training program prescribed, and become draft exempt after 8 years of satisfactory participation in the program.

All members of the Ready Reserve, when not on active duty or active duty for training, are required to attend not less than 48 scheduled drills or training periods and not more than 17 days active duty for training each year, or when authorized, perform a maximum of 30 days active duty for training annually.

For further information, please contact the nearest Coast Guard Recruiting Station listed on the reverse.

Your interest in the Coast Guard Reserve is sincerely appreciated.

Sincerely yours,

C. B. BUDD, Lieutenant Commander, USCG
Chief, Personnel Procurement Section
By direction of the Commandant

PE-74

Ref 38-1.61A2 Bot (670)

FILED
PE-89

FILE 3-13 abj

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3646 (Rev. 12-61)

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY
(See instructions on reverse side)

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until canceled by me in writing.

RETIRED MEMBER'S NAME *(Last, First, Middle)*	SERVICE NO.	GRADE OR RATE
West Howard W.	221-071	MM-1c

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
%	Anna Mae West	Box 996 Bridgeport Wn.	Wife
%			
%			

SIGNATURE AND ADDRESS OF WITNESS	SIGNATURE AND ADDRESS OF RETIRED MEMBER	DATE SIGNED
	Howard W. West	5/26/62

PE-1
25 February 1953
AUTH: 516850

AIRMAIL

From: Commandant
To: WEST, Howard William (221-071)MM1, United States Coast Guard
Via: Commander, Thirteenth Coast Guard District

Subj: Retirement from active duty; orders; travel

1. The Coast Guard Physical Evaluation Board convened in your case found that you are unfit to perform the duties of your rating by reason of permanent physical disability amounting to 70 per centum.

2. Pursuant to Treasury Department Order No. 154, the findings of the Physical Evaluation Board as amended by the substitute finding of the Physical Review Council were approved 24 February 1953, and you are thereby placed, effective 1 March 1953, on the permanent disability retired list of the United States Coast Guard in accordance with Section 402 of the Career Compensation Act of 1949. You are, therefore, retired for permanent disability and your retired pay will commence on 1 March 1953.

PEA-A MAR 25 1953 36

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

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

5. Your commanding officer will immediately furnish a copy of this order to the certifying officer having custody of your pay record. The certifying officer will transmit the pay record information to the Commandant (FA) in accordance with existing directives after final credit entries, such as leave rations, unusedleave bo be settled for on retirement, etc., have been posted.

B. H. BRALLIER
By direction

Encl: (2)

DCKIERBOW:me Ret 3-11

#1165

ACTION OF PHYSICAL REVIEW COUNCIL

9 February 1953

FINDINGS: The Physical Review Council concurs in the findings of fact recommended by the Physical Evaluation Board with the exception of finding no. 3.

In place and stead of the finding not concurred in, the following substituted finding is made:

(see attached sheet)

RECOMMENDATIONS: That WEST, Howard William (221-071)MM1, U. S. Coast Guard, be placed on the permanent physical disability retired list of the U. S. Coast Guard in accordance with Section 402 of the Career Compensation Act of 1949.

HENRY T. JEWELL	BRET H. BRALLIER	SEYMOUR DUBROFF
Captain, U. S. Coast Guard	Captain, U. S. Coast Guard	Lieutenant, USPHS
President	Member	Member

COMMENTS BY LEGAL DIVISION

PROCEEDINGS: Are in accepted form and technically correct. DATE 18 February 1953

FINDINGS: The preponderance of the evidence supports the findings.

K. L. Hamm
(SIGNATURE OF CHIEF COUNSEL)

FORWARDING INDORSEMENT

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

FORWARDED FOR THE CONSIDERATION OF THE SECRETARY OF THE TREASURY.

(SIGNATURE OF THE COMMANDANT)

ACTION OF THE COMMANDANT

TO: DATE FEB 24 1953

The findings of the Physical Evaluation Board, as amended by the substitute finding of the Physical Review Council, are approved. Pursuant to Treasury Department Order No. 154, WEST, Howard William (221-071) MM1, USCG, is hereby permanently retired, effective 1 March 1953, from the U. S. Coast Guard in accordance with Section 402 of the Career Compensation Act of 1949.

[illegible]
Vice Admiral, U. S. Coast Guard
Commandant

B 8178 TREASURY-CGHQ-WASH.,D.C.

50

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9959 (Rev. 8-50)

ACTION UPON PHYSICAL EVALUATION BOARD

CASE OF (NAME)	SERVICE NUMBER	RANK, RATE
WEST, Howard William	221-071	MM1

service as of 12-16-52 PERSONNEL DATA THIRTEENTH COAST GUARD DISTRICT

		YEARS	MONTHS	DAYS
	AGE	49	2	17
SERVICE FOR RETIREMENT	COAST GUARD	11	5	22
	NAVY			
	ARMY USMC	3	0	0
	OTHER LTHOUSE	9	5	5
	TOTAL	23	10	27

REMARKS: DATE 16 DECEMBER 1952

HIGHEST RANK OR RATING HELD: MM1

REGULAR ☐ RESERVE ☐

BMIN SPECIALTY (IF ANY)

ENLISTMENT EXPIRES 23 JUNE 1956

ACTION OF PHYSICAL EVALUATION BOARD

FINDINGS: 1. Howard W. West (221-071) MM1, U.S. Coast Guard, is unfit to perform the duties of his rating by reason of arteriosclerotic heart disease following typical history of acute coronary occlusion or thrombosis, more than light manual labor not feasible; nephritis, chronic, mild; thrombophlebitis, left leg and varicose veins, mild, incurred while entitled to receive basic pay.

2. That the disabilities are not due to the intentional misconduct or wilful neglect of WEST and that the disabilities were not incurred during a period of unauthorized absence of WEST.

3. The disabilities are considered to be sixty (60) per centum disabling in accordance with the current Veterans' Administration Schedule for Rating Disabilities, computed as follows: 7005 - 60%; 7502 - 10%; 7121 - 0% and 7120 - 0%.

4. That WEST has completed 23 years, 7 months, 27 days active military service as of 16 September, 1952.

5. That accepted medical principles indicate that the disabilities are of a permanent nature.

STATEMENT CONCERNING REBUTTAL:

WEST ACKNOWLEDGED RECEIPT ON 8 DECEMBER 1952, OF A COPY OF THE PROCEEDINGS AND RECOMMENDED FINDINGS OF THE PHYSICAL EVALUATION BOARD AND HAS SUBMITTED A SIGNED STATEMENT THAT HE DOES NOT DESIRE TO SUBMIT A REBUTTAL.

RECEIVED 12 FEB 1953
COURTS AND BOARDS SECTION

3. That such disabilities are considered to be 70 percent disabling in accordance with the current Veterans Administration Schedule for Rating Disabilities, computed as follows:

7005 -	Arteriosclerotic heart disease following typical history of acute coronary occlusion and thrombosis - more than light manual labor not feasible -	60%
7502 -	Glomerulonephritis, mild -	10%
7121 -	Phlebitis, persistent moderate swelling of leg not markedly increased while walking or standing -	10%
7120 -	Varicose veins - mild -	0%

RECORD OF PROCEEDINGS

of a

COAST GUARD PHYSICAL EVALUATION BOARD

convened at

U. S. PUBLIC HEALTH SERVICE HOSPITAL,

Seattle, Washington

WEST, Howard William (221-071) MM1

U. S. Coast Guard

4 December, 1952

From: President, Physical Evaluation Board
To: WEST, Howard W. (221-071) MM1, USCG

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

1. The Physical Evaluation Board, convened at Seattle, Washington on 13 November, 1952 to consider your case, after deliberating on the evidence presented to it, has made recommended findings in accordance with Part II, Article 225, of Regulations Pertaining to Retirement and Seperation for Physical Disability. A copy of the proceedings and recommended findings of the Board are transmitted herewith for your information.

2. You are requested to acknowledge receipt of this copy of such proceedings and recommended findings and complete the statement relating to your desires to file a rebuttal, on the carbon copy of this letter and return same, duly signed, to the President, Physical Evaluation Board, Office of the Commander, 13th Coast Guard District.

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

MORRIS C. JONES
Captain, U.S. Coast Guard

I hereby acknowledge receipt on 8 December 1952, of a copy of the proceedings and recommended findings of the Physical Evaluation Board convened at Seattle, Washington, on 13 November, 1952.

I ([redacted]) (do not) * desire to submit a rebuttal.

Howard W. West
HOWARD W. WEST
(221-071) MM1, USCG

*(Strike out inapplicable words)

Office of
The Secretary

TREASURY DEPARTMENT
WASHINGTON

JUL 28 1952

To: Captain Morris C. Jones (1119), USCG - Office of Commander, 13th Coast Guard District

Subj: Precept for Coast Guard Physical Evaluation Board

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

A Coast Guard Physical Evaluation Board consisting of yourself as president and of any two of the following Coast Guard officers to be designated by you as members: Captain Reginald H. French (1149), USCG; Captain Arthur L. Dickert (1277), USCG; Captain Richard E. Morell (1306), USCG; Commander Verne C. Gibson (1377), USCG; Commander Albert E. Harned (1394), USCG; Lieutenant Commander Joe L. Horne (2440, USCG; Lieutenant Commander Garland Sponburgh (2459), USCG; Lieutenant Commander James W. Stonecypher (2467), USCG; Lieutenant Commander Malcolm C. McGuire (35568), USCGR; Lieutenant Commander Alan H. Sampson (35595), USCGR; Lieutenant Commander Percival A. Williamson (2602), USCG; Lieutenant Commander Freeman H. Harmon (2606), USCG; Lieutenant Commander Morest L. Skaret (37250), USCGR; Lieutenant Commander Robert O. Bracken (3258), USCG; Lieutenant Vernon R. Gould (37245), USCGR; Lieutenant Donald J. P. Evans (3359), USCG; Lieutenant James W. Bickford (38002), USCGR; Lieutenant Ottis H. Abney (3414), USCG; Lieutenant Alvin J. Boxwell (3637), USCG; Lieutenant Walter O. Henry (3680), USCG; Lieutenant Herman F. Helgesen (3833), USCG; Lieutenant (junior grade) Robert C. Taylor (4105), USCG; Lieutenant (junior grade) Milo A. Jordan (4127), USCG; Lieutenant (junior grade) Andrew F. Nixon (4275), USCG; Lieutenant (junior grade) Clemens H. Brendle (4674), USCG; also any two medical members of the U.S. Public Health Service as authorized by the Administrator, Federal Security Agency, in his letters of March 29, 1946, is ordered to convene at the Office of Commander, 13th Coast Guard District, U. S. Marine Hospital, Seattle, Washington, or any other place in the 13th Coast Guard District the president of the Board deems necessary, from time to time as may be necessary for the examination and evaluation of the physical fitness to perform the duties of their office, rank, grade, or rating of such personnel of the United States Coast Guard and Coast Guard Reserve as may be ordered to appear before it. In the event other duties prevent your acting as president of the Board for the consideration of some particular case, you may designate any of the above captains to act as president of the Board for that case.

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

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

2 - Captain Morris C. Jones (1119), USCG

The Commander, 13th Coast Guard District, will furnish the board with the necessary clerical assistance.

The board is also authorized to consider such cases as are pending before the board convened by the Secretary of the Treasury precept dated December 21, 1950, addressed to you.

(Signed) JOHN S. GRAHAM

Acting Secretary of the Treasury

A true copy. Attest:

H. F. Helgesen
Lieutenant (3833), U. S. Coast Guard,
Member and Recorder

FEDERAL SECURITY AGENCY

WASHINGTON

ZONE 25

Office of
The Administrator

March 29, 1946

Gentlemen:

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

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

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

Sincerely yours,

/s/ Maurice Collins
Acting Administrator

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

Through the Surgeon General

A true copy. Attest:

H. F. Helgesen
Lieutenant (3833), U. S. Coast Guard,
Member and Recorder

"B"

USPHS Hospital
Seattle, Washington

29 October, 1952

To: Robert L. Griffith, Medical Director, USPHS
John W. Cashman, Sr.Asst.Surgeon, USPHS
USPHS Hospital
Seattle, Washington

Subj: Precept for Coast Guard Physical Evaluation Board

Ref: FSA Letter dated 29 March, 1946 to U.S. Public Health Service Stations

1. Pursuant to the above reference, a Coast Guard Physical Evaluation Board will be convened for the purpose of evaluating the physical fitness of WEST, Howard William (221-071) MM1, U.S. COast Guard. This Physical Evaluation Board will be convened at 1400, 13 November, 1952.

2. You are hereby directed to act as one of the Medical Officers on that Board.

/s/ W. W. Nesbit
W. W. NESBIT
Medical Director, USPHS
Medical Officer In Charge

A true copy. Attest:

H. F. HELGESEN
Lieutenant (3833), U.S. Coast Guard
Member and Recorder.

"C"

PE-1
3 September 1952

AUTH: 513623

AIRMAIL

From: Commandant
To: WEST, Howard William (221-071)MM1, United States Coast Guard
Via: Commander, Thirteenth Coast Guard District (p)

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

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

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

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

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

5. No proceed time is allowed under these orders.

B. H. BRALLIER
By direction

A true copy. Attest:
H. F. HELGESEN
Lieutenant (3833), U.S. Coast Guard
Member and Recorder

"D"

U.S. Public Health Service Hospital
Seattle, Washington
Thursday, 13 November, 1952

The board met at 1405.

Present:

Captain Morris C. Jones (1119) U.S. Coast Guard, President;
Lieutenant Commander Garland Sponburgh (2459), U.S. Coast Guard, Member;
Lieutenant Herman F. Helgesen (3833) U.S. Coast Guard, Member and Recorder;
Medical Director Robert L. Griffith, U.S. Public Health Service, Member and
Senior Assistant Surgeon John W. Cashman, U.S. Public Health Service, Member.

Richard J.W. Nielsen, Chief Yeoman, U.S. Coast Guard, entered as reporter.

The Board decided to sit with open doors.

Howard William West (221-071) machinist's mate first class, U.S. Coast Guard, the individual whose physical fitness is being evaluated, entered.

The recorder read the precept, the letters appointing the medical members to the board, and the order to the individual concerned, copies prefixed marked "A(1)(2)", "B", "C", and "D".

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

The individual concerned stated that he did not object to any member, and did not desire counsel.

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

A letter appended marked "E" was received from Headquarters transmitting the papers named therein, which are appended, marked "1(1)(2)(3)", "2", "3" and "4". Excerpts from the papers were read by the recorder.

The medical members submitted a report in writing, which was sworn to by them, read, and is appended marked "5(1)(2)(3) and (4)".

Senior Assistant Surgeon John W. Cashman, U.S. Public Health Service, the junior medical member of the board, was duly sworn as a witness.

Examined by the Recorder:

1. Q. State all the causes from which WEST's disability or disabilities proceed?

A. Infraction of myocardium due to arteriosclerotic coronary thrombosis, chronic glomerulonephritis, thrombophlebitis, left leg and varicose veins of both legs.

2. Q. Do accepted medical principles indicate that each disability may be of a permanent nature?

A. No.

3. Q. Do accepted medical principles indicate that each disability is of a permanent nature?

A. Yes sir.

4. Q. Are WEST's disabilities such as to render him unfit to perform the duties of his rating?

A. Yes sir.

5. Q. Have all reasonable measures for the amelioration of the disabling conditions been tried?

A. yes sir.

6. Q. Was each disability incurred while WEST was entitled to receive basic pay?

A. Yes.

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

A. No sir.

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

A. No sir.

9. Q. What is the percentage of disability of WEST computed in accordance with the current Veterans' Administration SCHEDULE FOR RATING DISABILITIES?

A. 60%.

10. Q. Specify the appropriate Code Numbers in the Schedule on which the disability rating is based and the percentage rating assigned to each disability, commencing with the primary disability?

A. 7005- 60%; 7502 - 10%; 7121 - 0%; 7120 - 0%; combined ratings according to the schedule is 64%, computed to the nearest 10% is 60%.

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

Medical Director Robert L. Griffith, U.S. Public Health Service, the senior medical member of the board, was duly sworn as a witness.

Examined by the Recorder:

1. Q. Dr. Griffith you have just heard the testimony of Dr. Cashman do you concur in all of his statements?

A. Yes.

2. Q. Do you disagree with any part of it?

A. No.

3. Q. Have you anything further to add to Dr. Cashman's testimony that might be of benefit to the determination of this board?

A. I would like to comment on the diagnosis of chronic glomerulonephritis, We stated it was incurred while entitled to receive basic pay with the understanding that he had this condition when he enlisted in the Coast Guard by way of the Lighthouse Service, in any event the 10% does not effect the final total disability. There is no evidence that the glomerulonephritis is any worse now than it was on enlistment. The primary disability, infarction of myocardium, is believed to be permanent, the varicose veins could possibly be corrected surgically and in that respect may be permanent but they are very mild of nature and surgical treatment is not advised. The thrombophlebitis may improve in time also and may not be permanent. It is believed that the glomerulonephritis is permanent since it has been present for eleven years or more.

Examined by the Board:

4. Q. You just stated that the thrombophlebitis might improve, do you think that the chances of his improvement is good?

A. The thrombophlebitis probably was a complication of the myocardium infarction, there is no way of telling whether it will disappear or not, however there is no disability rating attached to this diagnosis.

5. Q. You stated that a operation for varicose veins might tend to make the condition may be permanent, is that definite or just a possibility?

A. It is just a possibility, the varicose veins are purely an incidental finding in the examination and I do not believe they enter into his disability or the physical evaluation board.

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

The individual concerned was duly sworn as a witness:

Examined by the Recorder:

1. Q. State the nature of your disability.

A. All I know is that while at the North Head Light Station I went out one night to put the light on and felt the heavy gas pressure around my heart, the light started acting up so I stayed with the light approximately an hour repairing it, I walked from the tower and up the hill back to the quarters, when I got back up to the house the buzzer was ringing indicating that the light was off, so I walked back down the hill and climbed back into the light and the pressure got heavier as I went back up the light again. I wasn't bothered anymore till the following Friday night when I was visiting Cape Disappointment when I got the heavy attack but it was over in approximately an hour, Chief Peters of Cape Disappointment rushed me to a doctor at Ilwacco, Wn. The Doctor made a hurried examination and found my bood pressure normal and my heart back to normal, it stayed that way till the following Monday. Monday morning I lost my breath and my wife took me into the doctor at Ilwacco but the doctor was not in and the nurse advised for her to take me to the Navy hospital at Tongue Point, at that time I had to keep sticking my finger in my throat in order to get my breath, it was on May 12th, and from the on the doctors have taken care of me.

2. Q. What is the cause of your disability?

A. It is just the heart and the leg, and of course I have the kidneys which only bothered me once.

3. Q. How long have you suffered from these disabilities?

A. The heart as of May 12th, 1952.

4. Q. Do you desire to make any statement?

A. No statement, outside of I was in front of a retirement board during the war and was asked if I wanted to retire but I requested to go back to duty and was told that if I wanted to go before the board again I was to notify them, but I never had any reason to.

Examined by the Board:

5. Q. What was your rank or rate at that time?

A. I was second class machinist mate.

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

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

The individual concerned did not desire to make a statement.

Howard William West (221-071) MM1, U.S. Coast Guard, the individual whose physical fitness is being evaluated desired to make no argument.

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

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

RECOMMENDED FINDINGS OF FACT

1. Howard W. West (221-071) MM1, U.S. Coast Guard, is unfit to perform the duties of his rating by reason of arteriosclerotic heart disease following typical history of acute coronary occlusion or thrombosis, more than light manual labor not feasible; nephritis, chronic, mild; thrombophlebitis, left leg and varicose veins, mild, incurred while entitled to receive basic pay, ~~and considered to be the proximate result of the performance of active duty.~~ H.W.W.

2. That the disabilities are not due to the intentional misconduct or wilful neglect of WEST and that the disabilities were not incurred during a period of unauthorized absence of WEST.

3. The disabilities are considered to be sixty (60) percentum disabling in accordance with current Veterans' Administration Schedule for Rating Disabilities, computed as follows: 7005 - 60%; 7502 - 10%; 7121 - 0% and 7120 - 0%.

4. That WEST has completed 23 years, 7 months, 27 days active military service as of 16 September, 1952.

5. That accepted medical principles indicate that the disabilities are of a permanent nature.

Morris C. Jones
Captain, (1119), U.S. Coast Guard, President

Garland Sponburgh
Lieutenant Commander, (2459), U.S. Coast Guard, Member

Herman F. Helgesen
Lieutenant (3833), U.S. Coast Guard
Member and Recorder

Robert L. Griffith,
Medical Director, U.S. Public Health Service
Member

John W. Cashman,
Senior Assistant Surgeon, U.S. Public Health Service, Member.

The board then, at 1440, adjourned to await the action of the convening authority.

Morris C. Jones
Captain (1119), U.S. Coast Guard, President

Herman F. Helgesen
Lieutenant (3833), U.S. Coast Guard,
Member and Recorder.

UNITED STATES COAST GUARD

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

RECEIVED
SEP 5 1952
C13CGD

.PE-1
3 September 1952

.AIRMAIL

From: Commandant
To: Captain Morris C. Jones (1119), USCG - President
Physical Evaluation Board, Thirteenth Coast Guard District

Subj: WEST, Howard William (221-071)MM1, USCG; appearance before Physical Evaluation Board

Ref: Precept convening Physical Evaluation Board

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

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

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

	Years	Months	Days
Active Military Service as of 16 September 1952--	23	7	27
Unauthorized Absences--		None	

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

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

B. H. BRALLIER
By direction

Encl: (1) Pertinent medical and personnel papers
(2) Copy of Commandant's (PE-1) letter to West

"E"

Mrs Elder

FIRST ENDORSEMENT to Report of Board of Medical Survey from USPHS Hospital Seattle, Wash of 24 July 1952 PM-73
27 August 1952

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

Returned with the recommendation that WEST, Howard William (221-071) MM1, USCG be brought before a Physical Evaluation Board to determine whether or not he meets the requirements for physical disability retirement as set forth in Public Law 351, 81st Congress, Career Compensation Act of 1949.

Paul M Stewart.

PAUL M. STEWART
Rear Admiral, USPHS
By direction

Encl:

WEST, Howard William
(221-071)MM1
DATE: 9-16-52
AGE: 48 Yrs. 11 Mos. 17 Das.
SERVICE: 11 Yrs. 2 Mos. 22 Das. CG
3 Yrs. 0 Mos. 0 Das. MARINES
9 Yrs. 5 Mos. 5 Das. LIGHTHOUSE

1952 AUG 27 13 34
PEA-A

29 August 1952
APPROVED

B. H. BRALLIER, Captain, USCG
Chief, Enlisted Personnel Division

REPORT OF BOARD OF MEDICAL SURVEY
NAVMED-N (REV. 5-45)

26

PLACE U.S.P.H.S. Hospital, Seattle, Washington (Name of hospital, ship, or station where survey is held) DATE 7-24-52

FROM: Board of Medical Survey.

TO: ~~xxxxxxxxxxxxx~~ Commander, 13th Coast Guard District (p)

For transmission to the Bureau of Medicine and Survey

NAME WEST, Howard William (In full, surname first) NO. 221-071 (File or service number) RANK OR RATE AND CLASSIFICATION MM1

BIRTHPLACE Lansing, Michigan BIRTH DATE 30 Sept. 1903

ENLISTED OR APPOINTED: Date 24 June 1942 REPORTED FOR ACTIVE DUTY, USNR: Date

PERMANENT STATUS MM1 (Rank or Rate) DATE

APPOINTMENT OR PROMOTION TO PRESENT RANK: Date

TOTAL SERVICE: Navy None Marine Corps 3 yrs. active duty
4 yrs. Marine Corps Reserves Army-none
Lighthouse Service 10 years

ADMITTED FROM U. S. Coast Guard Base, Seattle, Washington DATE 8 June 1952

DIAGNOSIS (1) 430-516.7 Infarction of myocardium due to arteriosclerotic coronary thrombosis
(2) 489-100.7 Thrombophlebitis, left leg (femoral vein) KEY LTR. SPEC. LTR.
(From Navy nomenclature, under which carried on sick list)

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

EXISTED PRIOR TO APPOINTMENT OR ENLISTMENT? No (Yes or No) IF "YES," WAS CONDITION AGGRAVATED BY SERVICE? (Yes or No)

PATIENT INFORMED OF FINDINGS? Yes (Yes or No)

SUMMARY OF CASE HISTORY

This patient, a 48 year old Coast Guardsman, was admitted to the U.S.P.H.S. Hospital, Seattle, with the chief complaint of pain in the left leg for two days. On May 7th patient sustained a myocardial infarction and was hospitalized by the Navy in Astoria, Oregon, some five days after his first chest pain. While in the hospital he developed "pneumonia" and a pain in the right chest. This was thought to have been a pulmonary infarction. This "pneumonia" responded to shots and oxygen therapy and two days prior to transfer to this hospital he developed pain and swelling in his left calf and dicumarol was started. There was progression of the pain and swelling and he was transferred to this facility for further treatment.

Physical examination revealed a debilitated, moderately ill appearing male of stated age. Blood pressure 105/80. Pulse 108. Temperature 98.6. There were no marked abnormalities upon examination of the eyes, ears, nose and throat. Lungs were clear. A grade 3 systolic murmur was described at the apex of the heart. There appeared to be tenderness in the left groin, as well as just superior to this. Dilated varicose veins were noted. The left leg was wrapped in an ace bandage from the toes to the groin.

Chest x-ray on admission showed the left costophrenic sinus to be a little blunted but the remainder of the lung fields was essentially clear and the heart and great vessels were normal. A 1/ albuminuria was found. Prothrombin time was 22% of normal. Kahn was negative. Venous pressure 220 mm. of saline. Circulation time arm to tongue 19 seconds. White count 8,350. Hemoglobin 15.7 Gm. His initial electrocardiogram showed a posterior lateral infarction.

Patient was transferred to the Medical Service soon after his arrival in the hospital. Dicumarol was continued until the last week in June. His progress while in the hospital was one of slow but gradual improvement. On the 2nd of July he suffered

(OVER)

16—44516-1

(CONTINUED) Sheet 27

SUMMARY OF CASE HISTORY (Cont'd)

an episode of pain similar to the one experienced at the time of his original infarction but no changes were noted in the electrocardiogram other than a low voltage; the same pattern present as before. From that point until the time of his discharge he felt better and better and at the time of discharge on 7/25 he felt better than he had in months. Though his final electrocardiogram showed a persistent low voltage, it was thought perhaps to indicate a poor prognosis. It is recommended that this man be brought before a Board of Physical Evaluation to determine his fitness for remaining in the Coast Guard. He was discharged on 7-25-52 on indefinite sick leave pending calling of a Board.

JWC:rym

NOTE: If additional space is required use NAVMED-Ma following sheet

PRESENT CONDITION: Unfit for service PROBABLE FUTURE DURATION Permanent

RECOMMENDATION: That the subject named Coast Guardsman be brought before a Coast Guard Physical Evaluation Board for separation from Service.

Robert L. Griffith

ROBERT L. GRIFFITH XXXXXXX (Senior Member of Board)
Medical Director, USPHS

John W. Cashman

U. S. NAVY (Member) JOHN W. CASHMAN
Sr.Asst.Surgeon, USPHS (Member)

FROM: Commanding Officer. DATE 7-24-52

TO: ~~XXXXXXXXXXXXXXXXXXXXXXXX~~ Commander, 13th C. G. District (p)

(Signature)

J. F. Van ACKEREN
Medical Director, USPHS
Medical Officer in Charge

ENDORSEMENT

Ind-1

FROM: ~~Bureau of Medicine and Surgery~~ Commander, 13th CG District

TO: Commandant (PM)

DATE 18 August, 1952 p

1. Forwarded: Recommendation of Board Approved.

M. A. JORDAN
By direction

(Signature)

ENDORSEMENT

FROM ..... DATE .....

TO .....

(Signature)

NOTE: BuMed and BuPers or Mar Corps endorsements shall be entered on NAVMED-H-8 in health record.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—44516-1

USPHS. Hospital
Seattle, Washington
24 July, 1952

28

Statement attached to Medical Board of Survey on WEST, Howard William (221-071) MM1. U. S. Coast Guard, dated 24 July, 1952.

I have been informed of the findings of the attached Medical Board of Survey and I do not care to make a statement in rebuttal.

Howard W. West

Howard W. West, MM1
(221-071) U. S. Coast Guard

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3294 (3-52)

HEALTH RECORD

29

NAME	SERVICE NO.	GRADE OR RATE	UNIT
WEST, Howard William	221-071	MM1	USCG

WHERE TREATED	DIAGNOSIS	TREATMENT BEGAN	TREATMENT ENDED	IP OR OP
PHSH SEATTLE	Smallpox & typhoid inoculation	7- 3-41	7-18-41	OP
MH SEATTLE	Chronic parenchymatous nephritis	5- 1-43	6- 1-43	IP
SEATTLE WASH	Examination extraction, dental	8- 4-43	8- 4-43	OP
PHSH SEATTLE	Malinger	3-24-44		
	Chronic glomerulonephritis			
	Varicocele, left		4-10-52	
MH SEATTLE	Osteoarthritis, lumbar spine	7-19-46		
	Glomerulonephritis, mild, chronic		8-19-46	IP
SEATTLE WASH	Retinal spasm, etiology undetermined	2-25-48		
	Spasm of retinal arther, left eye			
	Glomerulonephritis, chronic		3-30-48	IP
TONGUE PT. ORE	Coronary thrombosis, artery	5-12-52	6- 8-52	IP
PHSH SEATTLE	Infarction of myocardium due to arteriosclerotic coronary thrombosis	6- 8-52		
	Thrombophlebitis, left leg (femoral vein)		7-25-52	IP
HOME	Sick leave	7-25-52	Remaining	

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

T. LE BLANC
Commander, USCG

"2"

C 2430

30

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

IN REPLYING, ADDRESS THE

COAST GUARD PHYSICAL EVALUATION BOARD

U. S. PUBLIC HEALTH SERVICE HOSPITAL

SEATTLE, WASHINGTON, 13 November 1952

From: Medical Director Robert L. Griffith and Senior Assistant Surgeon John W. Cashman, U. S. Public Health Service

To: President, Coast Guard Physical Evaluation Board

Subj: Examination of Howard William WEST (221-071) MM1, U. S. Coast Guard

1. We have carefully and separately examined MM1 Howard William West, U. S. Coast Guard, as to his past and present physical and mental condition, together with the records pertaining to his case. There is submitted herewith a complete and detailed report of the physical and mental condition of MM1 West, executed under oath, together with Standard Forms 504, 505 and 506, attached hereto and made a part hereof.

2. We believe that MM1 West is unfit to perform the duties of his rating by reason of

430-516.7	Infarction of myocardium due to arteriosclerotic coronary thrombosis
712-190	Chronic glomerulonephritis
489-100.7	Thrombophlebitis, left leg
48x-522.9	Varicose veins of both legs

incurred while entitled to receive basic pay, not due to intentional misconduct or willful neglect and not incurred during a period of unauthorized absence; that such combined disabilities are considered to be 60 per cent disabling, computed in accordance with the Current Veterans Administration Schedule for Rating Disabilities as follows:

7005; Arteriosclerotic heart disease following typical history of acute coronary occlusion or thrombosis, more than light manual labor not feasible; 60 per cent
7502; Nephritis, chronic, mild; 10 per cent
7121; Thrombophlebitis, left leg; 0 per cent
7120; Varicose veins, mild; 0 per cent

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

Robert L Griffith Med. Dir.

John W Cashman SA Surg

Sworn to and subscribed before me this 13th day of November, 1952.

Norman A. McQueen LT.
U. S. Coast Guard, Recorder

JWC:rym

"5(1)"

Standard Form 504
Rev. Feb. 1951
Promulgated
By Bureau of the Budget
Circular A-32

31

CLINICAL RECORD | **HISTORY—Part I**

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

Board of Physical Evaluation

HISTORY OF PRESENT ILLNESSES

This patient, a 49 year old Coast Guardsman, was most recently discharged from this hospital approximately one month ago at which time he was studied for the possibility of activity of an old chronic nephritis. The most recent previous admission was from June 8, 1952, to July 25, 1952, when he was hospitalized because of a coronary occlusion and a complicating thrombophlebitis in the left leg. The story of that illness is essentially as follows.

On May 7 he sustained a myocardial infarction and was hospitalized by the Navy in Astoria, Oregon, some five days later. While in the hospital he developed "pneumonia" and a pain in the right chest. This was thought to have been a pulmonary infarction. This complication responded to shots and oxygen therapy but two days prior to transfer to this facility he developed pain and swelling in his left calf and anticoagulant therapy was begun. Because of the progression of pain and swelling and because of the serious nature of his general illness, he was transferred to this facility for further treatment. Physical examination on June 8 revealed a debilitated, moderately ill appearing male of his stated age. Blood pressure 105/80. Pulse 108. Temperature 98.6. There were no marked abnormalities upon examination of the eyes, ears, nose and throat. The lungs were clear. A grade 3 systolic murmur was described at the apex of the heart. There appeared to be tenderness in the left groin as well as just superior to this. Dilated varicose veins were noted on both legs. The left leg was wrapped in an ace bandage from the toe to the groin. His initial electrocardiogram showed a posterolateral infarct. Venous pressure was found to be elevated to 220 mm. of saline. Circulation time arm to tongue was 19 seconds, a slight elevation. His hospital course was one of slow but gradual progress. On the 2nd of July he suffered an episode of pain similar to the one experienced at the time of his original infarct but no changes were noted in the electrocardiogram other than a low voltage, the same pattern being present as before. From that point until the time of his discharge he felt better and better and by July 25 he felt better than he had in months. It was thought that this man would not be fit for any more than just light manual labor and, therefore, it was recommended that he be brought before a Board of Physical Evaluation.

Since that time Mr. West has done very well. He had a slow convalescence. There has been no angina. There has been no disability from the thrombophlebitis in the left leg though initially there was some rather persistent swelling and to date there still is occasional swelling. (*Continue on reverse side*)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
WEST, Howard William		

U.S.P.H.S. Hospital, Seattle, Washington
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

HISTORY—Part I
Standard Form 504

U. S. GOVERNMENT PRINTING OFFICE 16—50188-3

Because of a diagnosis of chronic glomerulonephritis found on examination of his health record, Mr. West was again admitted September 26, 1952, for a kidney evaluation. It was noted that initially he was physically rejected on admission to the Coast Guard because of albuminuria and an insufficient number of teeth. Apparently this was waived although there is no evidence of a signed waiver and he was enlisted in the Coast Guard. In May 1943 he was admitted to the U.S.P.H.S. Hospital, Seattle, because of the finding of albuminuria. He had no complaints or symptoms referable to the G.U. tract. Kidney studies at that time revealed urines running from negative to 2 plus albumin with occasional hyaline and granular casts. PSP excretion test showed 35% excretion in two hours, an abnormally low excretion. Urinary concentration was normal. Sedimentation rate, BUN and intravenous pyelography revealed no abnormalities. At the conclusion of that admission it was felt that he had a low-grade chronic nephritis, being prone at times to spill casts and occasional red blood cells. In 1944 and again in 1946 kidney examination revealed a low-grade albuminuria with impaired PSP excretion. In 1948 because of blurring of vision and a sensation of pulling of the sides of his eyes, he was admitted and there was found on examination a retinospasm of the left temporal artery with contraction of the peripheral visual fields with loss of vision in the inferonasal quadrants. It was thought that the process in his eyes was on the basis of an old chronic glomerulonephritis. While in the hospital his peripheral field vision improved markedly but the scotomata in the inferonasal quadrant persisted.

Physical examination on his most recent admission did not differ from that essentially since the time of his discharge in July. Routine specimen of his urine revealed a specific gravity of 1.019, a trace of albumin, no casts and no red cells. He concentrated to a maximum of 1.019. Serology was negative. BUN 14 mg.%. PSP excretion revealed 60% of the dye excreted. Creatinine was 1.5 mg.%. Electrocardiogram showed no essential change over July 1952. It was thought that he had chronic glomerulonephritis but that it was inactive at the present time.

As of this date, Mr. West is feeling quite well and he looks better than at any time since he first came under our observation.

JWC:rym

M. L. Griffith

J. W. Cashman

CLINICAL RECORD | **HISTORY—Part 2**

PAST HISTORY

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

Occupation: Machinist's Mate, U. S. Coast Guard.

Military History: 23 years total service.

Habits: Never has been an alcoholic. He smoked until May 1952.

Family: Wife living and well. Two children in good health, the younger having a horseshoe kidney. Mother died of stroke. Father living and well, age 70. No family history of heart disease.

Illnesses: Usual childhood diseases.
Albuminuria in the 1940's.

Operations: None.

JWC:rym

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
WEST, Howard William		

16—56187-2

U.S.P.H.S. Hospital, Seattle, Washington
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

HISTORY (Parts 2 and 3)
Standard Form 505

"5(3)"

West 34

HISTORY—Part 3
[SYSTEM REVIEW]

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

General: Has felt better than at any time in recent months these last several weeks.

EENT: Vision is excellent, claims 20/20 vision; does not wear glasses.

Cardio-Respiratory: Denies chronic cough, angina, ankle edema, palpitation, shortness of breath and paroxysmal nocturnal dyspnea.

Gastrointestinal: Good appetite. Weight holding. No dyspepsia.

Genito-urinary: See present illness.

Musculo-Skeletal: No complaints.

Neuropsychiatric: Denies being nervous. Has always been a hard worker.

JWC:rym

J W Cashman

M L Griffith

SIGNATURE OF PHYSICIAN

DATE 11-13-52

U. S. GOVERNMENT PRINTING OFFICE 16—80187-1

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

35E

CLINICAL RECORD — PHYSICAL EXAMINATION

DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
11-13-52	71 in.			160	98.6	78	110/80

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

Physical examination revealed a wiry built, well nourished, middle aged male. Intelligent, cheerful, cooperative, alert.

E.E.N.T.: Essentially normal. Mouth edentulous, compensated.

Lungs: Clear.

Heart: Not enlarged to percussion. Soft, grade 1 systolic murmur heard over the apex, not transmitted.

Abdomen: Negative.

Hernia: None.

Genitalia: That of a normal male.

Rectal: Negative.

Back: Good range of motion without deformity.

Extremities: Moderate varicosities present over both legs. No pedal edema.

Neurologic: Physiologic.

JWC:rym

J W Cashman

M L Griffith

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
WEST, Howard William		

U.S.P.H.S. Hospital, Seattle, Washington
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

PHYSICAL EXAMINATION
Standard Form 506

"5(4)"

16—56185-2

* 1st & 2d Period of Serv. - Yes
Last Period of Serv. - No

REQUEST FOR INFORMATION FROM: NAVY ☐ MARINE ☐ COAST GUARD ☒

FORMS ON RECORD		DATA REQUESTED		1. C-NO.
553 ☒ *	78 ☐	MEDICAL ☒	SERVICE ☒	17 233 106

2. ORIGINATING UNIT	3. LOCATION OF REQUESTING OFFICE	4. TYPE OF CLAIM
Adjudication Division 3046-8CA	VARO, Seattle 1, Washington	DISABILITY

5. LAST NAME—FIRST NAME—MIDDLE INITIAL (UNDER WHICH SERVED)	6. SERIAL OR FILE No.	7. DATE
WEST, Howard William	221 071	4-14-53

8. HOME ADDRESS (STREET, CITY, STATE)	9. DATE OF BIRTH
524 First Ave. West, Seattle 99, Washington	9-30-03

10. PLACE OF BIRTH	11. CONVERTED INSURANCE No.	12. NAT'L SERV. LIFE INSURANCE No.	13. DATE OF DEATH
Lansing, Michigan	K-	N-	

14. DATE(S) OF ENROLLMENT(S) OR ENLISTMENT(S)	15. DATE(S) AND PLACE(S) OF ENTRY INTO ACTIVE SERVICE	16. DATE(S) AND STATION(S) OF ACTUAL DISCHARGE FROM SERVICE
6-25-41	6-25-41, Seattle, Wash. 6-24-47, Seattle, Wash. 6-24-50, Seattle, Wash.	6-23-47, Seattle, Wash. 6-23-50, Seattle, Wash. 3-1-53, Seattle, Wash.

17. IF NOT DISCHARGED, INDICATE DATE(S) AND STATION(S) FROM WHICH RELEASED FROM ACTIVE DUTY	18. CHARACTER OF DISCHARGE	19. LAST RANK OR RATING
	Honorable	MM1 USCG

ALLEGED DISEASE OR INJURY, DATE OF INCURRENCE, DATE(S) AND STATION(S) OF TREATMENT

Heart condition - May 1952. USPHS Hosp. Seattle, Wash. (June or July 1952 for 3 months).

ADDITIONAL

Please verify Items 5 through 19 for last period of service and furnish entire record series for all periods of service.

BY R. L. POPWELL, Adjudication Officer (NAME AND TITLE)

DO NOT WRITE OR TYPE IN MARGIN

FROM (CHECK WHICH): ☐ CHIEF, BUREAU OF NAVAL PERSONNEL. ☐ COMMANDANT, U. S. MARINE CORPS. ☒ COMMANDANT, U. S. COAST GUARD.

PE-3

(CHECK ONE) ☐ ALL ITEMS CORRECT. ☒ ALL ITEMS CORRECT EXCEPT:

WEST, Howard William (221-071) Machinist's Mate, first class

(14-15) 25 June, 1941, enlisted in U. S. Coast Guard for three years at Friday Harbor, Washington and assigned to active duty

24 June, 1944, enlistment extended for three years

24 June, 1947, reenlisted for three years

24 June, 1950, reenlisted for six years

Corres:md:fm 7 May, 1953 (DATE FORWARDED) BY W. B. ELLIS, By direction (NAME AND TITLE)

See Reverse Side

FROM (CHECK WHICH): ☐ CHIEF OF BUREAU OF MEDICINE AND SURGERY. ☒ CHIEF MEDICAL OFFICER OF THE U. S. COAST GUARD.

1. PHOTOSTATIC COPY OF MEDICAL RECORD IS ENCLOSED ☒

2.

(DATE RETURNED TO VETERANS) BY T. LE BLANC (NAME AND TITLE) CDR. USCG

VA FORM JAN 1946 3102 SUPERSEDES FORMS 3103 AND 3104, PREVIOUS EDITIONS MAY BE USED.

16—47305-1 U. S. GOVERNMENT PRINTING OFFICE

WEST, Howard William (221-071) Machinist's Mate, first class

continued --

(16-18) 23 June, 1947, honorably discharged at expiration of enlistment and extension at Seattle, Washington

23 June, 1950, honorably discharged at expiration of enlistment at Seattle, Washington

1 March, 1953, placed on the permanent physical disability retired list by reason of disability incident to service. In accordance with Current Schedule for Rating Disabilities of Veterans' Administration disability is shown as follows:

Code #7005 - Arteriosclerotic heart disease following typical history of acute coronary occlusion and thrombosis - more than light manual labor not feasible 60% rating

Code #7502 - Glomerulonephritis, mild 10% rating

Code #7121 - Phlebitis, persistent moderate swelling of leg not markedly increased while walking or standing 0% rating

Code #7120 - Varicose veins - mild 0% rating

Above named man had prior service of 8 years 0 months 9 days LIGHTHOUSE
" " " " " " " 7 years 0 months 0 days MARINE CORPS
" " " " " " " 1 year 0 months 2 days NATIONAL GUARD

PS
9 July 1953
L-13

WEST, Howard W.
(221-071)USCG, Ret.

Veterans Administration
Regional Office
Seattle, Washington

Dear Sir:

Subject named man requested that deductions be made from his retired pay in the amount of $11.90 with month of first payment June 1953 for premium payments on U. S. Government Life Insurance.

The Veterans Administration Central Office now advises that WEST does not have Government Life Insurance and that National Service Life Insurance applied for in 1950 was denied. In checking the amount of deduction requested, it would appear that he applied for non-participating insurance. However, this fact could not be verified by Central Office.

Information received indicates that his records were requested by your office in May 1953. If WEST submitted an application through your office will you forward a copy to Commandant (PS) so that our records will be complete and steps may be taken to transfer the allotment from the Government Insurance rolls to the Post-Service rolls.

Very truly yours,

7/10/53

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

PE-64

MJM:aom rm 2111 2-4

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number_____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number_____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).

3. REMARKS "Q" Allotment in amount of $200.00 in effect from 11/50. Allotment not stopped during occupancy of Government Quarters.

J. M. DONOVAN, PCLK., USCG
(D. O. Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED

FOR NAVAL PERSONNEL—Forward to Family Allowance Unit, BuPers, Cleveland 14, Ohio, via D. O.
FOR COAST GUARD PERSONNEL—Forward to Commandant, USCG, Via D. O. carrying pay account
FOR MARINE PERSONNEL—Forward, Commandant, USMC, Via D. O.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1952 - 980558

QUADRUPLICATE

FILE 3-13
2 3

VETERANS ADMINISTRATION
Regional Office
Tower Building
7th Ave. & Olive Way
Seattle 1, Washington

YOUR FILE REFERENCE:

July 15, 1953

IN REPLY REFER TO: 3046-3AB

Commandant
U. S. Coast Guard
Headquarters
Washington 25, D. C.

SUBJ: Howard William West C 17 233 106 (221-071)USCG, Ret.

Dear Sir:

Reference is made to your letter of July 9, 1953, relative to deductions for insurance for Howard William West (221-071) USCG, Ret.

The Veterans Administration District Office, Fort Snelling, St. Paul, Minnesota, has jurisdiction of National Service Life Insurance matters for all veterans in this area and if an application were filed by the veteran in this office, it would have been transmitted to St. Paul. Accordingly, your letter is being forwarded to that office for appropriate investigation and reply.

Very truly yours,

Donald A. Larson

DONALD A. LARSON
Acting Contact Officer

cc: VA District Office
St. Paul, Minn.

524 1st ave West
Seattle 99, Wash

10-19-53

PE-64

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, or H. If such file number is unknown, service or serial number should be given.

Standard Form No. 1034a—Revised
Form prescribed by
Comptroller General, U. S.
September 1950
(Gen. Reg. No. 51, Supp. No. 11)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. C. Vou. No. _____

Bu. Vou. No. 13-18426

U. S. TREASURY DEPARTMENT - COAST GUARD rlg 4/13/53
(Department, bureau, or establishment)

Voucher prepared at 13th CG District, Seattle, Wn.
(Give place and date)

PAID BY

(For use of Paying Office)

THE UNITED STATES, Dr., *Payee's Account No.* 4/13/53

To Howard W. West
524 First Ave. West (Payee)
Seattle 99, Washington
(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
1953		Discount Terms					
13 Apr	13 Apr	PAYMENT OF MUSTERING OUT PAY FIRST PAYMENT MOP ACT OF 1952					
PAYMENT:		AS PER CERTIFICATES ATTACHED				100	00
Complete ☒							
Partial ☐							
Final ☐		Use continuation sheet(s) if necessary					
Shipped from	to	Weight	Government B/L No.		Total	100	00

(Payee must NOT use this space)

Differences _____

SEE CERTIFICATES ATTACHED

Account verified; correct for _____ 100 00
(Signature or initials) _____

Contract No. Date Req. No. Date Invoice Rec'd.

100.00

J. M. DONOVAN
PCLK, USCG
APR 14 1953

MEMORANDUM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n. or Proj't. Amount	Appropriation Amount
20X0201	OE 00		100.00

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
13-13.53			999900		1210	100.00

Paid by { Check No. _____ dated _____, 19____, for $ 100.00 } on Treasurer of the United States in favor of payee named above.
{ Cash, $_____, on _____, 19____.

o9-16—22900a-1

NAVS, AND A. FORM 550

MUSTERING OUT PAYMENT

221-071	WEST	Howard	W.	MM1, USCG
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

3-1-53	O'CCGD13, Seattle, Washington	60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* YES

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct.

(Sign original only)

M. A. JORDAN, LT, USCG
By direction

(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? since 1952 YES
(Enter Yes or No)

-30-52

Howard W. West
(Signature of applicant)
Howard W. West

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

524 1st Ave West
(Number) (Street)

Seattle 99 Wash.
(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 423-2492 272,085 4/15/53
(Public voucher) (Check number) (Date)

J. M. DONOVAN, PCR, USCG
Authorized Certifying Officer Symbol 1332
(Type name and symbol No. of disbursing officer making initial payment)

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

3-13
file 73

Joyce Wash.
14 Aug. 1953.

From Howard W. West M.M.1. Retired 221-071
to Commandant U.S. Coast Guard

Request change of address from 524 - 1st West to Box 45 Joyace Washington
Sent my check to that addrst

Howard W West M.M.1. Ret. 221-07

address changed
8-17-53
JEH

PE-64

PE-3
17 December 1953
MM

Chief, Claims & Exceptions Section, Sta. 6-12

Chief, Administration Section, Enlisted Personnel Division, Sta. 3-13

WEST, Howard W. (221-071)MM1 Ret.; correction of leave record;

1. Subject man's leave account has been corrected to indicate 0 days leave due on retirement 28 February, 1953, computed as follows:

BBF	7-1-49	40				40
			Total leave taken from 7-1-49 to 6-23-50		11	
Disch.	6-23-50					29
Reen.	6-24-50	29				
	6-30-50	30				59
	7-1-50	59				
			7-4-50	7-5-50	2	57
			8-30-50	9-6-50	8	49
			1-19-51	1-30-51	12	37
			3-21-51	3-28-51	8	29
			5-25-51	5-30-51	6	23
	6-30-51	30				53
	7-1-51	53				
			7-19-51	7-25-51	7	46
	6-30-52	30				76
	7-1-52	60				
			*11-14-52	12-9-52	26	34
			*12-11-52	2-28-53	80	-46
Ret.	2-28-53	20				0

*Home on SL pending decision of PEB held 11-13-52.

7-26-52	8-24-52	SL	30
8-26-52	9-22-52	SL	28
10-11-52	11-9-52	SL	30
11-14-52	12-9-52	SL	26
12-11-52	2-28-52	SL	80

PE-64

B. A. SHAW

Mailed 12/18/53

A. O'DONNELL:mow return to 3-13

A.O'D.

FILE 3-13

PS
8 December 1953
L 13

WEST, Howard W.
(221-071) MM1, USCG, Ret.

Veterans Administration
District Office
Fort Snelling
St. Paul 11, Minnesota

Dear Sir:

To date this office ~~have~~ has received no replies to Headquarters letters dated 9 July 1953 and 29 October 1953.

It is requested that this office be furnished information concerning the status of the above named man's National Service Life Insurance.

Very truly yours,

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

Encl: (1) CC HQ ltr dtd 7/9/53
(2) CC HQ ltr dtd 10/29/53

12-8-53

PE-64

MJM:reb

File 3-7

PS
29 October 1953
L 13

WEST, Howard W.
(221-071) MM1, USCG, Retired

Veterans Administration
District Office
Fort Snelling
St. Paul 11, Minnesota

Dear Sir:

To date this office has received no reply to Headquarters letter dated 9 July 1953.

It is requested that this office be furnished information concerning the status of the above named man's National Service Life Insurance.

Very truly yours,

10/30/53

B. R. HENRY
Lieutenant Commander, USCG
Special Services Division
By direction of the Commandant

Encl: (1) Cc VA ltr dtd 7/15/53
(2) Cc HQ ltr dtd 7/9/53

PE-64

MJM.

MJM:aom:reb

file 3-13

VETERANS ADMINISTRATION

INSURANCE CENTER
MUNITIONS BUILDING,
WASHINGTON 25, D. C

PE-65

YOUR FILE REFERENCE:

JAN 28 1954

IN REPLY REFER TO. 2014-9CCB
V 1530 40 49
RS 6120
WEST, Howard W.
S 221 071

Chief, Payment and Claims Division
U. S. Coast Guard Headquarters
1300 E Street, Northwest
Washington 25, D. C.

Dear Sir:

Reference is made to your letters of October 29, 1953 and December 8, 1953, copies enclosed, relative to the status of the National Service Life Insurance of the above-named veteran.

His application of July 14, 1950 for $5,000 National Service Life Insurance, showing an allotment of $5.40 authorized August 1, 1950 and requesting August 1, 1950 as the effective date, was not acceptable in view of the good health requirements prescribed by the law and pursuant regulations.

The application dated May 9, 1953 under Section 621 was accepted to approve $10,000 insurance as shown below:

Policy Number	Amount	Effective Date	Premium	Plan
RS 6120	$10,000	June 1, 1953	$11.90	5LPT

The mode of premium payments on the May 9, 1953 application was checked, "Allotment from Active Service Pay or Service Department Retirement Pay", to be effective June 1, 1953. The insured also indicated on the application, "Disability Retirement", with date of separation from last tour of active duty, March 1, 1953.

Very truly yours,

J. B. Powers

J. B. POWERS
Chief, Underwriting Division

4-23-54

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

3-13

PS
26 May 1953
L-13

PE-PR-17

From: Commandant
To: WEST, Howard W. (221-071)MM1, USCG, Retired
5221 First West, Seattle 99, Washington

Subj: U. S. Government Life Insurance, application for allotment

Ref: (a) Your letter, 11 May 1953

1. In reply to reference (a) there is herewith enclosed the form necessary to authorize an allotment from your retired pay for premium payments on your U. S. Government Life Insurance.

2. It is requested that the enclosed Form 2528, Application for Allotment in the amount of $11.90 with month of first payment July 1953, be signed where indicated and returned to this office in the enclosed pre-addressed envelope.

B. V. HALL
By direction

Encl:
1. Form 2528
2. Envelope

5-26-53

MJM:aom rm 2111 2-4

File
EJ

West, Howard W.

313 file

April 14 1956

Commadent C. G.

From Howard W. West m.m.l. 221-071 Ret.

Change of address.

From Hudson Point Pt Townsend

To Route 2 Hastings ave. Pt Townsend

Howard W. West Ret.
R. 2 Hastings ave
Pt Townsend
Wash.

APR 18 1956

Changed 4-19-56 Ret pmy

PE-75

UNITED STATES COAST GUARD

Address Reply To:
Commander
13th CG District

Date 9 March, 1953
Unit O, C13th CGD
Location Seattle, Wash.

From: WEST, HOWARD W. (221-071) MM1, USCG
To: Commandant (PMM)
Via: 1. Commanding Officer
2. Authorized Certifying Officer

Subj: Notification of Change in Dependancy Status for Basic Allowance for Quarters

1. You are hereby notified of the following change in dependancy status which reduces or terminates entitlement to basic allowance for quarters for my dependents:

Name and address of dependent	Relationship	Date and nature of change. Use reverse side, if necessary for any additional remarks
ANA M. WEST 524 1st Ave.,West Seattle, Washington.	WIFE	PLACED ON PERMANENT PHYSICAL DISABILITY RETIRED LIST 2/28/53

2. The following allotment stoppage is requested:

Allotee	Month, last payment	Amount
ANA M. WEST	FEBRUARY, 1953	$200.00

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

Allottee	Month, first payment	Amount

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

_____
(Name of Member)

Ind-1 Date: _____

From: Commanding Officer, _____
To: Commandant (PMM)
Via: Authorized Certifying Officer, 13th CGD

Forwarded. _____

Ind-2 Date: 9 March, 1953

From: Authorized Certifying Officer, 13th CGD
To: Commandant (PMM)

Forwarded. Allotment Stoppage in the amount of $200.00 effective after payment for month of FEBRUARY, 1953

J. M. DONOVAN, PCLK., USCG
Authorized Certifying Officer

MAR 13 1953

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS 668 (REV. 2-51)

C13CGD 12 13 14 15 16

(Check one) [X] START [ ] CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
221-071	WEST	HOWARD	WILLIAM	MM1

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? [X] YES [ ] NO

SHIP OR STATION PREPARING THIS APPLICATION

COAST GUARD BASE
27th W. & Commodore Way
Seattle 99, Washington

DATE OF THIS APPLICATION: 7/21/52

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 6/24/50

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 6/23/50

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM
1.	ANNA MAE WEST	~~XXXXXXXXXXXX~~ ~~XXXXXXXXXXXX~~	WIFE		6/8/52
2.	HOWARD WILLIAM WEST JR.	Same as above	SON	20 - 4 - 37	NO
3.		2019 27th Place South Seattle, Washingbon			6/9/52
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE: 10/14/49 at Seattle, Washington

Have you been previously married? [X] YES [ ] NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

6 May, 1949 (Death)

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? [ ] YES * [X] NO

* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT

Has your wife been previously married? [ ] YES * [X] NO

* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)

I certify that _____, named above, has been dependent upon me for more than one-half of his or her support since _____: that during such period I have contributed to his or her support an average of $_____ per month in cash or its equivalent without any consideration in return; that his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged $_____ per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged $_____ per month.
(Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

8 June, 1952, vacated occupancy of Government Quarters at North Head Light Station, Ilwaco, Washington due to permanent change of station from North Head Light Station, Ilwaco, Wn. to CG Base, Seattle, Washington. Auth: C13thCGD/Ltr dated 6-10-52 p MM/P16-4 ORDER NO. 133459.

REQUEST FOR "Q" ALLOTMENTS—Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	ANNA MAE WEST	2019 - 27th Place South ~~XXXXXXXXXX~~, Seattle, Washington	$200.00	7	52	2
2.						
3.						

Subscribed and sworn to before me this 21st day of JULY 1952

J. D. GOOLSBY, SCLK, USCG
(Signature and Title of Attesting Officer)

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations.
I also certify that none of the above named dependents is a member of the uniformed services on active duty.
I will immediately notify my Disbursing Officer and the Family Allowance Unit, Bureau of Naval Personnel, Cleveland, Ohio, of any change in the above stated dependency.

Howard W. West Howard W. West MM1
(Signature of Enlisted Member) (Rate)

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number _____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number _____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS "Q" Allotment in amount of $200.00 in effect from 11/50. Allotment not stopped ~~XXXX~~ during occupancy of Government Quarters.

J. M. DONOVAN, PCLK., USCG
(D. O. Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

BAQ Payments Authorized for 2 dependents commencing 6/9/52

M R Lee
Chief, Family Allowance Sec.
77.10

FOR NAVAL PERSONNEL—Forward to Family Allowance Unit, BuPers, Cleveland 14, Ohio, via D. O.
FOR COAST GUARD PERSONNEL—Forward to Commandant, USCG, Via D. O. carrying pay account
FOR MARINE PERSONNEL—Forward, Commandant, USMC, Via D. O.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1952 - 980558

ORIGINAL

AUG 11 1952

1 October,1951
CG Group Point Adams
Hammond,Oregon

From: WEST, Howard W. (221-071) MM1
To: Commandant (PMM)
Via: (1) Cdr. CG Group Point Adams
(2) Authorized Certifying Officer,13th CG District

Subj: Notification of change in Dependency Status for Basic Allowance for Quarters

1. You are hereby notified of the following change in dependency status which terminates entitlement to basic allowance for quarters for my dependents:

Name and address of dependent.	Relationship	Date and nature of change
Anna Mae West 15 Valley Street Seattle 9, Washington	Wife	28 September,1951, took occupancy of Government Quarters at North Head Light Station,Ilwaco, Wash.
Howard W. West Jr. Address same as above.	Son	

2. The following Allotment action (stoppage) is requested.

Allotee.	Month of last payment.	Amount.
[redacted]	[redacted]	

The following allotment start action is requested.

Allotee	Month of fir st payment.	Amount.
[redacted]		

Howard W. West
Howard W. West.

Ind-1
CG Group Point Adams
Hammond,Oregon

2 October,1951

Forwarded approved.

R.C. Van Hine
R.C. VAN HINE

OCT 22 1951

Ind-2

8 October, 1951

From: Authorized Certifying Officer, C13th CG District
To: Commandant (PMM)

Forwarded: Allotment is desired to be retained by above named man in the amount of $ 200.00 Q Allotment.

J. M. DONOVAN, PCLK, USCG
ACO, C13th CG District

NO BAQ Payments Authorized for _____ dependents commencing 9/28/51

D. C. Goodwin
Chief Family Allowance Sec.

Redesignate allot to "D".

Date 20 October, 1950
Unit Lightship WAL-516
Location Seattle, Washington

From: WEST, Howard W. (221-071) MM1, USCG
To: Commandant (PMM)
Via: 1. Commanding Officer
2. Authorized Certifying Officer

Subj: Application for payment of basic allowance for quarters.

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

Name and address of dependent (include full given name)	Relationship	Remarks-Such as date & place of marriage; divorce etc; date birth of children, custondianship: other data
Anna Mae West	Wife	Date & place of marriage: 14 October, 1949, Seattle, Washington
Howard W. West Jr.	Son (son born during my previous marriage, is in my custody(	Date of birth, 20 April, 1937

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

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

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

Allottees:	Month 1st payment	Amount
Anna Mae West 15 Valley Street, Seattle 9, Washington	November, 1950	$ 200.00
		$
		$
	Total Allotments	$ 200.00

Date on or after 1 Aug. from which Basic allowance for quarters Claimed for each dependent 1 August, 1950

Howard W. West
(Name of Member)

Howard W West
(Signature of Man)

Ind-1

Date 20 October, 1950

From: Commanding Officer, Lightship WAL-516
To: Commandant (PMM)
Via: Authorized Certifying Officer

Forwarded:

R E Miller
R. E. MILLER, CBOSN, USCG
(Signature)

Ind-2

Date 23 October 1950

From: Authorized Certifying Officer
To: Commandant (PMM)

Forwarded. Allotment(s) totalling $ 200.00 registered, effective 1st payment November 1950.

BAQ Payments Authorized for 2 dependents commencing 8/1/50

C. R. Mathewson
C. R. MATHEWSON, PCLK, USCG, ACO
(Signature)

D. C. Goodman
Chief, Family Allowance Sec.

67.50

OCT 30 1950

Fay V. West died 5/6/49 USMH, Seattle, Wash.

B/C 4/20/37 Hamond W., Ft.

BAQ CLASS	DATE AUTH.	ANNUAL REDET.	DATE CANCELLED	REASON
				~~nr~~ M/C mar 10/17/42 WASH' (Annex Mac _____)
(W)(LC-1)	8/1/50			
(W)(LC-1)			9/27/51	Enter Pub. Qtrs 9/28/51
(W)(LC-1)	6/9/52			Vacated Pub. Qtrs 6/8/52
(W)(LC-1)			2/28/53	EM Retired

3-13
file 73

FP-4
15 March 1954
MR

From: Commandant
To: Howard W. West (221-071) MM1, USCG, Retired
Hudson Point
Port Townsend, Washington

PE-65

Subj: Overpayment; active duty pay

1. This office is in receipt of General Accounting Office Informal Exception No. 40210, copy inclosed, showing an overpayment in the amount of $586.88, while on active duty.

2. It is requested that you forward a check or Postal Money Order, payable to the Treasurer of the United States, in the amount of $586.88, to the Commandant, c/o Collection Clerk, Station 6-9, U. S. Coast Guard, 1300 E. Street, N. W., Washington 25, D. C.

3. However, should this procedure cause undue hardship on you, it is requested that you sign the inclosed Allotment Form Nav. S & A Form 545 authorizing this office to deduct the amount of $25.00 per month for 23 months. Month of first payment will be April 1954, and month of last payment March 1956, with a Sundry Charge of $11.88 for the month of April 1956, which will liquidate the overpayment.

LEO J. KING
By direction

Incls: (1) Allotment Form 545
(2) CGHQ Form 10104

Copy to: Collection Clerk, Sta. 6-9

LEHynes:mch 8-1 LEH ltr

PE-65

Jan. 13 1954

From Howard W. West in M.I. Retired, 221-071

To commodant U.S Coast Guard

Request change of address for my check

To Hudson Point

Pt Townsend, Washington

From Box 45, Joyce Washington

Howard W. West M.M.1. Ret.

File

changed 1-21-54

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ -3643 (12-55)

3-13

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY

(See instructions on reverse side)

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until cancelled by me in writing.

RETIRED MEMBERS NAME (Last, First, Middle)	SERVICE NO.	GRADE OR RATE
West Howard W.	221-071	M.M.1.

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
ALL	Mrs Anna M. West	Pt Townsend Wash. Hudson Point	WIFE
"	Howard W. West Jr	USCG. 13th Naval Dis. Seattle Wash.	SON
no 1/2	only in case any thing happened to wife		

SIGNATURE AND ADDRESS OF WITNESS	SIGNATURE AND ADDRESS OF RETIRED MEMBER	DATE SIGNED
Mrs Howard W. West Hudson Point Pt Townsend Wn.	Howard W West RET. USCG. Hudson Point Poimt Townsend, Wash.	2/3/56

22 - 2 - 11 (3/31/51) MAR 31 1953 24-2-11 WAL 508 (13)

23-2-11 MAR 31 1952

21 Yrs. 2 Mos. 11 Days Service for Retirement — WEST, Howard W. (Name) — 221-071 (Service No.) — MM1 (Rate)

as of 31 March, 1950

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	8	9	6
NAVY			
ARMY			
MARINE CORPS	3	0	0
LIGHTHOUSE (Retirement)	9	5	5
TOTAL SERVICE FOR RETIREMENT	21	2	11
INACTIVE SERVICE (Specify) Marine Corps	4	0	0
NATIONAL GUARD	1	0	2
LIGHTHOUSE (For Pay Purposes)	8	0	9
TOTAL SERVICE FOR PAY PURPOSES	24	9	17

Physical retirement 3-1-53 GB

4 1 55 Alo

HIGHEST RANK OR RATING HELD MM1

Service Computed by F.G. Jenny 3-14-51

Service Verified by [illegible]

PE-1
29 March, 1951

From: Commandant
To: Commanding Officer, CG LIGHTSHIP (WAL 508)
Via: Commander, 13th Coast Guard District

Subj: WEST, Howard W. (221-071)MM1; retirement request, acknowledgement of

1. Reference is made to letter from the above-named man dated 27 February, 1951, file P19-2, requesting retirement under the 20-year enlisted retirement law.

2. It is noted that WEST states he will have completed 25 years service as of 23 June, 1951. Upon checking the records at Headquarters, however, it is found that he has the following creditable service for retirement computed as of 31 March, 1951:

9	years,	9	months,	6 days - U. S. Coast Guard
3	years,	0	months,	0 days - U. S. Marine Corps
9	years,	5	months,	5 days - Lighthouse Service
22	years,	2	months,	11 days - Total

3. In addition to the above, he has the following inactive service creditable only for longevity purposes:

4	years,	0	months,	0 days - U. S. Marine Corps
1	year,	0	months,	2 days - National Guard

Inactive service in any of the Reserve components of the Armed Forces is not creditable for retirement purposes under the present 20-year enlisted retirement law.

4. Advise WEST that his application has been placed on file and will be given consideration at such time as his name is reached on the eligibility list.

B. H. BRALLIER
By direction

KIERBOW:me-ae Return to 3-11

UNITED STATES COAST GUARD

RECEIVED
MAR 1 - 1951
13th COAST GUARD DISTRICT
MAIL ROOM



ADDRESS REPLY TO
Commanding Officer
Lightship WAL-508
REFER TO FILE

27 February, 1951
P19-2

Appeal 470

From: WEST, Howard W.(221-071) MM1, USCG
To: Commandant
Via: (1) Commanding Officer, LIGHTSHIP WAL-508
(2) Commander, 13th Coast Guard District

Subj: Retirement; request for

Ref: (a) ALCOAST No.3

In accordance with reference (a), request is herewith requesting voluntary retirement under the 20-year enlisted retirement law. I will complete 25 years service on 23 June, 1951.

Howard W. West
Howard W. West

Ind-1
LIGHTSHIP WAL-508 27 February, 1951

From: Commanding Officer, LIGHTSHIP WAL-508
To: The Commandant
Via: Commander, 13th CG District

Forwarded.

R. E. Miller
R. E. MILLER

Ind-2

P
P19-2
5 March, 1951

From: Commander, 13th CG District
To: Commandant (PE)

Forwarded.

C. D. Eubanks
C. D. EUBANKS
By direction

UNITED STATES COAST GUARD

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

VIA AIR MAIL

14 March, 1949

From: Commandant
To: Commanding Officer, USCGC WACHUSETT (WPG-44)

Via: Commander, Thirteenth Coast Guard District (pmp)

Subj: WEST, Howard W. (221-071) MM1 ; request for retirement; acknowledgement of

Ref: (a) West's letter dated 1 March, 1949, file 73, Serial # 61-49, bearing indorsements

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

F. V. HELMER
By direction

CORRESPONDENCE:me Return to 3-11
ROOM 3134

am
A-6288

3/15/49
39

3-5 11

Ind-2

U. S. COAST GUARD HDQTRS.
MAIL & RECORDS
SERVICE SECTION
RECEIVED MAR 14 1949 (5)

8 March, 1949
File: p 73

From: Commander, 13th C G District
To: Commandant (PO)

Subj: WEST, Howard W. (221-071) MM1; Retirement; request for

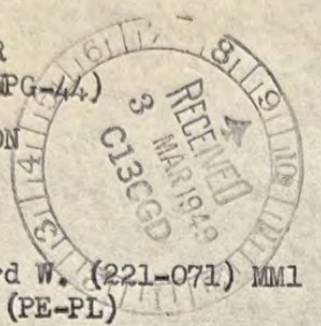
Forwarded.

Elmer Winbeck
ELMER WINBECK, LTJG
By direction

UNITED STATES COAST GUARD



ADDRESS REPLY TO
COMMANDING OFFICER
USCGC WACHUSETT (WPG-44)
REFER TO FILE
SEATTLE, WASHINGTON



1 March, 1949
File 73
Serial # 61-49

From: WEST, Howard W. (221-071) MM1
To: Commandant (PE-PL)
Via: 1. Commanding Officer, WACHUSETT
2. Commander, 13th CG District (pmp)

Subj: Retirement; request for

1. Under the provisions of Section 2 of the Act of May 24, 1939 (53 Stat. 755), I hereby apply for retirement from the United States Coast Guard.

2. On 10 June, 1949, I will have completed twenty-three (23) years creditable service for retirement. Seven years creditable service U. S. Marine Corps, eight years one month thirteen days creditable service Lighthouse Service, seven years ten months seventeen days creditable Coast Guard Service. I last reenlisted in the Coast Guard on 24 June, 1947 to serve for a period of three (3) years and during this enlistment my proficiency in rating has been and average of 3.7; ability as leader of men 3.7; mechanical ability 3.7; and conduct 4.0.

3. In view of the above service it is respectfully requested that I be placed on Headquarters elgibility list for retirement and be retired accordingly.

Howard W. West
HOWARD W. WEST

Ind-1
USCGC WACHUSETT (WPG-44)
Seattle, Washington

1 March, 1949
File 73

From: Commanding Officer, WACHUSETT
To: Commandant (PE-PL)
Via: Commander, 13th CG District (pmp)

Forwarded for Headquarters consideration.

R D Brodie, IV
R. D. BRODIE IV

P4-1
25 February 1953

AUTH: 516850

AIRMAIL

From: Commandant
To: WEST, Howard William (221-071)MM1, United States Coast Guard
Via: Commander, Thirteenth Coast Guard District

Subj: Retirement from active duty; orders; travel

1. The Coast Guard Physical Evaluation Board convened in your case found that you are unfit to perform the duties of your rating by reason of permanent physical disability amounting to 70 per centum.

2. Pursuant to Treasury Department Order No. 154, the findings of the Physical Evaluation Board as amended by the substitute finding of the Physical Review Council were approved 24 February 1953, and you are thereby placed, effective 1 March 1953, on the permanent disability retired list of the United States Coast Guard in accordance with Section 402 of the Career Compensation Act of 1949. You are, therefore, retired for permanent disability and your retired pay will commence on 1 March 1953.

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

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

5. Your commanding officer will immediately furnish a copy of this order to the certifying officer having custody of your pay record. The certifying officer will transmit the pay record information to the Commandant (PA) in accordance with existing directives after final credit entries, such as leave rations, unusedleave be be settled for on retirement, etc., have been posted.

D. H. SHALLER
By direction

Encl: (2)

DCKIERBOW:me Ret 3-11

- WEST -

PE-1
25 February 1953

AUTH: 516850

AIRMAIL

From: Commandant
To: WEST, Howard William (221-071)MM1, United States Coast Guard
Via: Commander, Thirteenth Coast Guard District

Subj: Retirement from active duty; orders; travel

1. The Coast Guard Physical Evaluation Board convened in your case found that you are unfit to perform the duties of your rating by reason of permanent physical disability amounting to 70 per centum.

2. Pursuant to Treasury Department Order No. 154, the findings of the Physical Evaluation Board as amended by the substitute finding of the Physical Review Council were approved 24 February 1953, and you are thereby placed, effective 1 March 1953, on the permanent disability retired list of the United States Coast Guard in accordance with Section 402 of the Career Compensation Act of 1949. You are, therefore, retired for permanent disability and your retired pay will commence on 1 March 1953.

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

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

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B. H. BRALLIER
By direction

Encl: (2)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG BASE, Seattle, Washington (Ship or station) (Location) On 28 February 1953 (Date) the below-named individual was

☐ Discharged ☒ Released from active duty ☐ Transferred to the reserve ☐ Retired ☐ Deceased ☒ permanent ~~retired~~ physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty

Normal date of expiration of enlistment 23 (Day) June (Month) 1956 (Year)

Reason PERMANENT PHYSICAL DISABILITY Type discharge certificate Medical

Authority: HL dated 25 February 1953, PE-1, AUTH: 516850

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CG R/S, Seattle, Washington (Place) ON 24 June 1950 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Seattle, Washington (Place) ON 24 June 1950 (Date)

Home address at time of enlistment, induction, or order to active duty 15 Vally Street, Seattle, Washington

TRAVEL DATA

I hereby elect travel allowance to (Location)

Place of (See travel instructions)

SIGNATURE

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for - - - - - SIXTY - - - - (Words) 60 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter clearance for ____ Days excess leave From ____ To ____

Completed 22 years service for pay purposes on 10 May 1948 Payment of discharge gratuity ☒ Is directed ☐ Is not directed

REMARKS

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
LYNN L. BAKER	LCDR - Executive Officer	

DISBURSING DATA

Travel allowance credited, $____ Cash settlement for unused accrued leave (____ days) $____

NAME OF A. C. O.

Computation:

DUE AT DISCHARGE, $____

PERSONAL FUNDS, $____

GRATUITY CREDITED, $____

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
WEST,	Howard	W.	221-071	MM1

16—66654-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

Coast Guard Base, Seattle 99, Washington

28 February 1953 - Relieved of all duties previously assigned and placed effective 1 March 1953 on the PERMANENT PHYSICAL DISABILITY RETIRED LIST of the United States Coast Guard.

Lynn L Baker

LYNN L. BAKER, LCDR, USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
28 February 1953		HL dated 25 February 1953, PE-1, AUTH: 516850	
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
MM1	Reen. as MM1 6/24/50	Lynn L Baker LYNN L. BAKER, LCDR, USCG	LCDR - Executive Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
WEST	Howard	William	221-071

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

AUTHENTICATED BY J.D. GOOLSBY, SCLK, USCG
Personnel Officer, CG BASE, Seattle, Wn.

DATE: 1 July, 1952 — Credit brought forward from previous record — 60 DAYS

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
* 11-14-52	12-9-52	26				34	CG BASE	Lynn L. Baker
* 12-11-52	2-28-53	80		28 Feb. 1953	20	60	Seattle, Wn.	LYNN L. BAKER, LCDR, USCG Executive Officer
Forfeited Twenty (20) days unused leave in accordance with CC No. 31-47.							CG BASE Seattle, Wn.	Lynn L. Baker LYNN L. BAKER, LCDR, USCG Executive Officer
Entitled to Sixty (60) days unused leave payment for final settlement in accordance with CC 31-47.							CG BASE Seattle, Wn.	Lynn L. Baker LYNN L. BAKER, LCDR, USCG Executive Officer

Paid $636.80 for 60 DAYS LV SUBS QTRS in accordance with Comdt's Circular 31-47 on 2/28/53 at Seattle, Washington.

J. M. DONOVAN, PCLK., USCG, ACO

Home on LL pending decision of P.E.B
held 11-13-52. Corrected at Hq. Chargable
to leave to return earned. 12/16/53 A.C.O.

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE

NAME (Last) WEST (First) Howard (Middle) William — SERVICE NO. 221-071

RECORD OF WEST, Howard William
(Full name, surname to the left)

221-071
(Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
	Months	Days		Hour	Date	Hour	Date				
CARRIED FORWARD FROM OLD LEAVE SHEET										46	
ANCR 6-30-52	12	00	30	16 days dropped						60	
BBF 7-1-52										60	

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From— (Inclusive dates)	To— (Inclusive dates)	Reason	Months	Days	Signature and Unit

16—9676-3

RECORD OF WEST, Howard William (Full name, surname to the left) 221-071 (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
	Months	Days		Hour	Date	Hour	Date				
BBF 7-1-49			40							40	R/S, Seattle, Wn.
				Total leave taken from 7-1-49 to date of discharge, 6-23-50					11	29	
REEN 6-24-50										29	W.W. Webb GBOSN
ANCR 6/30/50	12	0	30							59	C.D. Eubank LTJG, Bydir.
BBF 7/1/50										59	C.D. Eubank LTJG, Bydir.
				0830U	7-3-50	0750U	7-18-50 (Includes 12CL granted)	ACCREG	02	57	C.D. Eubank LTJG, Bydir.
				2100U	8-29-50	0655U	9-19-50 (Includes 12CL granted)	ACCREG	08	49	C.D. Eubank LTJG, Bydir.
				1840U	1-18-51	0730U	2-6-51 (Includes 6CL granted)	ACCREG	12	37	C.D. Eubank LTJG, Bydir.
				1900U	3-20-51	0720U	4-10-51 (Includes 12CL granted)	ACCREG	08	29	CDR, Bydir.
				1755U	5-24-51	0700U	6-12-51 (Includes 12CL granted)	ACCREG	06	23	C.D. Eubank LTJG, Bydir.
ANCR 6-30-51	12	0	30							53	C.D. Eubank LTJG, Bydir.
BBF 7-1-51										53	C.D. Eubank LTJG, Bydir.
				1615	7-18-51	0640	8-7-51 (Includes 12CL granted)	ACCREG	7	46	C.D. Eubank LTJG, Bydir.

Leave carried forward from last enlistment.

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From— (Inclusive dates)	To— (Inclusive dates)	Reason	Months	Days	Signature and Unit

RECORD OF WEST, Howard William (Full name, surname to the left) 221-071 (Service number)

10. TRIALS BY COURTS MARTIAL

Unit	REMARKS.—Date and kind of court, charges and specifications, findings and sentence, date and action of convening and reviewing authorities, and date of publication of sentence.

11. DEDUCTIBLE TIME

(Includes AOL, AWOL, AOM, Confinement awaiting trial by a Coast Guard Court resulting in conviction and Sentence of Confinement by a Coast Guard Court.) (Under TIME LOST show months and days lost for purposes of longevity credit and actual days to be retained in service beyond the normal date of expiration of enlistment to complete enlistment.)

Period From— To— (Inclusive dates)	Reason (AOL, AOM, etc.)	Time Lost: Longevity Months	Time Lost: Longevity Days	Time Lost: Enlistment Days	Signature and Unit
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				WAL 516	C O Eubanks LTJG, Bydir.
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					C O Eubanks LTJG, By di WAL-508
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.					R C Vaulkhine CBOSN, CO CG Group Pt Adams

12. ON DESERTION

Unit	Date	Remarks	Signature

13. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature

14. RETIREMENT

Unit	Date	Cause	Authority	Signature

16—9676-3 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
9-30-52	* EQM	MM1	ASL	ASL	4.0	CG Base, Seattle, Wn.	V. A. JOHNSON, CDR, USCG
12/31/52	*EQM	MM1	ASL	ASL	4.0	"CG Base, Seattle Wn"	V. A. JOHNSON, CDR, USCG
3/3/53	TRANS	MM1	ASL	ASL	4.0	CG BASE, Seattle, Wn.	LYNN L. BAKER, LCDR, USCG Executive Officer

NAME (Last) WEST (First) Howard (Middle) William SERVICE NO. 221-071

MARKS

PAGE 6 1

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit
6-24-50	Reen as MM1				J. D. GOOLSBY, SCLK, USCG Personnel Officer	Base Seattle, Wash

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores UNK

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
WEST	Howard	William		221-071		MM1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE
WEST, Howard William	221-071	MM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)* Anna Mae West — RELATIONSHIP *(If friend, so state)* Wife

ADDRESS *(Number, Street, City and State)*
Ilwaco, Washington

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, Street, City and State)*
Anna Mae West (3/4)	Ilwaco, Washington

7. CHILDREN — FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Reta June Des Rocher	307 West 8th St. The Dalles, Ore	~~MM~~ M	F	23
Howard William West Jr.	Ilwaco, Washington	S	M	14

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
--	

9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
--	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
--	

ADDRESS *(Number, Street, City and State)*
--

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
--	

ADDRESS *(Number, Street, City and State)*
--

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Anna Mae West	Wife

ADDRESS *(Number, Street, City and State)*
Ilwaco, Washington c/o North Head Light Station

RECEIVE EACH MONTH 90 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
North Head Light Station Ilwaco, Washington	Oct. 3, 1951	Howard William West Howard William West.

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

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
WEST, Howard William	221-071	WM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Anna Mae West — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: 15 Valley Street, Seattle 9, Washington

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*: Anna Mae West — ADDRESS *(Number, street, city, zone, and State)*: 15 Valley Street, Seattle 9, Washington

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Reta June Des Rocher	307 West 8th Street The Dalles Oregon	x			x	22
Howard William West Jr.	15 Valley Street, Seattle 9, Washington		x	x		13

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: ** — ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: ** — ADDRESS *(Number, street, city, zone, and State)*:

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME: — RELATIONSHIP:

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

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME—MIDDLE NAME—LAST NAME: — RELATIONSHIP:

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

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

(Continue on reverse side)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME: Anna Mae West — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 15 Valley Street, Seattle 9, Washington — RECEIVE EACH MONTH: 90 % OF MY PAY.

MILITARY ADDRESS: USCG LIGHTSHIP WAL-516 c/o CG. BASE 27 Ave. W and Commodore Way, Seattle 99 Wash.

DATE SIGNED: 28 August 1950

SIGNATURE OF DESIGNATOR: Howard William West

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

16—61480-1

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

AUTH: Art. 556, CG Regs.; AlCoast 38-49.

REENLISTMENT

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

ENLISTMENT OF WEST, Howard William (Full name, surname to left); 221-071 (Service number); $249.90 (Pay per month)

Accepted for enlistment at Seattle, Washington; MM1 (Rating in which enlisted)

Enlisted at CG Recruiting Station, Seattle, Washington; 24 June, 1950 (Date of enlistment)

Transferred to LIGHTSHIP 516 for ASDU.

Occupation Coast Guardsman Citizenship* NB If naturalized, place and date of naturalization _____ Certificate No. _____

Date of birth 30 September, 1903 Place of birth Lansing, Michigan

Home address 15 Valley Street (Street and number) Seattle (Town) KING (County) Washington (State)

Married or single Married Name and address of next of kin or legal guardian

Wife: Anna Mae West, 15 Valley Street, Seattle, Washington (Relationship) (Address)

Continuous Service Certificate NONE (Number) Previous service { Coast Guard / ~~Reserve~~ } 08 (Years) 11 (Months) 29 (Days)

First enlisted 25 June, 1941 (Date) at Seattle, Washington (Place) and was

last discharged 23 June, 1950 (Date) from CC13CGD, Seattle, Washington (Unit)

with HONORABLE (Character) discharge as MM1 (Rate) No. Unnumbered

Previous Navy service NONE (Years) (Months) (Days) Previous Marine Corps service 07 (Years) 00 (Months) 00 (Days)

Previous ~~Coast~~ LightHouse service 08 (Years) 01 (Months) 13 (Days) Age 46 years 8 months.

Height 5 feet 9½ inches. Weight 170 pounds.

Eyes Brown Sex Male Hair Black Complexion Ruddy Color Caucasian.

Personal characteristics _____ marks, etc. TATTOO: Bucking horse, URA; 1/2" scar upper lip; VSULA.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with W. W. CRUBB, CBOSN the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { SIX (6) years from 24 June, 1950 / ~~during the unexpired portion of~~ 1 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Howard William West, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

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

Howard William West
Howard William West
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 24th day of June, A. D. 19 50

W W Grubb CBOSN, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

W. W. GRUBB,
Commanding Officer.
(Title)

Citizenship substantiated and contract perfected.

W W Grubb
W. W. GRUBB

CBOSN, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____
(Signature of man)

_____
(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF WEST, Howard William (Full name, surname to the left) 221-071 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
6-24-50 Rptd RECRUITSTA, Seattle, Wn. Dptd 6-24-50. Attached less than 48 hours. No marks assigned. No deductible time. No breach of discipline.					
WAL 516	12-16-50	CBOSN	LIGHTSHIP 516	6-24-50	LTJG,Bydir.
		LTJG,Bydir	WAL 508	12-18-50	LTJG,Bydir.
WAL-508	9-18-51	LTJG,Bydir.	North Head LtSta	9-27-51	CBOSN,CO
North Head LTSTA	6-8-52	CBOSN,CO	CG BASE, SEATTLE, WN.	6-8-52	Personnel Officer, By Dir.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
North Head Light Sta	9-27-51	6-8-52	OinC	CBOSN,CO

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF WEST, Howard William 221-071

(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
6-30-50	MM1	3.7	3.5	3.7	3.6	4.0	LTJG, By dir.
9-30-50	MM1	3.8	3.5	3.8	3.6	4.0	LTJG, Bydir
12-15-50	MM1	3.8	3.6	3.8	3.7	4.0	LTJG, Bydir.
12-16-50	MM1	3.8	3.6	3.8	3.7	4.0	LTJG, Bydir.
3-31-51	MM1	3.8	3.4	3.8	3.6	4.0	LTJG, Bydir.
6-30-51	MM1	3.8	3.5	3.8	3.7	4.0	LTJG, Bydir,
9-12-51	MM1	3.8	3.5	3.8	3.7	4.0	LTJG, By dir.
9-18-51	MM1	LESS THAN ONE MONTH				4.0	LTJG, By dir.
9-30-51	MM1	LESS THAN ONE MONTH				4.0	CBOSN, CO
12-31-51	MM1	3.8	3.5	3.8	3.7	4.0	CBOSN, CO
3-31-52	MM1	3.8	3.5	3.8	3.7	4.0	CBOSN, CO
6-8-52	MM1	3.8	3.5	3.8	3.7	4.0	CBOSN, CO
6-30-52	MM1	LESS THAN ONE MONTH				4.0	J. D. GOOLSBY, SCLK, USCG, CG BASE, SEATTLE, WN. J. D. GOOLSBY, SCLK, USCG, Personnel Officer, By Dir.
AVERAGE	X X X X						

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

16—9676-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG BASE, Seattle, Washington (Ship or station) (Location) On 28 February 1953 (Date) the below-named individual was

☐ Discharged ☒ Released from active duty ☐ Transferred to the reserve ☐ Retired ☐ Deceased ☒ Temporarily permanently physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty

Normal date of expiration of enlistment 23 (Day) June (Month) 1956 (Year)

Reason PERMANENT PHYSICAL DISABILITY Type discharge certificate Medical

Authority: HL dated 25 February 1953, PE-1, AUTH: 516850

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CG R/S, Seattle, Washington (Place) ON 24 June 1950 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Seattle, Washington (Place) ON 24 June 1950 (Date)

Home address at time of enlistment, induction, or order to active duty 15 Vally Street, Seattle, Washington

TRAVEL DATA

I hereby elect travel allowance to (Location)

Place of (See travel instructions)

SIGNATURE

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for - - - - - SIXTY - - - - (Words) 60 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter clearance for ____ Days excess leave From ____ To ____

Completed 22 years service for pay purposes on 10 May 1948 Payment of discharge gratuity ☒ Is directed ☐ Is not directed

REMARKS

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
LYNN L. BAKER	LCDR - Executive Officer	

DISBURSING DATA

Travel allowance credited, $____ Cash settlement for unused accrued leave (____ days) $____

NAME OF A. C. O.

Computation:

DUE AT DISCHARGE, $____

PERSONAL FUNDS, $____

GRATUITY CREDITED, $____

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
WEST,	Howard	W.	221-071	HM1

16—66654-1

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

COAST GUARD BASE, Seattle, Washington
(Name and type and number of activity (or unit))

C. O. Order No. 1000-53

To DISBURSING OFFICER:

CG Personnel

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME	FIRST NAME	INITIAL	REASON FOR CHANGE *	1953 (YEAR) From—	To—
221-071	WEST,	Howard	W.	2/28/53 - Relieved of all duties previously assigned and placed effective 1 March 1953 on the PERMANENT PHYSICAL DISABILITY RETIRED LIST of the United States Coast Guard.		
				LV RATS: (0900 12/10/52 to 2/28/53) (Eighty 80 days sick lv)	12/11 1952	2/28 1953
				Entitled to Sixty (60) days unused leave payment for final settlement in accordance with CC 31-47.		
				(1) Copy of HL dated 2/25/53, PE-1, AUTH: 516850, attached.		
				(2) Original "Leave Record" from service record, attached.		
				(3) CG-3309 (Record of discharge, release from active duty, or death), attached.		

(D. O. Symbol number)

LYNN L. BAKER, LCDR, USCG
(Name and signature)

EXECUTVIE OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
Coast Guard Base
Seattle, Washington

28 October, 1952
FILE: P18-1/MM

From: Commanding Officer, CG Base, Seattle, Wn.
To: WEST, Howard W. (221-071) MM1 - 524 1st Avenue West, Seattle, Wn.

Subj: Additional Sick Leave; authorization of

Ref: H/L 10-21-52 PE-2 MM

1. In reference to Headquarters letter dated 21 October, 1952 file PE-2 MM, you are authorized thirty (30) days additional sick leave to expire prior to 0900, 10 December, 1952 at Coast Guard Base, Seattle, Washington.

2. It is understood that address while on above leave will be:

524 1st Avenue West, Seattle, Washington

3. It is requested that any change of address be reported this unit.

J. D. GOOLSBY
By direction

FIRST ENDORSEMENT

10 December 1952

From: Commanding Officer, CG BASE, Seattle, Washington
To: WEST, Howard W. (221-071) MM1

Reported this unit 0830 this date from having completed thirty (30) days sick leave.

J. D. GOOLSBY
By direction

FIFTH ENDORSEMENT on Comdt/L 9-3-52 (PE-1) Order No. 513623

13 November, 1952
P16-4/MM

From: Commanding Officer, CG Base, Seattle, Washington
To: WEST, Howard W. (221-071) MM1, U. S. Coast Guard

1. Having reported to this unit at 1400, 24 September, 1952 as your Physical Evaluation Board had been cancelled to admit you inpatient at the U.S. Public Health Service Hospital, Seattle, Washington and upon receipt hereof you are directed to carry out the unexecuted portion of your basic orders. Proceed and report prior 1400, 13 November, 1952 to the Office, Coast Guard Representative, U. S. Public Health Service Hospital, Seattle, Wn., for appearance before a Coast Guard Physical Evaluation Board of which Captain Morris C. Jones, USCG, is president.

2. Responsible reporting unit for the Personnel Accounting System remains CG Group, Seattle, Wn.

3. Delivered and departed at 1100 this place and date. EDA 11/13/52.

J. D. GOOLSBY,
By direction.

SIXTH INDORSEMENT ON COMDT/L 9 /3/52 (PE-1) Ord er No. 513623

13 Nov. 1952
P16-4/MM

From: President Coast Guard Physical Evaluation B oard, Thirteenth Coast Guard District.
To: WEST, H oward W. (221-071) MM1, U.S. Coast Gu rd

Having appeared before a Coast Guard Physical Evaluation Board at 1400 this date you are hereby directed to report to the U.S. Coast Guard Base, for resumption of sick leave status pending further disposition of your case.

M. C. JONES
Captain, U.S. Coast Guard

THIRD ENDORSEMENT on Comdt/L 9-3-52 (PE-1) ORDER NO. 513623

24 September, 1952
P16-4/MM

From: Commanding Officer, CG Base, Seattle, Washington
To: WEST, Howard William (221-071) MM1, United States Coast Guard

1. In accordance with basic orders and upon receipt hereof you are directed to proceed and report on or before 1400, 24 September, 1952, to the Office, Coast Guard Representative, U. S. Public Health Service Hospital, Seattle, Wn., for appearance before a Coast Guard Physical Evaluation Board of which Captain Morris C. Jones, USCG, is president.

2. Responsible reporting unit for the Personnel Accounting System remains CG GROUP, Seattle, Wn.

3. Delivered and departed at 1100 this place and date. EDA 9/24/52

CG BASE, SEATTLE	
LOGGED ~~(in)~~	(out)
DATE	9-24-52
TIME	1130
QM	[illegible]

J. D. GOOLSBY,
By direction.

FOURTH ENDORSEMENT on Comdr/L 9-3-52 (PE-1) Order No. 513623

24 September, 1952

From: CG.Rep.USPHS.Hospital,Seattle,Washington
To: WEST, Howard W.(221-071) MM1. U.S. Coast Guard

Subj: CG Physical Evaluation Board; reconvening of; further study and examination

1. Having reported to this office this date at 1240 and upon a physical examination by Dr. John W. Cashman and Dr. Robert L. Griffith of this hospital, further study is needed in your case to establish percentage disability. Your Physical Evaluation Board is hereby cancelled by the President of the Coast Guard Physical Evaluation Board. You will be further advised by convening medical authority when to appear for further medical study at this Public Health Service Hospital.

2. Upon receipt hereof you are directed to report to the Commanding Officer, U. S. Coast Guard Base, Seattle, Washington, pending further evaluation in your case. Your status is not fit for duty.

3. Delivered and departed at 1430 this date.

Henry T. Hutchins, HMC.
CG.Rep. By direction

CG BASE, SEATTLE	
LOGGED (in)	~~(out)~~
DATE	9-25-52
TIME	1450
QM	Allen

UNITED STATES COAST GUARD

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

RECEIVED SEP 5 1952 C13CGD SEP. SEATTLE, WASH. '52

fwd to Base

PE-1
3 September 1952

AUTH: 513623

AIRMAIL

From: Commandant
To: WEST, Howard William (221-071)MM1, United States Coast Guard
Via: Commander, Thirteenth Coast Guard District (p)
Subj: Examination by Coast Guard Physical Evaluation Board; orders; travel

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

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

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

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

5. No proceed time is allowed under these orders.

B. H. BRALLIER
By direction

FIRST ENDORSEMENT

p
5/September 1952

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM1
Via: Commanding Officer, CG Base, Seattle, Wn.

Forwarded.

M. A. JORDAN
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

p
10 October 1952
P18-1/MM

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM1, USCG

Subj: Orders; sick leave

1. Having reported this office 1230, this date from inpatient treatment, USPHS Hospital, Seattle, Washington and in accordance with the recommendation of the Ward Surgeon you are hereby granted thirty (30) days sick leave, to expire prior to 0900, 10 November, 1952 at CG Base, Seattle, Washington.

2. It is understood that your address while on leave will be:

524 1st Avenue West
Seattle, Washington

3. Upon detachment responsible reporting unit for the Personnel Accounting System will be CG Base, Seattle, Washington.

4. Delivered and departed 1245, this date.

M. A. JORDAN
By dirction

Copy to:
CG Base, Seattle, Wn.

Ind-1
CG Base, Seattle, Washington 10 November 1952

Reported this unit 0900 this date from having completed thirty (30) days sick leave.

J. D. GOOLSBY
By direction

P
10 October 1952
P18-1/MM

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM1, USCG

Subj: Orders; sick leave

1. Having reported this office 1230, this date from inpatient treatment, USPHS Hospital, Seattle, Washington and in accordance with the recommendation of the Ward Surgeon you are hereby granted thirty (30) days sick leave, to expire prior to 0900, 10 November, 1952 at CG Base, Seattle, Washington.

2. It is understood that your address while on leave will be:

524 1st Avenue West
Seattle, Washington

3. Upon detachment responsible reporting unit for the Personnel Accounting System will be CG Base, Seattle, Washington.

4. Delivered and departed 1245, this date.

M. A. JORDAN
By dirction

Copy to:
CG Base, Seattle, Wn.

Ind-1
CG Base, Seattle, Washington 10 November 1952

Reported this unit 0900 this date from having completed thirty (30) days sick leave.

J. D. GOOLSBY
By direction

RECEIVED
OCT 14 11 19 AM '52
CG BASE
SEATTLE, WASH.

P
13 October 1952
P18-1/MM

From: Commander, 13th Coast Guard District
To: Commandant (PM)

Subj: WEST, Howard (221-071) MM1, USCG; sick leave; request for

1. Subject man reported this office 1230, 10 October, 1952, from inpatient treatment, USPHS Hospital, Seattle, Washington with a recommendation for indefinite sick leave. Diagnosis: Thrombophlebitis, left leg.

2. Subject man departed this office 1245, 10 October, 1952 on thirty (30) days sick leave. It is requested this unit be authorized to grant WEST indefinite sick leave.

M. A. JORDAN
By direction

Copy to:
CG Base, Seattle, Wn.

MEMO:

You are advised to return to Coast Guard Base, Seattle, Wn. to sign your Medical Board of Survey so further proceeding can be taken. Advise if there will be any delay in reporting for this matter.

0730
9/23/52
JD.

Yeoman

ARD

13 August, 1952
FILE: P18-1/MM

ington
ce South, Seattle, Wn.

Ref: (a) HL 8-6-52 PE-2 MM
(b) 13thCGD/L p 8-8-52 file P18-1/MM

1. In accordance with reference (a) and (b), you are authorized thirty (30) days additional sick leave. Inasmuch your present sick leave expires prior to 0900 25 August, 1952, you are now advised that your sick leave will expire prior to 0900 24 September, 1952 at Coast Guard Base, Seattle, Washington.

2. It is understood that address while on above sick leave will be:

2019 27th Place South, Seattle, Washington

3. It is requested that any change of address be reported this unit.

J. D. GOOLSBY
By direction

Ind-1
CG Base, Seattle, Washington 23 September 1952

Reported this unit 0730 this date from having completed twenty nine (29) days sick leave.

J. D. GOOLSBY
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
Coast Guard Base
Seattle 99, Washington

13 August, 1952
FILE: P18-1/MM

From: Commanding Officer, CG Base, Seattle, Washington
To: WEST, Howard W., MM1, USCG - 2019 27th Place South, Seattle, Wn.

Subj: Additional Sick Leave; authorization of

Ref: (a) HL 8-6-52 PE-2 MM
(b) 13thCGD/L p 8-8-52 file P18-1/MM

1. In accordance with reference (a) and (b), you are authorized thirty (30) days additional sick leave. Inasmuch your present sick leave expires prior to 0900 25 August, 1952, you are now advised that your sick leave will expire prior to 0900 24 September, 1952 at Coast Guard Base, Seattle, Washington.

2. It is understood that address while on above sick leave will be:

2019 27th Place South, Seattle, Washington

3. It is requested that any change of address be reported this unit.

J. D. GOOLSBY
By direction

Ind-1
CG Base, Seattle, Washington 23 September 1952

Reported this unit 0730 this date from having completed twenty nine (29) days sick leave.

J. D. GOOLSBY
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

p
25 July, 1952
P18-1/MM

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM1, USCG

Subj: Orders; sick leave

1. Having reported this office 1000, this date from inpatient treatment, USPHS Hospital, Seattle, Washington and in accordanc e with the recommendation of the Ward Surgeon you are hereby granted thirty (30) days sick leave to expire prior to 0900, 25 August, 1952 at CG Base, Seattle, Washington.

2. It is understood that your address while on leave will be:

2019 27th Place South
Seattle 44, Washington

3. Upon detachment responsible reporting unit for the Personnel Accounting System will remain CG Base, Seattle, Washington.

4. Delivered and departed 1015, this date. EDA 8-25-52

M. A. JORDAN
By direction

L.V RATS given
for this 30 days
8-27-52. H.W.

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS - 668 (REV. 2-51)

(Check one) [X] START [ ] CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
221-071	WEST	HOWARD	WILLIAM	MM1

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? [X] YES [ ] NO

SHIP OR STATION PREPARING THIS APPLICATION

COAST GUARD BASE
27th W. & Commodore Way
Seattle 99, Washington

SR File

DATE OF THIS APPLICATION: 7/21/52

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 6/24/50

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 6/23/50

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM
1.	ANNA MAE WEST	115 Valley Street Seattle 9, Washington	WIFE		6/8/52
2.	HOWARD WILLIAM WEST JR.	Same as above	SON	20 - 4 - 37	
3.		2019 27th Place South Seattle, Washington			
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE: 10/14/49 at Seattle, Washington

Have you been previously married? [ ] YES [ ] NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? [ ] YES * [ ] NO

* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT

Has your wife been previously married? [ ] YES * [ ] NO

* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—*(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)*

I certify that _____, *named above, has been dependent upon me for more than one-half of his or her support since* _____: *that during such period I have contributed to his or her support an average of* $_____ *per month in cash or its equivalent without any consideration in return; that his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged* $_____ *per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged* $_____ *per month.*
(Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

8 June, 1952, vacated occupancy of Government Quarters at North Head Light Station, Ilwaco, Washington due to permanent change of station from North Head Light Station, Ilwaco, Wn. to CG Base, Seattle, Washington. Auth: C13thCGD/Ltr dated 6-10-52 p MM/P16-4 ORDER NO. 133459.

REQUEST FOR "Q" ALLOTMENTS—*Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.*

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	ANNA MAE WEST	2019 - 27th Place South ~~115 Valley St~~, Seattle, Washington	$200.00	7	52	2
2.						
3.						

Subscribed and sworn to before me this 21st *day of* JULY 19 52

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations.

I also certify that none of the above named dependents [illegible] uniformed services on active duty

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 13-2360
Bu. Vou. No. .....

U. S. TREASURY DEPARTMENT - COAST GUARD 8/5/52
(Department, bureau, or establishment)

PAID BY

(For use of paying office)

THE UNITED STATES, DR.,

To HOWARD W. WEST
Address 27th W. & Commodore Way
Seattle 99, Washington

(Official duty station) (Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from 8 June 1952, to 8 July 1952, as per itemized statement within, under authority No. 133459 dated 10 June 1952, copy of which is attached,* or has been previously furnished with Voucher No. ....., paid ....., 19....., by .....
(Name of disbursing officer)

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence		
Other	23	16
Travel	23	16
TOTAL		

PAYEE

HOWARD W. WEST

7/17/52 MCL, USCG

(Payee must not use this space)

Differences		
Amount verified; correct for	23	16

(Signature or initials) .....

MEMORANDUM

231X 23.16

AUG 6 1952

J. K. DONOVAN

PCLK., USCG

The next previous voucher paid under the same travel authority was: D. O. Vou. No. ....., paid .....
(Date)

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
20X6602	OE, CG		23.16

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
13-20.03.52 (133459)			92[illegible]		0280	23.16

23.16

Paid by Check No. ....., dated ....., 19....., for $..... {on Treasurer of the United States in fav payee named above.

MEMORANDUM

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one perso signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $....." and over his official title.

16—42615-1

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF ITEMS ARE NUMEROUS

1. Date and hour of departure from official headquarters _____ (Date) _____ (Hour)
2. Give duty status on first day of voucher period:
   Arrived at _____ on _____, 19____, for temporary duty for approximate period _____
   Approximate date of return to official headquarters See Below, 19____

DATE 1952	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED SUBSISTENCE†		OTHER	
	REIMBURSEMENT FOR TRANSPORTATION OF DEPENDENTS					
	Anna Mae West (Lawful wife)					
	Howard William West Jr. (Lawful child)					
	North					
	My last pernament duty station was ~~XXXX~~ Head Lt Sta., Ilwaco, Washington I was administrative transfer to CG Base, Seattle, Washington for assignment to duty,, as my permanent station.					
	Dependents were located in Ilwaco, Washington, upon receipt of change of station orders and traveled,via own expense from Ilwaco, Washington to Seattle, Washington.					
	Departed Ilwaco, Washington 8 June, 1952					
	Arrived CG Base, Seattle,Wn. 8 June, 1952					
	REIMBURSEMENT IS CLAIMED in accordance with Chapter 7 Art. 7003, JTR forthe distance Ilwaco to Seattle.					
	~~193~~ XXXX 196 miles Ilwaco to Seattle at $0.06 per dep. wife				~~11 76~~ XXXXXX 11 76	
	~~193~~ 196 miles Ilwaco to Seattle at $0.06 per dep. son				11 76	
	TOTALS (to be carried forward to continuation sheet, if necessary)				23 16 ~~XXX 23 52~~	

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL FROM— (Also show meter readings when travel was by automobile)	POINTS OF TRAVEL TO—	FOR REIMBURSABLE ITEMS ONLY MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED Include cash paid public carrier
		claim No prior/for the transportation of dependents has been presented by me or any member of my family for the above travel. I further certify that no transportation or any kind were furnished ~~me~~ thereof.						
					Howard W. West			

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

RECEIVED
JUL 23 10 51 AM '52
CG BASE
SEATTLE, WASH.

10 June 1952
MM/P16-4

ORDER NO. 133459

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM1

Subj: Orders; administrative transfer

1. Effective 1800U, 8 June 1952, you are hereby administratively transfered from North Head Light Station to CG Base, Seattle, Washington for assignment to duty.

2. No travel expense involved.

3. This order constitutes a permanent change of station for you from Ilwaco, Washington to Seattle, Washington. In this connection attention is directed to PC 29-48.

R. E. MORELL
By direction

CC: Group Point Adams
North Head Light Station
CGB, Seattle, Wn.
Pay
File

Ind-1
CG Base
Seattle, Washington 8 June, 1952

ADMIN transferred this unit this date from the North Head Light Station, Ilwaco, Washington, for assignment to duty.

Certified for payment (Date) AUG 5 1952
Travel performed 6/8 to 6/8
Between Ilwaco and Seattle
Dependents
Mileage/Per diem/Transp. Exp. 23.16
Accounts of PAUL D. BANNING, CDO SYMBOL 1382
Vou. # 423-241 Date AUG 8 1952

J. M. DONOVAN, PCLK, USCG
Authorized Certifying Officer

J. D. GOOLSBY
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

P
10 June, 1952
MM/P16-4

ORDER NO. 133459

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM1

Subj: Orders; administrative transfer

1. Effective 1800U, 8 June, 1952, you are hereby administratively transfered from North Head Light Station to CG Base, Seattle, Washington for assignment to duty.

2. No travel expense involved.

3. This order constitutes a permanent change of station for you from Ilwaco, Washington to Seattle, Washington. In this connection attention is directed to PC 29-48.

R. E. MORELL
By direction

CC: Group Point Adams
North Head Light Station
CGB, Seattle, Wn.
Pay
File

FIRST ENDORSEMENT 24 July, 1952

From: Commanding Officer, CG Base, Seattle, Washington
To: WEST, Howard W. (221-071) MM1

Administrative transfer from North Head Light Station to this unit complied with this date effective 8 June, 1952.

J. D. GOOLSBY
By direction

From compensation of

APPLICATION FOR ALLOTMENT Grp Ft Adams

WEST, Howard W. (221-071) [redacted]

PAYABLE TO

Monthly allotment in the amount

--TWO HUNDRED AND 00/100---------- ($ 200.00) Dollars.
(Words) (Figures)

Name Anna Mae West (Wife)

Street and No.

Post office Ilwaco, State Washington

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

Name

Reason for allotment Support of dependents.

First payment: Month October, 19 51

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

Howard W. West

Rank or rating SN1 U. S. C. G.

2 October, 1951, 19

Approved, allotment granted.

R.C. VAN HINE, CDCEN
Group Ft Adams
Commanding

Commander, District.

Witnessed and registered , 19

Pay officer,

16—12642—1

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

[redacted]

Allotment Disbursing Officer.

* Allotter or member immediate family

© DO NOT FOLD — MAIL FLAT

ALLOTMENT STOPPAGE

Group Ft Adams

From compensation of

WEST, Howard W. (221-071) EM1

Amount $ 200.00

PAYABLE TO

Name Anna Mae West (Wife)

Street and No.

Post office Ilwaco, State Wash

Stop allotment after payment

for the month of September, 1951

for which checkage has been made.

REASON FOR STOPPAGE: Moved in Gov't Ctrs and not entitled to "C" Allot.

Howard W. West

(Signature of Allotter)

Rank or rating EM1

APPROVED:

R.C. VAN HINK, CDCHN

CO Grp Ft Adams, Edmond, Okla

Commanding or

Commander District

STOPPAGE REGISTERED, Date

U. S. C. G.

Pay Officer

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been discontinued as requested.

Allotment Disbursing Officer.

Fulcolby

RECEIVED
JUL 29 10 24 AM '52
CG BASE
SEATTLE, WASH.

p
28 July, 1952
P18-1/MM

From: Commander, 13th CG District
To: Commandant (PM)

Subj: WEST, Howard W. (221-071) MM1; sick leave request for

1. Subject man reported this office 1000, 25 July, 1952 from in-patient treatment, USPHS Hospital, Seattle, Washington with a recommendation for indefinite sick leave. Diggnosis: Thrombothlebitis, left leg, 4893-100.7.

2. WEST departed 1015, 25 July, 1952 on thirty (30) days sick leave. It is requested that this unit be granted the authority to grant WEST indefinite sick leave.

M. A. JORDAN
By direction

Copy to:
CG Base, Seattle, Wn.

P
10 June 1952
MM/P16-4

ORDER NO. 133459

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM1

Subj: Orders; administrative transfer

1. Effective 1800U, 8 June 1952, you are hereby administratively transfered from North Head Light Station to CG Base, Seattle, Washington for assignment to duty.

2. No travel expense involved.

3. This order constitutes a permanent change of station for you from Ilwaco, Washington to Seattle, Washington. In this connection attention is directed to PC 29-48.

R. E. MORELL
By direction

CC: Group Point Adams
North Head Light Station
CGB, Seattle, Wn.
Pay
File

p
10 June, 1952
MM/P16-4

ORDER NO. 133459

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM1

Subj: Orders; administrative transfer

1. Effective 1800U, 8 June, 1952, you are hereby administratively transfered from North Head Light Station to CG Base, Seattle, Washington for assignment to duty.

2. No travel expense involved.

3. This order constitutes a permanent change of station for you from Ilwaco, Washington to Seattle, Washington. In this connection attention is directed to PC 29-48.

R. E. MORELL
By direction

CC: Group Point Adams
North Head Light Station
CGB, Seattle, Wn.
Pay
File

Ind-1
CG Base
Seattle, Wash. 24 June, 1952

Administrative transfer of WEST, Howard W. (221-071) MM1 is complied with this date effective 8 June, 1952 for assignment to duty.

J. D. GOOLSBY
By direction

6-473

WEST, Howard W.		221-071	MM1
CG GROUP		Seattle, Washington	24 June, 1952
CG BASE		Seattle, Washington	13-210800
ADMIN 6/8/52	xxxxxxxxx	North Head Lt Sta., Ilwaco, Washington assignment to duty.	

C13CGD/L p 6-10-52 MM/P16-4 Order No. 133459

SERVICE RECORD COPY

CC: HQ
CGDD13
SR
File

J. D. GOOLSBY, SCLK, USCG
By dir.

WEST, Howard W. 221-071 MM1

CG GROUP POINT ADAMS Hammond, Oregon 14 ~~MAY~~, June, 1952

North Head Light Station Ilwaco, Washington 13-300315

1800
8 June, 1952

CG Base Seattle
ASDU

C13CGD/Ltr 10 June, 1952, File: MM/P16-4

WEST is presently an inpatient at the USPHS Hospital Seattle, Wash.

R.C. VAN HINE, CBOSN, Cdr.
CG Group Point Adams

WEST, Howard W. 221-071 MM1

CG GROUP POINT ADAMS Hammond, Oregon 9 June, 1952

North Head Light Station Ilwaco, Washington 13-300315

1800U USPHS Hospital Seattle, Wash
8 June, 1952 Inpatient Medical Treatment

Medical Officer US Naval Infirmary Tongue Point, Astoria, Oregon

Transferred via Navy Ambulance from Naval Infirmary Tongue Point Astoria, Oregon to USPHS Hospital Seattle, Wash. Previously admitted to Navy infirmary as of 12 May, 1952. Diagnosis Coronary Occlusion

R.C. VAN HINE, CBOSN, Cdr.
CG Grp Pt Adams

266-52

WEST, Howard W. 221-071 MM1

CG GROUP POINT ADAMS Hammond,Oregon 13 May,1952

North Head Light Station Ilwaco, Washington 13-300315

1045U
12 May,1952

U.S.Naval Hospital, Tongue Point, Astoria,Oregon
Inpatient treatment.

Art. 3002 (1) CG REGS.

R.C. VAN HINE, CBOSN,

Cdr. CG Grp Ft Adams,Hammond,Ore

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. ____
Bu. Vou. No. 13-5719

PAID BY

(For use of paying office)

U. S. TREASURY DEPARTMENT COAST GUARD
(Department, bureau, or establishment)

THE UNITED STATES, DR.,

To ____

Address Howard W. West (221-071) MM1
North Head Light Station
Ilwaco, Washington

(Official duty station) (Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from ____ 19____, to ____, 19____, as per itemized statement within, under authority No. 51 27 September dated 51 27 September, 19____, copy of which is attached, 130584 or has been previously furnished with voucher No. 51 30 August, paid ____, 19____, by ____
(Name of disbursing officer)

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence		
Other		
Travel	23	52
TOTAL	23	52

(Payee must not use this space)

Differences		
Amount verified; correct for	23	52
(Signature or initials)		

Payee

HOWARD W. WEST
MM1

24 October
27 September 1951

MEMORANDUM

NOV 5 1951
NOV 5 1951 23.52

J. M. DONOVAN
PCLK, USCG

The next previous voucher paid under the same travel authority was: D. O. Vou. No. ____, paid ____ (Date)

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
20X0201	Operating Expenses, Coast Guard		23.52

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
13-20.03-52 (130584)			925040		0211	23.52

Paid by Check No. ____, dated ____, 19____, for $ 23.52 on Treasurer of the United States in favor of payee named above.

MEMORANDUM

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. 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.

16—42615-1

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

ITEMS ARE NUMEROUS

1. Date and hour of departure from official headquarters 27 September, 1951 0700
2. Give duty status on first day of voucher period:
   Arrived at North Head Light Station on 28 September 0030 51
   (Date) (Hour)
   approximate period ..... , 19....., for temporary duty for
   Approximate date of return to official headquarters ..... , 19.....

DATE 19....	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED — SUBSISTENCE†		OTHER	
	DEPENDENTS TRAVEL					
	Anna Mae West, lawful wife					
	Howard W. West Jr., Age 14 and born 5 July, 1937					
	My last permanent duty station was L/S 508, Seattle, Wash.					
	Dependents wre located in Seattle, Washington upon effective date of attached orders.					
	Departed Seattle 27 September, 1951					
	Arrived Ilwaco, Washington 27 September, 1951					
	Reimbursement is claimed in accordance with Chapter 7, Art. 7003, JTR for the distance Seattle to Ilwaco.					
	196 miles ~~IIWAA~~ Seattle to Ilwaco at ~~$0.06~~ for dep. wife.					11 76
	196 miles Seattle to Ilwaco at $0.06 for dep. son.					11 76
	NO PRIOR CLAIM FOR THE TRANSPORTATION OF DEPENDENTS HAS BEEN PRESENTED BY ME OR ANY MEMBER OF MY FAMILY AS CLAIMED HEREIN, AND NO TRANSPORTATION IN KIND HAS BEEN FURNISHED THEREFOR.					
	TOTALS (to be carried forward to continuation sheet, if necessary)				23	52

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL — FROM— (Also show meter readings when travel was by automobile)	POINTS OF TRAVEL — TO— (Also show meter readings when travel was by automobile)	FOR REIMBURSABLE ITEMS ONLY — MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED — Include cash paid public carrier	

p
30 August, 1951
MM/P16-4

ORDER NO. 130584

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM
Via: Commanding Officer, LIGHTSHIP 508

Subj: Orders; transfer, travel

1. Upon receipt hereof, you are hereby relieved of all duties previously assigned. Proceed and report to North Head Light Station, Ilwaco, Washington, for assignment to duty as Officer-in-Charge.

2. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable to 13-20.03 925040 0211.

3. Travel allowances are as prescribed in JTR. Travel via privately owned conveyance, railroad, bus, water, and/or air is authorized.

4. This order constitutes a permanent change of station for you from Seattle, Washington, to Ilwaco, Washington. In this connection attention is directed to Personnel Circular No. 29-48.

5. Health record will be carried on transfer. Service record will be forwarded to Commander, Point Adams Group.

C. D. EUBANKS
By direction

CC: Commander, Point Adams Group
North Head LS
Transp.
Pay
File

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard William	221-071	MM1	North Head Light Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place MEDICAL DEPARTMENT U.S. NAVAL STATION TONGUE POINT OREGON, Date June 8, 1952

To: OinC North Head Light Station
(Coast Guard unit)

Ilwaco, Washington
(Address)

The above-named patient was Transferred from {*inpatient / outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
CORONARY THROMBOSIS, ARTERY	(4702)	5-12-52	6-8-52

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

This man was transferred to the USPHS Hospital, Seattle, Washington, on 8 June, 1952.

CONDUCT REPORT:

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

D.R. Amend

D.R. AMEND LT MC USNR

U.S. Public Health Service

16—27156-1

NOTICE OF MEDICAL TRANSFER

WEST, Howard William 221-071 MM1 North Head Light Sta, who has been under {*inpatient / *outpatient} treatment at INFIRMARY, U.S.N.S. TONGUE POINT, ASTORIA, OREGON {*clinic / *hospital} at USNS TONGUE POINT, ASTORIA ORE. for CORONARY THROMBOSIS, ARTERY (Diagnosis) since 5-12, 1952, has been transferred this date 8 June, 1952 to the U. S. Marine Hospital at Seattle Washington for further treatment.

D.R. Amend

D.R. AMEND

U.S. Public Health Service

*Strike out words not applicable.

16—27156-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

p
16 February 1951
MM/P17-2

From: Commander, 13th CG District
To: Commanding Officer, LIGHTSHIP 508

Subj: WEST, Howard W. (221-071) MM1; advancement in rating

Your recommendation dated 8 January, 1951 file P17-2 is acknowledged and has been placed on file until such time as Headquarters solicits recommendations for participation in the examination for advancement to the rating of chief machinist's mate (acting). At such time, WEST will be recommended provided he meets with the requirements outlined in Personnel Circular No. 37-48.

C. D. EUBANKS
By direction

STANDARD FORM 116
AUGUST, 1949
PROMULGATED BY
EXECUTIVE ORDER 10033

APPLICATION FOR TRANSPORTATION OF HOUSEHOLD GOODS

(SEE INSTRUCTIONS ON REVERSE SIDE ITEMS 1 THRU 24 TO BE COMPLETED BY APPLICANT)

1. SHIP OR STATION	2. DATE	3. SHIPMENT NO. *(No. of shipments to show sequence)*
LIGHTSHIP 508	9/18/51	1

4. FROM *(Last name - First name - Middle initial)*	5. GRADE, RANK OR RATING	6. SERVICE SERIAL NO.	7. STATE TEMPORARY OR PERMANENT CHANGE OF STATION
WEST, Howard W.	MM1	221-071	permanent

8. TO *(Submit to nearest shipping officer)*
~~[illegible]~~ Commander, 13th CG District

9. IT IS REQUESTED THAT ACTION BE TAKEN TO HAVE HOUSEHOLD GOODS TRANSPORTED AS PROVIDED BY LAW AND REGULATIONS BASED ON CHANGE OF STATION ORDERS ISSUED BY Commander, 13th CG District AT Seattle, Washington
UNDER DATE OF 30 August 1951 PARAGRAPH NUMBER ORDERS NUMBER 130584
WHICH ORDERED ME TO DUTY AT NORTH HEAD LIGHT STATION

10. TO BE SHIPPED FROM *(Street address)*	CITY OR TOWN	DATE INSPECTION MAY BE MADE	11. TELEPHONE NO.
15 Valley Street	Seattle, Washington		

12. TO BE SHIPPED TO *(Street address)*	CITY OR TOWN	DESIGNATED AGENT TO RECEIVE PROPERTY AT DESTINATION
North Head Light Station	Illwaco, Washington	

13. APPROXIMATE AMOUNT TO BE SHIPPED	A. NO. OF POUNDS OR ROOMS	B. APPROXIMATE WT. OF PROFESSIONAL BOOKS, PAPERS & EQUIPMENT INCLUDED	C. SHIPMENT INCLUDES *(Check)* ☒ WASHING MACHINE ☒ REFRIGERATOR ☐ PIANO ☐ OTHER *(Specify)*	D. NO. OF BARRELS OF CHINA

14. METHOD OF SHIPMENT REQUESTED *(Check one)* ☐ AS DESIGNATED BY SHIPPING OFFICER ☐ RAIL, ☐ VAN, ☐ EXPRESS, OR ☐ AIR REGARDLESS OF SHIPPING OFFICER'S DESIGNATION	15. DATE BAGGAGE TO BE PICKED UP	16. OFFICIAL HOME
	~~week of 24th Sept.~~	Seattle, Wash

CERTIFICATIONS

17. I CERTIFY THAT THE ABOVE REQUESTED SHIPMENT CONSISTS OF HOUSEHOLD GOODS WHICH BELONG TO ME AND HAS BEEN IN USE BY MYSELF *(or family)* PREVIOUS TO DATE OF THIS REQUEST AND IS NOT INTENDED DIRECTLY OR INDIRECTLY FOR ANY OTHER PERSON OR PERSONS OR FOR SALE.

18. I FURTHER CERTIFY THAT THE ABOVE MENTIONED PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT, ARE IN FACT PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT WHICH ARE NECESSARY IN THE PERFORMANCE OF MY OFFICIAL DUTIES.

19. I WILL ACCEPT THE METHOD OF SHIPMENT DESIGNATED BY THE SHIPPING OFFICER TO BEST SERVE THE INTERESTS OF THE UNITED STATES AND MYSELF, OR WILL PAY ANY EXCESS COSTS OCCASIONED BY MY SELECTION OF ANY OTHER METHOD.

20. I WILL PAY ALL HANDLING, STORAGE, OR OTHER COSTS, NOT AUTHORIZED BY REGULATIONS.

21. IF MY ORDERS ARE MODIFIED OR CANCELLED AND AFFECT THIS SHIPMENT, I WILL NOTIFY IMMEDIATELY SHIPPING OFFICERS AT POINT OF ORIGIN *(or port if any)*, AND DESTINATION.

22. IN THE EVENT OF FAILURE ON THE PART OF MYSELF OR MY AGENT TO FURNISH THE SHIPPING OFFICER AT DESTINATION WITH PROMPT REMOVAL INSTRUCTIONS, I HEREBY AUTHORIZE THE ABOVE SHIPMENT TO BE PLACED IN LOCAL COMMERCIAL STORAGE IN MY NAME AND FOR MY ACCOUNT AND RISK.

23. UPON RECEIPT OF STATEMENT(S) SHOWING EXCESS COSTS I WILL REMIT AN AMOUNT SUFFICIENT TO COVER SUCH COSTS, OR PERMIT THE APPLICATION OF SO MUCH OF MY PAY AS MAY BE NECESSARY TO COVER SUCH COSTS. THIS AGREEMENT IS MADE WITH THE UNDERSTANDING THAT IT DOES NOT PREJUDICE MY RIGHT OF APPEAL TO THE COMPTROLLER GENERAL AND THE COURTS OF ADJUDICATION AFTER SUCH PAYMENT OR DEDUCTION HAS BEEN MADE IF I CONSIDER THE AMOUNT THEREOF TO BE ERRONEOUS.

24. PREVIOUS SHIPMENTS UNDER IDENTICAL ORDERS *(If none, indicate "None")*

FROM (A)	TO (B)	BILL OF LADING, CONTRACT OR PURCHASE ORDER NUMBER *(If known)* (C)	POUNDS HOUSEHOLD GOODS UNPACKED (D)	POUNDS HOUSEHOLD GOODS PACKED (E)	POUNDS PROFESSIONAL BOOKS, PAPERS, & EQUIPMENT (F)
	NONE				

SIGNATURE OF APPLICANT

25. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE:
(To be accomplished only by the Commanding Officer or his authorized representative, by signature or official seal)

THE PROPERTY IS PERSONAL BAGGAGE, HOUSEHOLD GOODS, OR PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT AUTHORIZED TO BE SHIPPED AT GOVERNMENT EXPENSE.

REASON FOR NONAVAILABILITY OF SIGNATURE	NECESSITY FOR SHIPMENT
	CERTIFIED BY *(Signature and Title)*

26. CERTIFICATE OF SHIPPING OFFICER

DESIGNATED METHOD OF SHIPMENT	BILL OF LADING NUMBER
VAN	440708
METHOD OF SHIPMENT USED	CONTRACT NUMBER
Culbertson Warehouse & Deposit Co.	
EXCESS COST OF PACKING, CRATING, AND HAULING *(When required by the service concerned)* ☐ GOVERNMENT ☐ COMMERCIAL $	PURCHASE ORDER NUMBER
POUNDS HOUSEHOLD GOODS	POUNDS PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT

SIGNATURE OF SHIPPING OFFICER
G. TAYLOR, PCLK, USCG-Transportation Officer

STANDARD FORM 116

WORK ORDER

CULBERTSON WAREHOUSE & DEPOSIT CO.

MAYFLOWER VANS

"From Anywhere to Everywhere — the SAME Driver All the Way"

1017 E. 40th Street SEATTLE 5, WASH. EVergreen 0350

Name Howard West Date 9/24/51

Address 15 Valley St.

To S.I.T. Seattle (17966)

SPECIAL INSTRUCTIONS ON DISPATCH SHEET

Driver Helpers

Start Stop Time Off Total Hrs. @ $

Other Charges $

$

$

$

$

Tax . . . . . $

TOTAL . . . . . $

Ck. ☐ M.O. ☐ Cash ☐ $

NOTICE

IN CONFORMITY WITH THE RULES AND REGULATIONS OF THE STATE DEPARTMENT OF PUBLIC SERVICE, ALL WORK IS STRICTLY CASH EXCEPT WHERE OTHER ARRANGEMENTS HAVE BEEN MADE IN ADVANCE. DRIVERS ARE NOT AUTHORIZED TO MAKE DEDUCTIONS FOR LOSS OR DAMAGE. ALL CLAIMS MUST BE ADJUSTED AT THE COMPANY'S OFFICE.

THE AGREED OR DECLARED VALUE OF THE PROPERTY TO BE HANDLED ON THIS ORDER IS HEREBY SPECIFICALLY STATED BY THE SHIPPER TO BE NOT EXCEEDING 30 CENTS PER POUND PER ARTICLE.

TO BE SIGNED BY SHIPPER OR AGENT PREVIOUS TO SERVICING

8:00 - 2000 lbs., Coast Guard Billed Job - Get five copies of weight certificate.

Make 5 copies of listing.

AW:ms

GOODS RECEIVED WITHOUT LOSS OR DAMAGE UNLESS OTHERWISE NOTED

No 12566

12566

Shipper's Signature

North Head L/S September 28, 1951

From: Officer in Charge, North Head Light Station
To: Commandant
Via: 1. CO, CG Group, Point Adams, Hammond, Oregon
2. Commander, 13th CG District
Subj: North Head Light Station, report of relief of command

1. I have as of 28th of September 1951 taken over this station as Officer in Charge.

2. In accordance with Article 7-1-25, Regulations, a through inspection of North Head L/S was held by me in company of Fred G. Sheldon SW CinC, (acting), the following is a summary of the inspection.

(a) The navigational aids maintained by this station, as listed in the 13th CG District operational plan, were inspected and found to be in good condition and operating in accordance with their published characteristic as shown in the Light List.

(b) Any peculiarities of construction or arrangements concerning the unit were pointed out and carefully noted. In this connection it was noted that all buildings and structures were in good condition. The station walks, yard and fences are in good condition. The interior of all buildings are painted in accordance with Regulations. The paint on the inside of all dwellings is in good condition

(c) All vehicles were inspected and found to be in good condition

(d) All fire fighting equipment including fire extinguishers are in good condition.

(e) Title "B" property and equipment was checked and agrees with the Record of Public Property.

(f) All confidential mail matter, registered publications, unexecuted orders and station keys were delivered.

Howard W. West WW1, CinC

Standard Form No. 1071a—Revised
Form approved by Comptroller General, U. S.
March 26, 1940
Gen. Reg. No. 88

MILEAGE VOUCHER

Act of June 10, 1922, 42 Stat. 631

D. O. Voucher No. 12-5025
Bu. Voucher No. _____

(Statement of travel performed must be completely filled in by payee prior to signature, and there must not be any erasure or alteration unless initialed or signed by him)

General Accounting Office
PREAUDIT
Certified for payment in the sum of $_____
Comptroller General of the United States.
By _____

U. S. Treasury Department - Coast Guard
(Department and service)

THE UNITED STATES, Dr.,
To Howard W. West MM1 - USCG
North Head Light Station
(Payee)
Ilwaco, Washington
(Official station) or (Home address, to be used by reserve and retired officers only)

PAID BY
(For use of paying officer)

Mail check to 130584 30 Aug. 51 Seattle, Washington

For mileage under attached order, _____, 19____, received at _____

STATEMENT OF TRAVEL PERFORMED—To be filled in by traveler

COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer

DATE 19 51 Sept (1)	FROM— (2)	DATE 19 51 Sept (3)	TO— (4)	Kind of transportation furnished (See note) (5)	Land grant included in established route and distance (6)	Transportation furnished excluding land grant in column 6 (7)	Authorized mileage (8)	NOTATIONS
27	XXXXXXXXXXXX Astoria, Ore.	27	North Head LS. Ilwaco, Washington	None	Miles None	Miles None	Miles XXX 24	
	Brought forward from statement on reverse hereof							
				TOTALS			XXX	
				Rate per mile	Dollars 0.03	Dollars 0.03	Dollars .06	
				Amounts			XXXXX	
				Deduct columns 6 and/or 7				
				Other deduction (explain on reverse)			XXXXX	
				NET AMOUNT TO BE PAID			1.44	

Payee

NOTE.—
Transportation furnished by U. S. Government:
Government transportation request; rail, water, air, or highway ____ T/R
Government automobile ____ G/A
Government boat ____ G/B
Government plane or airship ____ G/P
No transportation furnished by U. S. Government ____ NONE
Indicate method of travel used by inserting after "None" one of the following letters: Highway (H); Air (A); Water (W); Rail (R); Privately owned conveyance (P).

T/R No. _____ Carrier(s) _____
T/R No. _____ Carrier(s) _____
T/R No. _____ Carrier(s) _____

HOWARD W. WEST MM1 USCG

MEMORANDUM

XXXXX 1.44

NOV 5 1951

J. M. DONOVAN, PCLK, USCG
AUTHORIZED CERTIFYING OFFICER

ACCOUNTING CLASSIFICATION—For completion by administrative office

Appropriation, limitation or project symbol	Appropriation title	Limitation or project (amount)	Appropriation (amount)
20X0202	CE, CG		XXXXX 1.44

Allotment symbol	Amount	Encumbrance liquidated	Cost account Symbol	Cost account Amount	Object of expenditure Symbol	Object of expenditure Amount
19-20.03.52 (130584)			925040	XXXXX 1.44	0211	XXXXX 1.44

Paid by { Check No. _____, dated _____, 19____, for $_____ } on Treasurer of the United States in favor of payee named above.
{ Cash, $_____, on _____, 19____ }

(MEMORANDUM—Do not sign)

Ind-2
North Head Light Station

Friday 28 September

1. WEST, Howard, W. (221-071)MM1 reported this station for assignment for duty as OinC at 0030 Friday 28 September 1951.

Fred G. Sheldon SN OinC
(acting)

"I certify that all travel was performed at my own expense, and that no Gov't transportation, meal tickets or subsistence allowances of any kind were furnished me." I further certify that L/S-508 was at Astoria, Ore. upon my detachment."

Howard W West
HOWARD W. WEST

"DEPENDENTS TRAVEL"

Certified for payment (Date) OCT 25 1951
Travel performed 9/27/51 to 9/27/51
Between SEATTLE, WN and ILWACO, WN.
~~Mileage/Per diem~~/Transp. Exp. $23.52
Accounts of PAUL D. BANNING, CDO SYMBOL 1382
Vou. # 423768 Date 11-6-57

J. M. DONOVAN, PCLK, USCG
Authorized Certifying Officer

"MILEAGE."

Certified for payment (Date) OCT 16 1951
Travel performed 9/27/51 to 9/27/51
Between Seattle and Ilwaco, Wash.
Mileage/~~Per diem/Transp. Exp.~~ $1.44
Accounts of PAUL D. BANNING, CDO SYMBOL 1382
Vou. # 423768 Date 11-6-57

J. M. DONOVAN, PCLK, USCG
Authorized Certifying Officer

Commander
13th Coast Guard District
618 Second Avenue
Seattle 4, Washington

30 August, 1951
MM/P16-4

ORDER NO. 130584

From: Commander, 13th CG District
To: WEST, Howard W. (221-071) MM1
Via: Commanding Officer, LIGHTSHIP 508

Subj: Orders; transfer, travel

1. Upon receipt hereof, you are hereby relieved of all duties previously assigned. Proceed and report to North Head Light Station, Ilwaco, Washington, for assignment to duty as Officer-in-Charge.

2. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable to 13-20.03 925040 0211.

3. Travel allowances are as prescribed in JTR. Travel via privately owned conveyance, railroad, bus, water, and/or air is authorized.

4. This order constitutes a permanent change of station for you from Seattle, Washington, to Ilwaco, Washington. In this connection attention is directed to Personnel Circular No.29-48.

5. Health Record will be carried on transfer. Service Record will be forwarded to Commander, Point Adams Group.

/s/ C. D. EUBANKS
By direction

CC: Commander, Point Adams Group
North Head LS
Transp.
Pay
File

Ind-1
LIGHTSHIP (WAL-508), Astoria, Oregon

17 Sept, 1951

From: Commanding Officer, Lightship WAL-508)
To: WEST, Howard W.(221-071)MM1

1. Delivered and departed 2000 this date.

2. Granted 10 days compensatory leave (Auth: C13CGD/D 142325Z Sept.), 4 days proceed time and 1 day travel time to expire at your new unit 2400 3 October, 1951

/s/ E. S. KLOCK

Ind-1 on HL dated 29 March 1951 (PE-1)
to CO, WAL 508

p
3 April 1951
MM/P20-2

From: Commander, 13th CG District
To: Commanding Officer, USCG LIGHTSHIP 508

Subj: WEST, Howard W. (221-071) MM1; retirement request, acknowledgement of

Forwarded.

C. D. EUBANKS
By direction

UNITED STATES COAST GUARD

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

RECEIVED
APR 2 1951
C13CGD

PE-1
29 March, 1951
FILE:

From: Commandant
To: Commanding Officer, CG LIGHTSHIP (WAL 508)
Via: Commander, 13th Coast Guard District

Subj: WEST, Howard W. (221-071)MM1; retirement request, acknowledgement of

1. Reference is made to letter from the above-named man dated 27 February, 1951, file P19-2, requesting retirement under the 20-year enlisted retirement law.

2. It is noted that WEST states he will have completed 25 years service as of 23 June, 1951. Upon checking the records at Headquarters, however, it is found that he has the following creditable service for retirement computed as of 31 March, 1951:

9 years,	9 months,	6 days	- U. S. Coast Guard
3 years,	0 months,	0 days	- U. S. Marine Corps
9 years,	5 months,	5 days	- Lighthouse Service
22 years,	2 months,	11 days	- Total

3. In addition to the above, he has the following inactive service creditable only for longevity purposes:

4 years,	0 months,	0 days	- U. S. Marine Corps
1 year,	0 months,	2 days	- National Guard

Inactive service in any of the Reserve components of the Armed Forces is not creditable for retirement purposes under the present 20-year enlisted retirement law.

4. Advise WEST that his application has been placed on file and will be given consideration at such time as his name is reached on the eligibility list.

B. H. BRALLIER
By direction

13ND—2832

NR 1 Ø2ØØZ

ORIGINATOR AND OFFICE No.
MEDICAL OFFICER U S NAVAL STATION TONGUE POINT

EXTENSION
269

DATE
8 JUNE 1952

RELEASED BY
E A MC FALL V. T. Bowers OOD.

CLASSIFICATION
UNCLASSIFIED

FROM
COMMANDING OFFICER U S NAVAL STATION TONGUE POINT

DATE/TIME GROUP (ENTERED BY COMMUNICATION OFFICE)
Ø9Ø15ØZ

ACTION
MEDICAL OFFICER IN COMMAND U S MARINE HOSPITAL SEATTLE WASHINGTON

PRECEDENCE
PRIORITY

INFO
OFFICER IN CHARGE NORTH HEAD LIGHT STATION ILWACO WASHINGTON

PRECEDENCE
DEFERRED

U S COAST GUARD STATION TONGUE POINT

PRECEDENCE
DEFERRED

HEADING (FOR USE OF COMMUNICATION OFFICE)

Mail

WEST HOWARD WILLIAM MM1 221 071 USCG ATTACHED TO NORTH HEAD LIGHT STATION ILWACO WASHINGTON X EMERGENCY TRANSFER TO U S MARINE HOSPITAL SEATTLE WASHINGTON VIA NAVY AMBULANCE X DIAGNOSIS THROMBOSIS CORONARY ARTERY # 4702 T TIME OF DEPARTURE 1800 THIS DATE X ESTIMATED TIME OF ARRIVAL MARINE HOSPITAL SEATTLE WASHINGTON 2300 THIS DATE

TOF: Ø2ØØZ
TOD: Ø218Z/GL/RW/

CO_____ XO_____ PIO_____ MED_____ OOD EVB

COAST GUARD DEPOT_____

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WEST, Harold W. (Name, surname first) 221-071 (Service number) MM1 (Rank or rating) NORTH HEAD LIGHT HOUSE (Unit) Ilwaco, Washington

Reported without medical papers.

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Seattle, Washington, Date 8 June, 1952.

To: Medical Officer In Charge
USPHS. Hospital,
Seattle, Washington

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer In Charge NORTH HEAD LIGHT HOUSE, Ilwaco, Wash.

Howard W. West
(Signature of patient)
Howard W. West, MM1.

Henry T. Hutchins
Henry T. Hutchins, HMC. U. S. Coast Guard.
CG. Rep. By direction

RETURN MEDICAL CERTIFICATE

Place USPHS. Hospital, Seattle, Washington, 19

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

4893-100.7 Thrombophlebitis, left leg.
(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 30 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at USPHS.H.Seattle, Wash. {*hospital / *~~office~~} on 8 June, 1952.

Robert F. Lash
ROBERT F. LASH,
Surgeon, USPHS. U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27158-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard William (Name, surname first) | 221-071 (Service number) | MM1 (Rank or rating) | North Head Light Stat. (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Ilwaco, Washington, Date 12 May, 1952

To: Medical Officer US Naval Infirmary

Tongue Point, Astoria, Oregon

SIR: You are requested to examine the above-named {~~XXXXXX~~ / *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 OinC North Head Light Station

Howard W. West MM1 (Signature of patient)

Howard W. West MM1
OinC U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

MEDICAL DEPARTMENT
U.S. NAVAL STATION
TONGUE POINT OREGON

Place ..., Date 13 May, 1952

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

DU (Angina Pectoris) (7955)
(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 (1600) {*hospital / ~~*office~~} on 12 May 1952

D.R. AMEND LT MC USNR

~~XXXXXXXXXXXXXXXX~~

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

... (Patient's signature)

WITNESS:

... (Signature of medical officer)

... U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

CGGROUP POINT ADAMS, HAMMOND, OREGON
(Name and type and number of activity (or unit))

C. O. Order No. 264-52

CG Personnel

To DISBURSING OFFICER:

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	1952 (YEAR) From—	To—
221-071	WEST, Howard W.	Completed 26 years creditable service for pay purposes as of 10 May,1952. See statement of service below and statements of service attached	12 5-~~12~~	XX

Entered Service.	Discharged.	Absent without leave.	Sickness due to own misconduct.	Non performance of duty because of.	Remarks.
US Light House service. Completed 8 years, 1 month 13 days.					
USMC. 9-18-22	9-17-25 HD	None	None	None	
USMC(R) 9-18-25	9-17-29HD	NONE	NONE	NONE	
USCG. 6-25-41					
Enl ext 3 yrs 6-25-44	6-23-47 HD	NONE	NONE	NONE	
6-24-47	6-23-50 HD	NONE	None	None	
6-24-50	Now serving.	None	None	None	

	USLHS	8 years, 1 month, 13 days	
	USMC	7 0 0	
National Guard.		0 0 0	
	USCG	10 10 17	
		25 11 30	

Completed 26 years creditable service as of 12 May,1952

(D. O. Symbol number)

R.C. VAN HINE, CBOSN
(Name and signature)

COMMANDING OFFICER (See Art. 2025 (2) N. R.)

* Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

18/520
ACB-ole

FIRST INDORSEMENT

Headquarters, U.S. Marine Corps, Washington, D. C.

17 December, 1941

From: The Major General Commandant
To: The Commandnat, U.S. COAST GUARD

Subject: Service record of Howard William West while serving as a member of the U.S. MARINE CORPS.

1. Returned. The records of this office show that Howard William West, born 30 September 1903 at Lansing Michigan, enlisted in the Marine Corps on 18 September, 1922 at Mare Island, California, and was honorably discharged upon expiration of enlistment on 17 September, 1925 at San Diego, California, a private, with character "Excellent"; No time lost. Assigned to the Marine Corps Reserve on 18 September 1925 at San Diego, California, transferred to an inactive status the same date, and was honorably discharged upon expiration of enlistment on 17 September 1929 as a private, with character "Excellent".

L.W.T.WALIER, JR.,
By direction

Certified to be a true copy
/S/ B. A. SHAW
B.A. SHAW,
Chief, enlisted processing
and Records Section.

7-0-0-Cred.
ID

CERTIFIED TO BE A TRUE COPY
R.C. Van Hine
R.C. VAN HINE, CBOSN,CO

STATEMENT OF CREDITABLE SERVICE.
UNITED STATES COAST GUARD HEADQUARTERS

Address Reply to
THE COMMANDANT
Refer to file: CG-73

26 July,1948

To: Commanding Officer, CG Group Vancouver
Via: Commander, 13th Coast Guard District (pmp)

Subj: Statement of Service for Longevity Pay

Incl: (a) Copy of Marine Corps statement dated 17 December,1941
(b) Copy of National Guard statement dated 16 July,1943

The following is a statement of service, to and including 23 June, 1947 of WEST, Howard William (221-071) MM2, USCG

Entered Service.	Service Terminated	Absent without Leave. (Inclusive dates)		Abs due to own misconduct. (Incl. dates)		Non per of duty because of.	
		From	to	From	to	From	to
6-25-41		NONE		NONE		NONE	
Enl ext 3 years from 6-25-44	6-23-47 HD	NONE		NONE		NONE	

6-24-47

Now serving

Coast Guard Service	5 yr,	11 mo.	29 days
Service National Guard	0	0	0
Marine Corps Service	7	0	0
Light House service	8 21	1	13
	21	1	12

/S/ B. A. SHAW
B. A. SHAW
By direction

Certified to be a true copy
R. C. Van Hine
R.C. VAN HINE, CBOSN, CO

STATE OF OREGON
MILITARY DEPARTMENT
OFFICE OF THE ADJUTANT GENERAL
SALEM

GHB/f
July 16, 1943

CERTIFICATE OF NATIONAL SERVICE

THIS IS TO CERTIFY that the records of this office show that HOWARD W. WEST completed the following periods of enlisted service in the active National Guard of Oregon:

FROM	TO	ORGANIZATION
September 16, 1921	October 5, 1922	Battery A, 148th Field Artillery

Periods of service in the inactive National Guard: None

Copy furnished this 16th day of July, 1943, to Howard W. West MM2c., United States Coast Guard, Lime Kiln Light Station, Friday Harbor, Washington.

Federally Recognized on
10 March, 1926.
SERVICE NOT CREDITABLE.

ELMER V. WOOTON
Acting The Adjutant General,
State of Oregon

George H. Bates,
Captain, Infantry,
Personnel Officer.

Certified to be a true copy
/S/ B.A. SHAW,
B.A. SHAW,
Chief, Enlisted Processing
and Records Section.

18441 0-0-0-ID

CERTIFIED TO BE A TRUE COPY

R.C. Van Hine

R.C. VAN HINE, CBOSN, CO

CG Grp Pt Adams
Hammond,Oregon

1 April,1952
MM/P15

From: Cdr. CG Group Point Adams
To: Commandant (PMM)
Via: Commander, 13th Coast Guard District (p)

Subj: WEST, Howard W.(221-071) MM1; Good Conduct Awards entitled to; request for

1. It is requested this unit be informed as to the Good Conduct Awards to which subject man isentitled. WEST enlisted in the Coast Guard from the U.S.Light House Service 25 June,1941, and has served continuously since that time.

Below is a transcript of his proficiency and conduct marks during his present enlistment.

DATE	Pro in Rating	Conduct.
6-30-50	3.7	4.0
9-30-50	3.8	4.0
12-15-50	3.8	4.0
12-16-50	3.8	4.0
3-31-51	3.8	4.0
6-30-51	3.8	4.0
9-12-51	3.8	4.0
9-18-51	LESS THAN ONE MONTH.	4.0
9-30-51	LESS THAN ONE MONTH	4.0
12-31-51	3.8	4.0
3-31-52	3.8	4.0

CERTIFIED TO BE A CORRECT COPY R.C. VAN HINE

R.C. Van Hine

R.C. VAN HINE, CBOSN, CO

NORTH HEAD LIGHT STATION
ILWACO, WASHINGTON

pmm
9 January, 1952
L13

From: WEST, Howard W.(221-071) MM1, USCG
To: Commandant (PMM)
Via: (1) Commander CG Group Point Adams
(2) Commander, 13th CG District

Subj: National Service Life Insurance; status of

Ref: (a) Commandant's Letter 4 May, 1951, (PMM) L13

1. Reference (a) requested that an allotment stoppage be executed to stop "N" allotment "No payment". This was executed in July, 1951.

2. No credit to this date, has been received from the Veterans Administration.

Howard W. West
HOWARD W. WEST

Ind-1
Hammond, Oregon

11 January, 1952
L-13

From: Cdr. CG Group Point Acams
To: Commandant (PMM)
Via: Commander, 13th Coast Guard District (p)

Forwarded.

R.C. VAN HINE

1 October,1951
CG Group Point Adams
Hammond,Oregon

From: WEST, Howard W. (221-071) MM1
To: Commandant (PMM)
Via: (1) Cdr. CG Group Point Adams
(2) Authorized Certifying Officer,13th CG District

Subj: Notification of change in Dependency Status for Basic Allowance for Quarters

1. You are hereby notified of the following change in dependency status which terminates entitlement to basic allowance for quarters for my dependents:

Name and address of dependent.	Relationship	Date and nature of change
Anna Mae West 15 Valley Street Seattle 9, Washington	Wife	28 September,1951, took occupancy of Government Quarters at North Head Light Station,Ilwaco, Wash.
Howard W. West Jr. Address same as above.	Son	

2. The following Allotment action (stoppage) is requested.

Allotee.	Month of last payment.	Amount.
Anna Mae West	After payment for month of September,1951	"Q" Allot $200.00

The following allotment start action is requested.

Allotee		Month of fir st payment.	Amount.
Anna Mae West	Wife	October,1951	$200.00

Howard W. West.

Ind-1
CG Group Point Adams
Hammond,Oregon

2 October,1951

Forwarded approved.

R.C. VAN HINE

WEST, Howard W.	221-071	MM1
13TH CGD OFFICE	Seattle, Wash.	19 September, 1951
WAL-508	Seattle, Wash.	13-089

2000U
9/18/51 North Head Light Station, Ilwaco, Wash. (granted 10CL XXX 4PT, 1TT). for ASDU EDA 10-3-51

CCGD13/L (p) 8-30-51 MM/P16-4 Taking - 8CL 1TT

SERVICE RECORD COPY

CC: Group Point Adams

C. D. EUBANKS
By direction

WEST, Howard W. 221-071 MM1

CG GROUP POINT ADAMS North Head Light Sta Ilwaco, Wash

13-525290 13-300315 27 Sept.1951

2400
27 Sept.1951

WAL-508
ASDU as OinC, North Head Lt Sta.,Ilwaco,Wash
Granted 8 CL and 1 day TT enroute.

C13CGD/L (p)8-30-51 MM/P16-4

R.C. VAN HINE, CBOSN

SERVICE RECORD COPY

Date 20 October, 1950
Unit Lightship WAL-516
Location Seattle, Washington

From: WEST, Howard W. (221-071) MM1, USCG
To: Commandant (PMM)
Via: 1. Commanding Officer
2. Authorized Certifying Officer

Subj: Application for payment of basic allowance for quarters.

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

Name and address of dependent (include full given name)	Relationship	Remarks-Such as date & place of marriage; divorce etc; date birth of children, custondianship: other data
Anna Mae West	Wife	Date & place of marriage: 14 October, 1949, Seattle, Washington
Howard W. West Jr.	Son	Date of birth, 20 April, 1937

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

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

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

Allottees:	Month 1st payment	Amount
Anna Mae West 15 Valley Street, Seattle 9, Washington	November, 1950	$ 200.00
		$
		$
	Total Allotments	$ 200.00

Date on or after 1 Aug. from which Basic allowance for quarters Claimed for each dependent 1 August, 1950

Howard W. West
Howard W. West
(Name of Member)

(Signature of Man)

Ind-1 Date 20 October, 1950

From: Commanding Officer, Lightship WAL-516
To: Commandant (PMM)
Via: Authorized Certifying Officer

Forwarded:

R. E. Miller
R. E. MILLER, CBOSN, USCG
(Signature)

Ind-2 Date

From: Authorized Certifying Officer
To: Commandant (PMM)

Forwarded. Allotment(s) totalling $ registered, effective 1st payment .

(Signature)

SERVICE RECORD COPY

APPLICATION FOR LEAVE OF ABSEN
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

CG BASE, SEATTLE
LOGGED (in) (out)
DATE 6 1/12/51
TIME 0700
Caldwell, JW

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
USCG LIGHTSHIP(WAL-508)	% CG BASE Seattle, Washington	13 May, 1951

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) MM1	Comdr. 13th CG District	CO,LIGHTSHIP WAL-508

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		On or about 23 May, 1951	30		6-23-51

REASON FOR REQUEST:

RECREATION: 12 Days CL & 7 Days ALREG LV.

My address on leave will be: 15 Valley Street, Seattle, Wash.: Telephone AL 6362

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: USCG LIGHTSHIP WAL-508 Date: 13 May, 1951

Leave record indicates balance of 29 days' annual and ..... days' Reenlistment Leave due.

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

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

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING ~~EXECUTIVE PERSONNEL~~ OFFICER.

Ind.-2 Unit: CCGD13 (P) Date: 16 May, 1951

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

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

Authorized by CCGD13/D 162330Z (May, 1951)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned [X] GRANTED [X] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC BALSAM, Neah Bay, Wash. Date: 24 May, 1951

Departed at 1755U this date. This leave of absence will expire before 0700 12 June, 1951, at CG BASE, Seattle, Wash. and is subject to the special instructions indicated on reverse hereof.

N. S. Julnes
N. S. JULNES, ENS, USCG
COMMANDING ~~EXECUTIVE PERSONNEL~~ OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: CG BASE, Seattle, Washington Date: 12 June, 1951

Reported at 0700 this date, having taken 12 CL & 6 ALREG days' leave and ..... days' TT.

J. D. Goolsby
J. D. GOOLSBY, SCIC, USCG
COMMANDING ~~EXECUTIVE~~ PERSONNEL OFFICER.

16—40220-3

[OVER]

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
USCG LIGHTSHIP WAL-508	% CG Depot, Tongue Point Astoria, Oregon	11 March, 1951

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) MM1	Comdr.13th CG District	CO,LIGHTSHIP WAL-508

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		On or about 20 March, 1951	22		6-23-51

REASON FOR REQUEST:

RECREATION: 12 Days CL & 8 Days AIREG Leave

My address on leave will be: 15 Valley Street, Seattle, Wash.: Telephone AL 6362

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: LIGHTSHIP WAL-508 Date: 11 March, 1951

Leave record indicates balance of 37 days' annual and ..... days' Reenlistment Leave due.

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

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

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—~~EXECUTIVE~~ PERSONNEL OFFICER.

Ind.-2 Unit: C13 CGD (P) Date: 14 March, 1951

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

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

Authorized by C13 CGD/D 150028Z (March, 1951)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC WHITE BUSH (WAGL-542) Date: 20 March, 1951

Departed at 1900 this date. This leave of absence will expire before 0730 10 April, 1951, at CG Depot, Tongue Point and is subject to the special instructions indicated on reverse hereof.

O. B. Hedman
O. B. HEDMAN, CBOSN, USCG
COMMANDING—~~EXECUTIVE~~ PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: LIGHTSHIP WAL-508 Date: 10 April, 1951

Reported at 0720 this date, having taken 12 CL days' leave and 8 AIREG days' ~~LEX~~

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

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

RECEIVED
FEB 7 - 1951
13th COAST GUARD DISTRICT
MAIL ROOM (cc)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
LIGHTSHIP WAL-508	% CG DEPOT Tongue Point, Astoria, Oregon	11 January, 1951

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) MM1	Comdr.13th CG District	CO,Lightship WAL-508

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		On or about 16 January, 1951	10		6/23/51

REASON FOR REQUEST:

RECREATION; 6 Days CL & 14 Days ALREG

My address on leave will be: 15 Valley Street, Seattle, Wash. Telephone Al 6362

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: LIGHTSHIP WAL-508 Date: 11 January, 1951

Leave record indicates balance of 49 days' annual and _____ days' Reenlistment Leave due.

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

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

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—~~EXECUTIVE~~ OFFICER.

Ind.-2 Unit: C13CGD Date: 13 January, 1951

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

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

Authorized by C13CGD/D 130020Z (January, 1951)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC IVY (WAGL 329) Date: 18 January, 1951 .

Departed at 1840 this date. This leave of absence will expire before 0800 6 February, 1951, at CG DEPOT, Tongue Point and is subject to the special instructions indicated on reverse hereof.

J. J. McClelland
J. J. McCLELLAND, LCDR., USCG.
COMMANDING—~~EXECUTIVE~~ OFFICER.

Ind.-5 Unit: Date:

Granted _____ days extension of leave to expire before noon, _____

Authority:

_____ Signature and rank

_____ Title

Ind.-6 Unit: CG Depot, Astoria Date: 6 February 1951

Reported at 0730 this date, having taken 6 CL days' leave and 12 REG days' ~~XX~~

V. A. Johnson
V. A. JOHNSON, LCDR., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 138

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
WEST, Howard W.	211-071	MM1
REPORTING UNIT	**LOCATION**	**DATE**
13TH CGD OFFICE	Seattle, Wash.	28 December, 1950
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
LIGHTSHIP-508	Astoria, Oregon	13-089

TIME 1325 REPORTED FROM: LIGHTSHIP-516
DATE 18 December, 1950 FOR ASDU

AUTH: CCGD13/L 12-15-50 (p)

TIME TRANSFERRED TO:
DATE FOR

AUTH:

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

AUTH:

SERVICE RECORD COPY

OTHER CHANGES (SPECIFY)

G. D. EUBANKS
By direction
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

RECEIVED
NOV 28 1950
13th COAST GUARD DISTRICT
MAIL ROOM (pc)

SERVICE RECORD COPY

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOT TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
RELIEF LIGHTSHIP WAL-516	% CG BASE Seattle, Washington	13 November, 1950

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) MM1	Comdr.13th CG District (p)	CO,LIGHTSHIP WAL-516

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		15 November, 1950			

REASON FOR REQUEST:

RECREATION: 9 Days CL and 6 days ALREG ACC

My address on leave will be: 15 Valley Street, Seattle 9, Wash; Telephone AL6362

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: RELIEF LIGHTSHIP WAL-516 Date: 13 November, 1950

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

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

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

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: RELIEF LIGHTSHIP WAL-516 Date: 13 November, 1950

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

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

Authorized by CCGD13/D 132235Z(November, 1950)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: RELIEF LIGHTSHIP WAL-516 Date: 15 November, 1950

Departed at 0800 this date. This leave of absence will expire before 0900 1 December, 1950, at On board this vessel and is subject to the special instructions indicated on reverse hereof.

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: RELIEF LIGHTSHIP WAL-516 Date: 27November, 1950

Reported at 0740 25 November, 1950 this date, having taken 9 CL days' leave and ..... days' TT.

0740 from 25

Lester H. Green
LESTER H. GREEN, BM1 USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.
(Acting)

16-40220-3

SERVICE RECORD COPY

[OVER]

STATEMENT REGARDING NATIONAL SERVICE LIFE INSURANCE

I have been apprised of the information concerning National Service Life Insurance in accordance with the contents of Headquarters Personnel Circular No. 34-19, by the Commanding Officer, LIGHTSHIP WAL-516.

Howard W. West

Howard W. West, MM1

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

RECEIVED
SEP 25 1950
MAIL ROOM (55)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

SERVICE RECORD COPY

UNIT	ADDRESS	DATE
LIGHTSHIP WAL-516	Seattle, Washington	21 August, 1950

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) MM1	Comdr. 13th CG District (pmp)	COMMANDING OFFICER LIGHTSHIP WAL-516

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		29 August, 1950			

REASON FOR REQUEST:

RECREATION: 12 Days CL & 8 days ACC REG LV

My address on leave will be: 15 Valley Street, Seattle 9, Wash. Phone AL6362

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: LIGHTSHIP WAL-516 Date: 21 August, 1950

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

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

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

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—~~EXECUTIVE~~ OFFICER.

Ind.-2 Unit: CCGD13 District Office (pmp) Date: 23 August, 1950

Forwarded [ ] APPROVED [ ] NOT APPROVED (because)

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

Authorized by CCGD13/D 2322/27 (August, 1950)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC WHITE BUSH (WAGL-542) Date: 29 August, 1950

Departed at 2100 this date. This leave of absence will expire before 0800 19 September, 1950, at CG Depot, Tongue Point, Astoria, Oregon and is subject to the special instructions indicated on reverse hereof.

O. B. Hedman
O. B. HEDMAN, CBOSN, USCG
COMMANDING—~~EXECUTIVE~~ OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: CG DEPOT Astoria, Oreg. Date: 19 Sept. 1950

Reported at 0655 this date, having taken 20 days' leave and 0 days' TT.

SERVICE RECORD COPY

V. A. Johnson
V. A. JOHNSON, LCDR., USCG
COMMANDING—~~EXECUTIVE~~ PERSONNEL OFFICER.

16—40220-3

[OVER]

RECEIVED
AUG 31 1950
13th (Thirteenth) DISTRICT
AUG 31 1950 (pm)

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
LIGHTSHIP WAL-516	Seattle, Washington	21 August, 1950

FROM (REQUESTER):	TO	VIA:
West, Howard W.(321-071) USCG	Comdr. 13th CG District(pmp)	CO, LIGHTSHIP WAL-516

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		29 August, 1950			

REASON FOR REQUEST:
RECREATION: 12 Days Lt. & 8 days Add'l Lv

My address on leave will be: 15 Valley Street, Seattle 9, Wash. Phone Al6362
I will immediately inform my commanding officer of any change in address while on leave.

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: LIGHTSHIP WAL-516 Date: 21 August, 1950
Leave record indicates balance of _____ days' annual and _____ days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☒ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

R E Miller
C. E. Miller, CGCOE
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: COMDT13 District Office (pmp) Date: 23 August, 1950
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☒ NOT GRANTED (because) Authorized by COMDT13/P1210/02 (August, 1950)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.
COMMANDANT.

Ind.-4 Unit: CGC WHITE BIRCH (WAGL-342) Date: 29 August, 1950
Departed at 0200 this date. This leave of absence will expire before 0800
29 September, 1950, at (U) Depot, Tongue Point, and is subject to the special instructions
indicated on reverse hereof. Astoria, Oregon

O. E. Erickson
O. E. Erickson, CGCOE, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted _____ days extension of leave to expire before noon, _____
Authority:

_____ Signature and rank _____ Title

Ind.-6 Unit: Date:
Reported at _____ this date, having taken _____ days' leave and _____ days' TT.

1335-19
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

1350-29-1335-19

[OVER]

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

LIGHTSHIP 516 PERSONNEL

SERVICE RECORD COPY

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CCGD13(pmp)	Seattle, Wash.	3 July 1950

FROM (REQUESTER):	TO	VIA:
WEST, Howard W. (221-071) MM1	CCGD13(pmp)	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
14		3 July 1950	00		23 June 1951

REASON FOR REQUEST:

12 days compensatory leave and 2 days regular accrued leave

My address on leave will be: 15 Valley St., Seattle, Wash.

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

Howard W. West
HOWARD W. WEST (Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CCGD13(pmp) Date: 3 July 1950

Leave record indicates balance of ~~24~~ 59 days' annual and ..... days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

C. D. EUBANKS
By direction ~~COMMANDING EXECUTIVE PERSONNEL OFFICER~~

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CCGD13(pmp) Date: 3 July 1950

Departed at 0830U this date. This leave of absence will expire before 0700U, 18 July 1950, at CG Depot, Tongue Point, Astoria, Oregon, and is subject to the special instructions indicated on reverse hereof.

C. D. EUBANKS
By direction ~~COMMANDING EXECUTIVE PERSONNEL OFFICER~~

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: DEPOT, Tongue Point Date: 18 July 1950

Reported at 0750 this date, having taken 12 CL days' leave and 2 REG days' ~~XX~~ TT.

V. A. JOHNSON, LCDR., USCG
COMMANDING—~~EXECUTIVE PERSONNEL OFFICER~~

16—40220-1 SERVICE RECORD COPY [OVER]

Form 2529
U. S. Coast Guard
Revised September 2, 1941.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG RECRUITING STATION (Unit) — Seattle, Washington (Place)

24 June, 1950 (Date)

FROM: WEST, Howard William (221-071) MM1

TO: COMMANDANT (via Commanding Officer)

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:

Anna Mae West (Full name of wife; if not married, so state)	15 Valley Street Seattle, Washington (Address of wife)
Howard William West, Jr. (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

June Des Rochers (Full name of relative)	Daughter (Relationship)	307 West 8th Street The Dalles, Oregon (Address of relative)

Potential (State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Howard William West
Howard William West (Signature)

Subscribed and sworn to before me this 24th day of June, 1950.

W. W. Grubb CBOSN, USCG (Signature)
W. W. GRUBB
Commanding Officer (Rank or title)

MM1, USCG (Rank or rating)

327-50

WEST, Howard William 221-071 Mk1

Office, Comdr., 13th CG District CG Recruiting Station Seattle, Wash.

13-001 13-001 24 June, 1950

1000
6-24-50 LIGHTSHIP 516
ASDU.

Reenlisted for six (6) years, Reg. Enl., in the rating of Machinist's Mate, first class.
PAFE: Seattle, Washington
TOTAL CRED. SERV. (USMC, USLHS, USCG): 24 years, 01 month and 12 days
LAST DISCH. (fm USCG): 23 June, 1950
MARITAL STATUS: Married

AUTHORITY: Article 556, CG Regs.;
AlCoast 38-49.

W. W. GRUBB, CBOSN, USCG

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

CG RECRUITING STATION, Seattle, Washington
(Name and type and number of activity (or unit))

C. O. Order No. 338-50

To DISBURSING OFFICER:

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	1950 (YEAR) From—	To—
221-071	WEST Howard W.			
	1000 - 24 June, 1950	Reenlisted this date for six (6) years, Reg. Enl., in the rating of MM1, and transferred to LIGHTSHIP 516 for ASDU,	6/24	xx
	PAFE: Seattle, Washington			
	NOT ENTITLED TO INITIAL CCA			
	PREV. CRD. SERV. (USMC, USLHS, USCG): 24 yrs., 01 mo., 12 days			
	LAST DISCHARGED (fm USCG):	23 June, 1950		
	MARITAL STATUS: Married			
	Entitled to reenlistment bonus in the amount of $360.00; Form 2511-A attached,		6/24	xx

(D. O. Symbol number)

CBOSN, USCG
(Name and signature)

W. W. GRUBB,
Commandin OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Comdr., 13th CG District, Seattle, Washington
(Unit)

WEST, Howard William
(Name in full—surname to the left)

23 June, 1950
(Date)

221-071
(Service number)

MM1
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1947	6	24
Enlistment extended (for ____ years from)			
Date of discharge (HONORABLE EE) (Character of discharge)	1950	6	23
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
03	00	00

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Last paid reenlistment allowance on 24 June, 1947.

Total Absence (0 days)

Creditable time served during last enlistment period	03	00	00

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

W. W. GRUBB, CBO N, USCG

Date 23 June, 1950

(Rank) By direction, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 24 June, 1950

CG RECRUITING STATION, Seattle, Washington
(Unit and place)

I CERTIFY that the above-named man reenlisted in a Regular Enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of six (6) years from this date.

W. W. GRUBB,

PAID $360.00 REENLISTMENT ALLOWANCE ON BONUS

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

6/24/50 AT SEATTLE, WASHINGTON

Commanding officer.

BY C. R. MATHEWSON

U. S. GOVERNMENT PRINTING OFFICE 16—20008-2

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

STATEMENT OF CREDITABLE SERVICE

VIA: AIR MAIL

ADDRESS REPLY TO

UNITED STATES COAST GUARD HEADQUARTERS

THE COMMANDANT (PE-PR-5)

REFER TO FILE: CG-73

25 June, 1947

To: Officer in Charge, CG Recruiting Station, 13th CG District

Subj.: Statement of service for longevity pay

Incl.: 1. Copy of Marine Corps Statement dated 17 December, 1941
2. Copy of National Guard Statement dated 16 July, 1943

The following is a statement of service, to and including 25 June, 1947 of WEST, Howard William (221-071) MM2c, USCG.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
6-25-41 Enl Ext 3 Yrs from 6-25-44 Now serving		NONE		NONE		NONE	

	Yr.	Mo.	Days
Coast Guard Service	6	0	1
Navy service			
MARINE CORPS SER.	7	0	0
NATIONAL GUARD Ser.	0	0	0
Total	13	0	1

Completed 12 years on 24 June, 1946

M. K. HUTCHINSON
By direction

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

184520
ACD-ole

FIRST ENDORSEMENT

Headquarters, U. S. Marine Corps, Washington, D. C.

17 December, 1941

FROM: The Major General Commandant.
TO: The Commandant, U. S. COAST GUARD.

Subject: Service record of Howard William West while serving as a member of the U. S. MARINE CORPS.

1. Returned. The records of this office show that Howard William West, born 30 September 1903 at Lansing Michigan, enlisted in the Marine Corps on 18 September 1922 at Mare Island, California, and was honorably discharged upon expiration of enlistment on 17 September 1925 at San Diego, California, a private, with character "Excellent" No time lost. Assigned to the Marine Corps Reserve on 18 September 1925 at San Diego, California, transfered to an inactive status the same date, and was honorably discharged upon expiration of enlistment on 17 September 1929 as a private, with character " Excellent"

L.W.T.WALLER, KR.,
By direction

Certified to be a true copy
B. A. Shaw,
B. A. SHAW,
Chief, Enlisted Processing
and Records Section.

7-0-0 Cred.

DD.

STATE OF OREGON
MILITARY DEPARTMENT
Office of The Adjutant General
Salem

GHB/f
July 16, 1943

CERTIFICATE OF NATIONAL GUARD SERVICE

THIS IS TO CERTIFY that the records of this office show that HOWARD W. WEST completed the following periods of enlisted service in the active National Guard of Oregon:

FROM	TO	ORGANIZATION
September 16, 1921	October, 5, 1922	Battery A, 148th Field Artillery

Periods of service in the Inactive National Guard: None

Copy furnished this 16th day of July, 1943, to Howard W. West MM2c., United States Coast Guard, Lime Kiln Light Station, Friday Harbor, Washington.

Federally Recognized on
10 March, 1926.
SERVICE NOT CREDITABLE.

ELMER V. WOOTON
Acting The Adjutant General,
State of Oregon.

George H. Bates,
Captain, Infantry,
Personnel Officer

Certified to be a true copy
B. A. Shaw
B. A. SHAW,
Chief, Enlisted Processing
and Records Section.

0-0-0-

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

LS-92

Commanding Officer's

PAY RECORD ORDER

Commander, 13th CG District, Seattle, Wash.
(Name and type and number of activity (or unit))

C. O. Order No. 411

To DISBURSING OFFICER:

CG PERSONNEL

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	1949 (YEAR) From—	To—
221-071	WEST, Howard W.	Completed 7 years, 0 mos, 0 days creditable service in USMC prior to enlistment in USCG as per attached Form 2511 and cert. copies Marine Corps statement. Completed 9 years creditable service as of 24 June, 1943 Completed 12 years creditable service as of 24 June, 1946 Completed 8 yrs, 1 month, 13 days creditable Lighthouse service in accordance with Act of June 22, 1948. Completed 21 yrs creditable service prior to 1 July, 1948 as per attached Form 2511. Completed 22 yrs, 1 mo, 20 days creditable service as of 1 July, 1948. Completed 23 yrs, 4 mos, 20 days total creditable service as of 1 Oct. 1949 Enlisted (3) 6-24-47 AWL,SKMC,NPDI None Now serving:		

SERVICE RECORD COPY

10 May 1952 = 26 years

(D. O. Symbol number)

C. D. EUBANKS
By direction
(Name and signature)

OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

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

RECEIVED 2 AUG 1948 DCGO, 13RD

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (~~JE-PR-5~~) ~~XXXXXX~~ OFFICERS

REFER TO FILE: CG-73

26 July, 1948

To: Commanding Officer, CG Group, Vancouver
VIA: Commander, 13th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay
Incl.: (a) Copy of Marine Corps statement dated 17 December, 1941
(b) Copy of National Guard statement dated 16 July, 1943

The following is a statement of service, to and including 23 June, 1947 of WEST, Howard William (221-071) MM2, USCG.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
6-25-41		NONE		NONE		NONE	
Enl. Ext.	3 Years from						
6-25-44	6-23-47 H D	NONE		NONE		NONE	
6-24-47							
Now serving							

	Yr.	Mo.	Days
Coast Guard Service	5	11	29
~~Navy~~ service Nat'l Guard	0	0	0
MARINE CORPS SER.	7	0	0
Lighthouse service	8	1	13
Total	21	1	12

Completed years

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

18—36636-2 U. S. GOVERNMENT PRINTING OFFICE

184520
ACD-ole

FIRST ENDORSEMENT

Headquarters, U. S. Marine Corps, Washington, D. C.

17 December, 1941

FROM: The Major General Commandant.
TO: The Commandant, U. S. COAST GUARD.

Subject: Service record of Howard William West while serving as a member of the U. S. MARINE CORPS.

1. Returned. The records of this office show that Howard William West, born 30 September 1903 at Lansing Michigan, enlisted in the Marine Corps on 18 September 1922 at Mare Island, California, and was honorably discharged upon expiration of enlistment on 17 September 1925 at San Diego, California, a private, with character "Excellent" No time lost. Assigned to the Marine Corps Reserve on 18 September 1925 at San Diego, California, transfered to an inactive status the same date, and was honorably discharged upon expiration of enlistment on 17 September 1929 as a private, with character " Excellent"

L.W.T.WALLER, KR.,
By direction

Certified to be a true copy
R. A. Shaw,
R. A. SHAW,
Chief, Enlisted Processing and Records Section.

7-0-0 Cred

lp

STATE OF OREGON
MILITARY DEPARTMENT
Office of The Adjutant General
Salem

GHB/f
July 16, 1943

CERTIFICATE OF NATIONAL GUARD SERVICE

THIS IS TO CERTIFY that the records of this office show that HOWARD W. WEST completed the following periods of enlisted service in the active National Guard of Oregon:

FROM	TO	ORGANIZATION
September 16, 1921	October, 5, 1922	Battery A, 148th Field Artillery

Periods of service in the Inactive National Guard: None

Copy furnished this 16th day of July, 1943, to Howard W. West MM2c., United States Coast Guard, Lime Kiln Light Station, Friday Harbor, Washington.

Federally Recognized on
10 March, 1926.
SERVICE NOT CREDITABLE.

ELMER V. WOOTON
Acting The Adjutant General,
State of Oregon.

George H. Bates,
Captain, Infantry,
Personnel Officer

Certified to be a true copy
B. A. Shaw,
B. A. SHAW,
Chief, Enlisted Processing
and Records Section.

0-0-0-

D. G.-2654

U. S. COAST GUARD

OFFICIAL DISPATCH

UNIT CCGD 13TH DATE 24 JUNE 1947

INCOMING HEADING

(WH) V WNJC NR 85 R 242Ø38Z

TEXT

REFURDIS 232232 HOWARD W WEST 221 Ø71 MM2C RECORDS AT HQ SHOW HE IS ENTITLED TO 7 YEARS CREDITABLE SERVICE MARINE CORPS IN ADDITION TO CG SERVICE X HE IS ALSO ENTITLED TO 8 YEARS X 1 MO X 13 DAYS IN LIGHTHOUSE SERVICE WHICH IS CREDITABLE TOWARDS RETIREMENT X STATEMENT OF CREDITABLE SERVICE WILL FOLLOW

232232Z: REQUEST THE INFORMATION PRETAINING TO A STATEMENT OF CREDITABLE SERVICE BE DISPATCHED TO THIS STATION..ETC..

7 MAR COR

8

RECRUITING
CC PERS

TOR 2Ø38 RR/CP

OPERATOR'S RECORD

TIME:

INITIALS OF "ACTION" OFFICER

FROM
COMDT CG

TO (FOR ACTION)

RO CCGD THIRTEEN (PE)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOW

"ACTION" OFFICER INITIAL AND RETURN ORIGINAL TO RADIOROOM, RETAINING COPY

U. S. GOVERNMENT PRINTING OFFICE 16—30203-8

16 03

STATE OF OREGON
MILITARY DEPARTMENT
Office of The Adjutant General
Salem

GHB/f
July 16, 1943

CERTIFICATE OF NATIONAL GUARD SERVICE

THIS IS TO CERTIFY that the records of this office show that HOWARD W. WEST completed the following periods of enlisted service in the active National Guard of Oregon:

FROM	TO	ORGANIZATION
September 16, 1921	October 5, 1922	Battery A, 148th Field Artillery

Periods of service in the Inactive National Guard: None

Copy furnished this 16th day of July, 1943, to Howard W. West MM2c., United States Coast Guard, Lime Kiln Light Station, Friday Harbor, Washington.

Federally Recognized on
10 March, 1926.
SERVICE NOT CREDITABLE.

ELMER V. WOOTON
Acting The Adjutant General
State of Oregon

George H. Bates,
Captain, Infantry,
Personnel Officer

Certified to be a true
and correct copy

Ottis H. Abney, Lt(jg) USCG
Recruiting Officer, 13th CGD

184520
ACB-ole

FIRST ENDORSEMENT

Headquarters, U. S. Marine Corps, Washington, D. C.

17 December, 1941

FROM: The Major General Commandant.
TO: The Commandant, U. S. COAST GUARD

Subject: Service record of Howard William West while serving as a member of the U.S. MARINE CORPS

1. Returned. The records of this office show that Howard William West, born 30 September 1903 at Lansing Michigan, enlisted in the Marine Corps on 18 September 1922 at Mare Island, California, and was honorable discharged upon expiration of enlistment on 17 September 1925 at San Diego, California, a private, with character "Excellent" No time lost. Assigned to the Marine Corps Reserve on 18 September 1925 at San Diego, California, transfered to an incative status the same date, and was honorably discharged upon expiration of enlistment on 17 September 1929 as a private, with character "Excellent"

L. [illegible] T. Waller, JR.,
By direction

Certified to be a true
and correct copy

Ottis H. Abney, Lt(jg) USCG

NCG 2511
USCG

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD

File No. CG-702

Seattle, Washington

From: Personnel Officer, DCGO, 13ND

39 June, 1947

To: Finance Officer, DCGO, 13ND

SUBJECT: WEST, Howard William (221-071) MM2c - USCG

Statement of service of.

1. The following is a statement of the service of the above-named (man) (officer) xxxxxxxx for the purpose of computing pay, to and including 25 June, 1947

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
6/25/41	6/24/44 Ext'd	NONE		NONE		NONE	
	6/23/47 HD	NONE		NONE		NONE	
6/24/47	Reenlisted this date for a period of three (3) years, Rg. Estb., rating of MM2c Now serving						

	Yrs.	Mos.	Days
Coast Guard Service	6	0	1
Navy Service	6	-	-
Other Service	7	0	0 (Marine Corps)
Total - - - - - - - -	13	0	1

Completed 12 years service 24 June, 1946

Ottis H. Abney

Ottis H. Abney, Lt(jg)USCG
Recruiting Officer, 13th CGD

For compensation of

WEST, Howard W. (221-071) USCG

APPLICATION FOR ALLOTMENT

LS #516

LS 516

PAYABLE TO

Monthly allotment in the amount of Forty cents Five Dollars and ~~xxxxxxxxxx~~ ($ ~~XXXX~~ 5.40) Dollars.
(Words) (Figures)

Name Treasurer of the U. S.

Street and No

Post office Washington State D.C.

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

Name Howard W. West

Reason for allotment Payment of NSLI (new)

First payment: Month AUGUST, 1950

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

Howard W. West

Rank or rating YN1 U. S. C. G.

14 July, 1950, 19

Approved, allotment granted.

C. D. EUBANKS

Commanding LTJG, USCG

Commander, By direction District.

Witnessed and registered 1 August, 19 50

C. R. MATHESON, RCLK, USCG, ACO

Pay officer C13th CGD, Seattle, Wn.

16—12642—1

INSURANCE EFFECTIVE 1 AUGUST 1950 $5,000 Term

M.O. # 294422 (50400) 10/6/50 $5.40

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

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

DO NOT FOLD — MAIL FLAT

OCT 31 1950

* Allotter or member immediate family

EE'S WITHHOLDING EXEMPTION CERTIFICATE

(Collection of Income Tax at Source on Wages)

William West Social Security No. ____

Head Light Station 2 H Waco Wash.

se, he is required by law to withhold tax from your wages without exemption.

AIM YOUR WITHHOLDING EXEMPTIONS

" . . . . . ____

s allowed for the husband and one exemption for the wife. 2

exemptions, write the figure "2" . . . . . ____

emptions, write the figure "1" . . . . . ____

se exemptions, write "0" . . . . . ____

more than one-half of the support of persons closely related to 1

endents. (See Instruction 3 on other side.) . . . . . ____

n you have claimed above and write the total 3

ions claimed on this certificate does not exceed the number to which I am entitled.

(Signature) Howard W. West

16—40389-2

WEST HOWARD W. (221-071)

BM 2/C
Black
Brown
155#
9-30-03
5 1 9½"

Line 4 in Light Station

Dated ____, 19__

(REQUIRED: 1. WHEN REPORTING ABOARD. 2. WHEN TRANSFERRED. 3. ON DISCHARGE OR RETIREMENT)

DATE	STATION	BY (NAME AND GRADE)	INITIALS
6-8-52	CG BASE, SEATTLE, WN	J. D. GOOLSBY, SCLK, USCG Personnel Officer	JDG
FEB 28 1953	"CG Base, Seattle Wn"	LYNN L. BAKER, LCDR, USCG	LLB

54339

REMINGTON RAND INC., 11 U S 391-14036—'52

RCC:MEB:jh

TO:

MARK APPROPRIATE ADDRESS ON REVERSE OF THIS FORM.

VERIFICATION OF U.S. MILITARY SERVICE

(Required under provisions of Civil Service Retirement Act.)

FILE NUMBER: CSF-720 128

DATE: November 14, 1968

REQUEST	REPLY	
APPLICANT HAS FURNISHED THE FOLLOWING INFORMATION. PLEASE VERIFY EACH ITEM WITH YOUR RECORDS.	IF CORRECT CHECK HERE	IF NOT CORRECT, SUPPLY CORRECT DATA BELOW.
NAME: Howard W. West	✓	
DATE OF BIRTH: September 30, 1903		
BRANCH: ~~U. S. Marine Corps~~ U. S. Coast Guard	✓	
SERVICE NO.: 22 1071	✓	
LAST RATING OR GRADE: Unknown		
ORGANIZATION AT DISCHARGE: Unknown		

DATES OF ACTIVE FEDERAL SERVICE			ALWAYS COMPLETE THIS BLOCK →		SHOW TYPE OF SEPARATION FOR EACH PERIOD OF ACTIVE SERVICE. →
FROM	TO		FROM	TO	
~~09-18-22~~	~~09-17-25~~				
06-16-33	02-28-53		6-25-41	3-1-53	HONREL

FURNISH INCLUSIVE DATES OF ANY TIME LOST → ☐ AS FOLLOWS: ☑ NONE

PLEASE FURNISH IF CHECKED: (USE REMARKS SPACE)

- ☐ CHANGES IN RATING OR GRADE FOR SERVICE AFTER JULY 31, 1920.
- ☐ CHANGES IN ORGANIZATION, CAMP, SHIP, STATION, ETC., AFTER JULY 31, 1920.
- ☐ SEE OTHER SIDE FOR REQUESTED INFORMATION NOT OTHERWISE PROVIDED FOR ON THIS FORM.

NOTE: ABOVE BOXES TO BE CHECKED ONLY WHEN ABSOLUTELY NECESSARY TO ADJUDICATE CLAIM.

SIGNATURE OF U.S. CIVIL SERVICE COMMISSION OFFICIAL

Andrew E. Ruddock

ANDREW E. RUDDOCK, DIRECTOR
BUREAU OF RETIREMENT AND INSURANCE

REMARKS (USE OTHER SIDE OF THIS FORM IF ADDITIONAL SPACE IS NEEDED)

Please expedite, placing reply in enclosed self-addressed envelope. Social Security Administration cannot adjudicate claim until we reply regarding use of military service in annuity computation.

RETURN TO:

United States Civil Service Commission
Bureau of Retirement and Insurance
Washington, D.C. 20415

Items above checked are verified by our records. Items considered inaccurate have been correctly shown in the reply portion.

PRIOR LIGHTHOUSE SERVICE
9 YEARS 5 MONTHS 5 DAYS
PRIOR SERVICE USMC
3 YEARS

BW 1-13-69

RECORDS OFFICE OFFICIAL SIGNATURE (Show Title, Department, etc.)

BRI 46-143
JUNE 1965

RCC:MEB:jh

TO: MARK APPROPRIATE ADDRESS ON REVERSE OF THIS SHEET

VERIFICATION OF MILITARY RETIRED PAY STATUS
(Required Under Provisions of Civil Service Retirement System)

CIVIL SERVICE COMMISSION REQUEST

NAME OF INDIVIDUAL (Last, First, Middle)	DATE OF BIRTH	CLAIM NO.	DATE OF REQUEST
West, Howard W.	09-03-~~03~~ 30	CSF-720 128	11-14-68

BRANCH OF SERVICE	SERIAL NO.	INCLUSIVE DATES OF MILITARY SERVICE	RATING OR GRADE	ORGANIZATION AT DISCHARGE
US Marine Corps US Coast Guard	~~184520~~ ~~221 071~~ 221 071	09-18-22 to 09-17-25 06-16-33 to 02-28-53	Unknown	Unknown

☒ The individual named above died on 5/31/68. His survivors have applied for Civil Service Survivor Annuity. Please verify his retired pay status.

☐ The individual named above has applied for Civil Service Retirement Annuity. Please verify his retired pay status.

REMARKS Please expedite, placing reply in enclosed self-addressed envelope. Social Security Admin. cannot adjudicate claim until we reply regarding use of military service in annuity computation.

SIGNATURE OF U.S. CIVIL SERVICE COMMISSION OFFICIAL

Andrew E. Ruddock

Andrew E. Ruddock, Director
Bureau of Retirement and Insurance

ADMINISTERING OFFICE CERTIFICATION

INSTRUCTIONS: Please verify the retired pay status of the individual named above by marking whichever item below is appropriate. **IF YOU MARK ITEM 5 or 7, RETAIN THE ATTACHED COPY AND, IF THE INDIVIDUAL'S STATUS REGARDING MILITARY RETIREMENT LATER CHANGES, COMPLETE THE APPROPRIATE ITEMS AND RETURN.**

ITEM 1 ☐ Individual had not been awarded retired pay on the date of his death.

ITEM 2 ☐ Individual had been awarded retired pay on the date of his death.

ITEM 3 ☐ Individual had been awarded retired pay but on date of death had total waiver thereof in effect.

ITEM 4 ☐ Individual has not been awarded retired pay. Based on present record and law he cannot qualify for an award in the future.

ITEM 5 ☐ Individual has not been awarded retired pay and we cannot determine his eligibility for an award in the future. We have retained copy of this form or noted our files (or have made provision to) and will notify you of any change in individual's retired pay status.

(See INSTRUCTIONS above)

ITEM 6 ☐ Individual has not been awarded retired pay but appears to be entitled to an award.

ITEM 7 ☐ Individual has been awarded retired pay but has totally waived his right thereto effective on _____. We have retained copy of this form and will notify you of any change in individual's retired pay status.

(See INSTRUCTIONS above)

ITEM 8 ☐ Individual has been awarded retired pay effective 20 Nov 1957.

NATURE OF AWARD

- ☐ Reserve Retainer Pay
- ☐ Age and/or Service Retirement
- ☐ Chapter 67, Title 10, U. S. Code (Formerly Title III, P. L. 810)
- ☒ Disability

  Incurred in enemy combat or caused by an instrumentality of war in line of duty during a period of war as defined in Chapter 11, Title 38, U. S. Code?

  ☐ Yes ☒ No

  ☐ Unknown. Contact office shown in Remarks.

ITEM 9 ☐ We have no record of the individual. Suggest you contact office shown in remarks as information may be there.

REMARKS

CERTIFIED BY - SIGNATURE - TITLE - DEPARTMENT

M.J. RUEBENS, MEDICAL PROGRAMS MANAGEMENT OFFICER, USCG HDQTRS

DATE 12-10-68

RETURN COMPLETED ORIGINAL OF THIS FORM TO

United States Civil Service Commission
Bureau of Retirement and Insurance
Claims Division
Washington, D. C. 20415

BRI 46-143a
JULY 1968

USCSC--WASHINGTON D C

FROM:
TO: Commandant

Subject: Armed Forces Identification Card, application for

0739 7 file

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

West Howard William 221-071 Mm1, USCG (Ret)
LAST NAME FIRST NAME MIDDLE NAME SERVICE NUMBER GRADE

Date of Birth Sept 30 1903 Weight 176 lbs Height 5 ft 10½ inches

Color Hair Black Color Eyes Brown Blood Type A B
(Optional)

524 1st Avenue West,
Seattle, Washington

Howard W. West
SIGNATURE

GPO DSO 3-257

File 3-13

PS
18 March 1953
P19-1

From: Commandant
To: Commander, 13th Coast Guard District (p)

Subj: WEST, Howard W. (221-071) MM1, USCG (Retired); information concerning

Ref: (a) Your letter dated 12 March 1953, File P19-2

1. You are advised that the preliminary papers necessary to prepare Forms DD-214, and DD-217, for subject named man were mailed to him at 2019 - 27th Place, South, Seattle, Washington, on 10 March 1953.

2. The change of address has been noted at Headquarters, and in the event that WEST has not received the preliminary papers forwarded on 10 March 1953, within the next ten (10) days, advise the Commandant (PS) for further action.

O. C. HINNEN
By direction

HINNEN: bmb, Rm. 2114, Sta. 2-15

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

P
12 March 1953
P19-2

From: Commander, 13th CG District
To: Commandant (PE-3)

Subj: WEST, Howard W. (221-071) MM1, USCG (Retired); Form DD-214; non-receipt of

1. The subject man was retired from active duty effective 1 March 1953, while attached to CG Base, Seattle, Washington. At time of separation he was not issued DD Form 214, Report of Separation from the Armed Forces of the United States, and his records have been subsequently forwarded to Headquarters.

2. It is requested Form DD 214 be issued and forwarded to WEST at the following address:

524 1st Avenue West,
Seattle, Washington

M. A. JORDAN
By direction

Rough ltr. mailed to
2019 27th Place, South
Seattle, Wash

CG-2533
TREASURY DEPARTMENT
U. S. COAST GUARD
(Oct. 1937)

3-13

FILE

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

524 1st West Ave., (Unit) Home
Seattle 99, Washington
(Place)
12 March, 1953

Upon being retired from active duty on 1 March, 1953, I certify that the following are the names of my dependents for whom medical treatment may be required, from the Public Health Service. Their signatures appear below:

(Name, age, sex, and nature of dependency)	(Signature)
Ana Mae West AGE: 45 Female Wife	Anna Mae West
Howard W. West Jr. AGE: 16 Male Son	Howard W. West Jr.

I hereby certify that the above signatures were signed in my presence this _____, 19____

J. D. GOOLSBY, SCLK, USCG - Personnel Officer
(Signature of certifying officer and title)

Howard W. West
Howard W. West
(Signature of retired person)

MM1
(Rank or rating)

HEADQUARTERS

First Endorsement, Washington 18 March, 1953

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

3/18/53
T. LE BLANC
CDR, USCG
(Rank)

By direction,

Assistant Chief, Medical Division ~~Assistant Commandant~~

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

U. S. GOVERNMENT PRINTING OFFICE 16—37889-2

UNITED STATES COAST GUARD

Address reply to:
COMMANDER
13th Coast Guard District
618-2nd Avenue
Seattle, Washington

11 March 1953
P20-2

From: Commander, 13th Coast Guard District
To: Commandant (PE-3)

Subj: Personnel records; forwarding of

The records of the personnel listed below are forwarded herewith inasmuch as they have been transferred to your command. It is requested that receipt be acknowledged by endorsement hereon.

NAME	SERVICE NO.	RATE	RECORDS ENCLOSED
NELSON, Sandy H.	39506	ENS(R)	3292
WEST, Howard W.	221-071	MM1	2996-
HINDERLIE, Archibald (n)	104-916	RM1	2996-3291

M. A. JORDAN
By direction

- -

FIRST ENDORSEMENT to COMTHIRTEENCCG ltr dtd

From:
To: Commander, 13th Coast Guard District

Receipt of the records for personnel as listed above is hereby acknowledged.

ABSTRACT OF SERVICE—ENLISTED PERSONNEL

CG-2996 (Rev. 7-52)

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
WEST, Howard William	221-071		

5. EFFECTIVE DATE DATE REPORTED	6. UNIT	7. DATE DEPARTED	8. SERVICE YRS.	8. SERVICE MOS.	8. SERVICE DAYS	9. REMARKS	10. CARD NO.
6-10-52	BASE SEATTLE, WN.					ASDU	4
	Base Seattle Wn.	3-1-53	0	8	22	PERM DISAB eff. 3-1-53	

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
WEST, Howard W.	221-071	MM1	6-25-41

16—67555-1

LIGHTHOUSE RETIREMENT

9-6-9-

WI[redacted], Howard William (NAME) [redacted]221-071) (SERVICE NUMBER)

MARITAL STATUS Married

NUMBER OF DEPENDENTS

Other creditable service—	YRS.	MOS.	DAYS	
Lighthouse	8	1	13	Verified TJT
Marine Corps	7	0	0	HD 9-17-29

Birth, date of 30 September, 1903

Birth, place of Lansing, Michigan

Citizenship N 6-25-47

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
Lightship 92	4-25-49	MM1				Tr
Recruiting Sta., Seattle	6-23-50	MM1				HD-EE
Recruiting Sta., Seattle	6-24-50	MM1				Reenlisted RE(6)
Lightship 516	7-19-50	MM1				resdu
Lightship 508	12-18-50	MM1				Asdu
North Head LS.	9-27-51	MM1				ASDU
Base, Seattle	6-10-52	MM1				Asdu
BASE Seattle	12-17-52	MM1				Med-TCAT

ABSTRACT OF SERVICE—ENLISTED PERSONNEL GPO 16—56524-1 TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2996 (8-48)

N. C. G. 9545
Revised Sept. 1941

Lighthouse Service

9-6-9.

— 2 —

WEST, Howard William
(NAME)

221-071
(SERVICE NUMBER)

SINGLE
MARRIED X
WIDOWED
DIVORCED

Other creditable service—

	YRS.	MOS.	DAYS	
LIGHTHOUSE	6	7	13	Verified 7-27-48
MARINE CORPS	7	0	0	HD 9-17-29
~~NATIONAL GUARD~~	~~1~~	~~8~~	~~28~~	~~HD 10-6-22~~

(N.G. not creditable)

16—11203

Birth, date of 30 September, 1903
Birth, place of Lansing, Michigan
Citizenship N 6-25-47

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
CG GROUP, Seattle (13)	10-16-46	MM2C				Tr. (SMITH ISLAND L.S.)
L.H.L.S. #92 (13)	1-8-47	MM2C				La
Seattle Off. Com (13)	6-23-47	MM2C				Tr.
DCGO-Off. (13)	6-23-47	MM2C				Ch. Gp. of Enl. Av. 589(1) Reg
Officer Comm (13)	6-24-47	MM2C				Remarks for Three (3) years
Seattle Group (13)	6-24-47	MM2C				Tr.
Lightship #92 (13)	7-9-47	MM2C				La
Lightship #92 (13)	4-2-48	MM2				Cr PC 56-47
Unknown Dty (13)	5-9-48	MM2				Tr.
Unknown Dty. (13)	7-1-48	MM1				Cr. U.S.C.G. 20-48
Woodruff (13)	1-18-49	MM1				Tr.

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised April 1938

WEST, Howard William — 221 071

SINGLE
X MARRIED XX
WIDOWED
DIVORCED
8/16/43

Other creditable service—

	YRS.	MOS.	DAYS
LIGHTHOUSE	8	7	13
U.S.M.C.R (inactive)	4	0	0
U.S.M.C.	3	0	0
(National Guard)	1	0	20

Former Lighthouse employee.
Enlisted pursuant to the Act of
16—11203

HD 9-17-29
HD 9-17-25
HD 10-5-22 NG not creditable.

Birth, date of September 30, 1903,
Birth, place of Lansing, Michigan,
Citizenship N.

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
LIME KILN LIGHT STATION (S D).	6-25-41	B.M.2c.				Orig.Enl. 3 Years, REGULAR.Auth.: Form 2525-B, 6-3-1941.
SEATTLE BASE	10-1-42	B.M.2c.				Tr.
SEATTLE BASE	11-16-42	M.M.2c (Pro)				Tr.
SMITH ISL.LT.STA(SD)	6-4-43	M.M.2c (Pro)				Tr.
SMITH ISL.LT.STA(SD)	6-26-43	M.M.2c.				Provisional rating made perm CR. Hdqtrs. Ltr. 6-26-43.
LIME KILN LIGHT STA (Seat.Dist)	7-1-43	M.M.2c.				TR.(Seat.Dist.Let.6-17-43)
LIME KILN LIGHT STA (Seat.Dist)	8-24-43	M.M.2c.				HL-8-24-43 NOT TO BE RETIRED
Seattle Sta.(13)	2-2-44	M.M.2c				TR. Lime Kiln Lt. Sta.
Seattle Sup Yd (8)	6-24-44	M.M.1c				Enlist - 3 yrs
Vancouver Sup.(11)	5-5-44	M.M.1c				Tr
Columbia R. LS #15(13)	3-17-46	M.M.1c				Tr
Col.River LS #9a(13)	JUL 1 1946	M.M.2c				Tr. Discharged, Limits Chg. 9-9-46 AUG 19-46
Seattle Sup.(8)	8-3-46	M.M.2c				Tr. Yerba Buena
Yerba Buena I.	9-2-46	M.M.2c				Tr.
Seattle Sup.(13)	9-2-46	M.M.2c	—	—		Tr.

(See Card 2)

File 3-13

UNITED STATES COAST GUARD

Address Reply To:
COMMANDANT
U. S. Coast Guard
Headquarters
Washington 25, D. C.

PS
10 March 1953
File: P19

From: Commandant
To: Howard William West (221-071) MM1 USCG (RET.)
2019 27th Place, South
Seattle, Washington
524 - 1st Ave. West, Seattle 99 Washington
Subj: DD Form 214 and Form DD-217 CG; forwarding of

1. DD Form 214, Report of Separation from the Armed Forces of the United States, is being prepared for you, and the preliminary papers necessary for its completion are forwarded herewith. You are requested to fill in the spaces checked on the rough form, sign your name in Item #48 of the smooth fan-fold, and return all copies in the inclosed envelope. Upon receipt, DD Form 214 will be completed and the original, seventh, and eighth copies forwarded to you for your permanent possession.

2. Form DD-217 CG is also inclosed. You are requested to sign and forward it to this Section. The Form will be returned to you after it has been certified and laminated. **Your signature should be placed on the back of Form DD 217CG in space provided therefor.**

O. C. HINNEN
By direction

Encls.
1. Preliminary papers for DD-214
2. Form DD-217

393 Treasury, CGHQ, Wash., D. C.

Compl. mailed back to subj. DD214 + DD217 3-31-53

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION

1. NAME	2. SERVICE NUMBER	3. GRADE — RATE — RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
, Howard William	221-071	MM1/ 7-1-48	USCG(RETIRED)

SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	6. EFFECTIVE DATE OF SEPARATION (DAY / MONTH / YEAR)	7. TYPE OF SEPARATION
- - - -	- - - -	1 March 1953	RETIRED *

8. REASON AND AUTHORITY FOR SEPARATION: Hq/Ltr 2-25-53, PE-1 AUTHORITY 516850

9. PLACE OF SEPARATION: 0,C13thCGDistrict, Seattle, Washington

10. DATE OF BIRTH (DAY / MONTH / YEAR)	11. PLACE OF BIRTH (City and State)
30 Sept. 1903	Lansing, Michigan

12. DESCRIPTION

SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
Male	Caucasian	Black	Brown	5'9½"	170

SELECTIVE SERVICE DATA

13. REGISTERED YES	13. REGISTERED NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)
	X	- - - -	- - - -

15. INDUCTED (DAY / MONTH / YEAR): - - -

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

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [X] ENLISTED [ ] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY

18. GRADE — RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM2/c

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE (DAY / MONTH / YEAR / PLACE (City and State))	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)
25 June 1941 Seattle, Washington	Friday Harbor, Washington

STATEMENT OF SERVICE FOR PAY PURPOSES

	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	0	0	0
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	12	0	6
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	15	1	13
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	27	1	19

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY

DAY	MONTH	YEAR	AMOUNT
-	-	-	-

26. FOREIGN AND/OR SEA SERVICE

YEARS	MONTHS	DAYS
**		

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: American Area Campaign, World War II Victory Medal, Good Conduct Medal

28. MOST SIGNIFICANT DUTY ASSIGNMENT: USCGC LIGHTSHIP-92

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): - - - -

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

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver — premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM	32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
None	[X] YES [ ] NO [ ] UNKNOWN	- - - -	- - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
Retirement(pay cont.)	- - - -	- - - -

AUTHENTICATION

38. REMARKS (Continue on reverse)

* Retired for Physical Disability (Permanent)
** Has had service outside the continental limits of the United States.

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: O. C. Hinnen

NAME, GRADE AND TITLE (Typed): O. C. HINNEN, Lieutenant, USCG

PERSONAL DATA

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

CLAIM NUMBER: - - - -

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

44. UNITED STATES CITIZEN YES	44. NO	45. MARITAL STATUS	46. NON SERVICE EDUCATION (Years successfully completed) GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
[X]	[ ]	Married	8	0	0	- - - -	- - - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State): 524 1st Avenue West, Seattle(King County) 99, Washington

48. SIGNATURE OF PERSON BEING SEPARATED: Howard W. West

DD FORM 1 JUL 52 214 — EDITION OF 1 JAN 50 IS OBSOLETE.

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D. C.
MARINE CORPS: DIS OR RETD AFFIX TO SRB OR OQR

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

Hq (PMM)

CG Grp Pt Adams
Hammond,Ore

26 February,1953
MM/P15

From: Cdr. CG Group Point Adams
To: WEST, Howard W. (221-071) MM1, USCG, Retired. (Pending)

Subj: Good Conduct Award

1. It is a pleasure to award to you this Good Conduct Medal for the three (3) years of meritorious enlisted service in the United States Coast Guard ending 24 June,1944, while attached to CG Base Seattle, Washington.

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during this three (3) year period.

R.C. VAN HINE

CC: Service Record
HQ(PMM)
File

- -

FIRST INDORSEMENT

524 - 1st Avenue West
Seattle 99, Washington

28 February,1953

From: WEST, Howard W. (221-071)MM1(Ret)
To: Commander, Group Point Adams

Subj: Good Conduct Medal; Receipt of

Receipt of the above award is acknowledged.

Howard W. West
Howard W. West

STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME WEST (Surname) Howard (First) W. (Initial)

SERVICE NUMBER 221-071 RANK OR RATE MT1

RETIREMENT DATE 1 March 1953 REASON FOR RETIREMENT 70% Permanent Disability

HAS INDIVIDUAL EVER HELD A RANK OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? YES ☐ NO ☐

ON ENLISTED 20-YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOOD CONDUCT IS AUTHORIZED YES ☐ NO ☐

TYPE OF SERVICE	FOR RETIREMENT (ACTIVE) YRS.	MOS.	DAYS	FOR PAY PURPOSES (ACTIVE & INACT.) YRS.	MOS.	DAYS
COAST GUARD	11	8	6	11	8	6
LIGHTHOUSE	9	5	5	8	0	9
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD				1	0	2
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS	3	0	0	7	0	0
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	24	1	11	27	8	17

SIGNATURE: B. A. SHAW

DATE 26 February 1953

Return to 3-13

TJT;ft

B 7211 TREASURY-CGHQ-WASH.,D.C.

FS-1
25 February 1953
AUTH: 516850

AIRMAIL

From: Commandant
To: WEST, Howard William (221-071)PHM1, United States Coast Guard
Via: Commander, Thirteenth Coast Guard District

Subj: Retirement from active duty; orders; travel

1. The Coast Guard Physical Evaluation Board convened in your case found that you are unfit to perform the duties of your rating by reason of permanent physical disability amounting to 70 per centum.

2. Pursuant to Treasury Department Order No. 154, the findings of the Physical Evaluation Board as amended by the substitute finding of the Physical Review Council were approved 24 February 1953, and you are thereby placed, effective 1 March 1953, on the permanent disability retired list of the United States Coast Guard in accordance with Section 402 of the Career Compensation Act of 1949. You are, therefore, retired for permanent disability and your retired pay will commence on 1 March 1953.

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

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

5. Your commanding officer will immediately furnish a copy of this order to the certifying officer having custody of your pay record. The certifying officer will transmit the pay record information to the Commandant (FA) in accordance with existing directives after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

E. H. KRALLIER
By direction

Encl: (2)

DCKIERBOW:me Ret 3-11

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard (Name, surname first) | 221-071 (Service number) | MM1 (Rank or rating) | CG BASE, Seattle, Washington (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USPHS.Hospital,Seattle,Washington, Date 12 December, 19 52.

To: _____ (Coast Guard unit)

_____ (Address)

FILE T. Lob

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
Infarction of myocardium due to arteriosclerotic coronary thrombosis.	430-516.7	9-26-52.	10-10-52.
Glomerulonephritis, chronic.	712-190		

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

To continue on sick leave and await appearance before CG P.E. Board for final separation from Service.

CONDUCT REPORT:

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

J. W. CASHMAN,
Sr.Asst.Surg.USPHS. U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____ (Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at _____ {*office / *hospital} at _____ for _____ (Diagnosis) since _____, 19 , has been transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____ U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

PE-2
18 November 1952
MM

AIRMAIL

From: Commandant
To: Commander, 13th CG District (p)

Subj: WEST, Howard W. (221-071) MM1, USCG; finding of the Physical Evaluation Board; indefinite sick leave

1. Reference is made to your dispatch 142230 November 1952. You are authorized to grant WEST indefinite sick leave pending final action on the Physical Evaluation Board held in his case.

2. Prior to departure on sick leave, this man should be advised of his rights and benefits as a veteran and that DD Form 214, Report of Separation from the Armed Forces of the United States, will be issued and forwarded to him upon release from active duty.

3. Upon receipt of approval of this Physical Evaluation Board, by the Secretary of the Treasury, final action may then be consummated by mail.

W. B. ELLIS
By direction

GAP:AIM:pp ret to 3-13

adm.

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

U. S. COAST GUARD

3-1-

BEP 208
HEADING
DE BWKJ 98

PE
PM

FROM: 142230Z
CCGD THIRTEEN

ACTION: COMDT COGARD
GRNC

INFO:

PEA-A

TEXT

P TO PE X PHYSICAL EVALUATION BOARD HOWARD W WEST 221-071 MM1 HELD 13 NOV 1952 X PHYSICALLY UNFIT TO PERFORM DUTIES OF RATE DUE TO ARTERIOSCLEROTIC HEART DISEASE FOLLOWING TYPICAL HISTORY OF ACUTE CORONARY OCCLUSION OR THROMBOSIS CMA MORE THAN LIGHT MANUAL LABOR NOT FEASIBLE X NEPHRITIS CMA CHRONIC MILD X THROMBOPHLEBITIS CMA LEFT LEG X VARICOSE VEINS CMA MILD X INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY AND CONSIDERED TO BE THE PROXIMATE RESULT OF THE PERFORMANCE OF ACTIVE DUTY X NOT DUE TO INTENTIONAL MISCONDUCT OR WILFUL NEGLECT OR INCURRED DURING A PERIOD OF UNAUTHORIZED ABSENCE X DISABILITY ~~EXISTED PRIOR TO SERVICE~~ CONSIDERED TO BE SIXTY PERCENT X ACCEPTED MEDICAL PRINCIPLES INDICATE THAT THE DISABILITY IS OF A PERMANENT NATURE X RECOMMEND WEST BE PLACED ON INDEFINITE SICK LEAVE

Concur
Plans for separation
to departure on leave

CFN 221-071 MM1 13 1952

OPERATOR'S RECORD AND DATE 14/2236Z NOV BWKJ

OFFICIAL INITIALS

RJRR 1952

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard William (Name, surname first) | 221-071 (Service number) | MM1. (Rank or rating) | CG BASE, Seattle, Wash. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USPHS.Hospital,Seattle,Wash. Date 5 November, 1952.

To: _____ (Coast Guard unit)

_____ (Address)

FILED T. L. B.

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
Infarction of myocardium due to arteriosclerotic coronary thrombosis.	430-516.7	9-26-52.	10-10-52.
Glomerulonephritis, chronic.	712-190		

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

To continue on indefinite sick leave pending a Coast Guard Physical Evaluation Board for separation from Service.

CONDUCT REPORT:

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

J. W. Cashman

J. W. CASHMAN,
Sr. Asst. Surg. USPHS. *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____ (Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at _____ {*office / *hospital} at _____ for _____ (Diagnosis) since _____, 19 , has been transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

PE-2
21 October 1952
MM

AIRMAIL

From: Commandant
To: Commander, 13th CG District (p)

Subj: WEST, Howard (221-071) MM1, USCG; additional sick leave; authorization of

1. The request contained in your letter dated 13 October 1952, file P18-1/MM, to grant subject man indefinite sick leave is disapproved. In lieu thereof, you are authorized to grant WEST an additional thirty (30) days of sick leave.

2. Expedite submission of the Board of Medical Survey in this case to the Commandant (PE).

B. H. BRALLIER
By direction

Copy to:
CO, CG Base, Seattle, Wash.

GAP:bad rot to 3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

3-11

13 October 1952
P18-1/MM

From: Commander, 13th Coast Guard District
To: Commandant (PM)

Subj: WEST, Howard (221-071) MM1, USCG; sick leave; request for

1. Subject man reported this office 1230, 10 October, 1952, from inpatient treatment, USPHS Hospital, Seattle, Washington with a recommendation for indefinite sick leave. Diagnosis: Thromboph-lebitis, left leg.

2. Subject man departed this office 1245, 10 October, 1952 on thirty (30) days sick leave. It is requested this unit be authorized to grant WEST indefinite sick leave.

M. A. JORDAN
By direction

Copy to:
CG Base, Seattle, Wn.

LCDR PHILBRICK

30 additional days at this time. Expedite submission BMS. Indefinite sick leave not approved at this time

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard William (Name, surname first) 221-071 (Service number) MM1 (Rank or rating) CG.BASE, (Unit) Seattle, Washington

Reported without medical papers.

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Seattle, Washington, Date 26 September, 1952.

FILE T. L.O.B

To: Medical Officer In Charge
USPHS. Hospital,
~~Seattle, Washington~~

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 CO.CG BASE, Seattle, Wash.

Howard W. West (Signature of patient)

Howard W. West, MM1.USCG.

Henry T. Hutchins, HMC. U. S. Coast Guard.
CG.Rep. By direction

RETURN MEDICAL CERTIFICATE

Place ~~USPHS.Hospital,Seattle,Wash.~~ Date ~~26 September,~~, 1952.

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

Glomeronephritis,chronic.712-190.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*~~Less~~ / *More.} Treatment will require approximately 14 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at USPHS.H.Seattle,Wn. {*hospital / *~~office~~} on 26 September, 1952. 1045

PAUL M. KEGAN, P. M. Kegan, Jr.
Surg. USPHS. U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

Commanding Officer
Coast Guard Base
Seattle 99, Washington

13 August, 1952
P18-1/MM

From: Commanding Officer, CG Base, Seattle, Washington
To: WEST, Howard W., MM1, USCG - 2019 27th Place South, Seattle, Wn.

Subj: Additional Sick Leave; authorization of

Ref: (a) HL 8-6-52 PE-2 MM
(b) 13thCGD/L p 8-8-52 file P18-1/MM

1. In accordance with reference (a) and (b), you are authorized thirty (30) days additional sick leave. Inasmuch your present sick leave expires prior to 0900 25 August, 1952, you are now advised that your sick leave will expire prior to 0900 24 September, 1952 at Coast Guard Base, Seattle, Washington.

2. It is understood that address while on above sick leave will be:

2019 27th Place South, Seattle, Washington

3. It is requested that any change of address be reported this unit.

J. D. GOOLSBY
By direction

Ind-1
CG Base, Seattle, Washington 23 September 1952

Reported this unit 0730 this date from having completed twenty nine (29) days sick leave.

J. D. GOOLSBY
By direction

PE-1
3 September 1952

AIRMAIL

From: Commandant
To: Captain Morris C. Jones (1119), USCG - President
Physical Evaluation Board, Thirteenth Coast Guard District

Subj: WEST, Howard William (221-071)MM1, USCG; appearance before Physical Evaluation Board

Ref: Precept convening Physical Evaluation Board

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

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

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

Active Military Service as of 16 September 1952--Years 23 Months 7 Days 27

Unauthorized Absences-- None

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

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

B. H. BRALLIER
By direction

Encl: (1) Pertinent medical and personnel papers
(2) Copy of Commandant's (PE-1) letter to West

BRUMMELER:ME:mjs ret 3-13

PE-1
3 September 1952

AUTH: 513623

AIRMAIL

From: Commandant
To: WEST, Howard William (221-071)MM1, United States Coast Guard
Via: Commander, Thirteenth Coast Guard District (p)

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

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

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

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

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

5. No proceed time is allowed under these orders.

E. H. BRAILLIER
By direction

BRUMMELER:ME:mjs ret 3-13

CG-522

FOLLOW INSTRUCTIONS ON BA

WEST, Howard William (Name, surname first) | 221-071 (Service number) | MM1 (Rank or rating) | CG BASE (Unit) Seattle, Washington

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USPHS.Hospital,Seattle,Wash., Date 8 August, 19 52.

To: _____ (Coast Guard unit)

_____ (Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Infarction of myocardium due to arteriosclerotic coronary thrombosis.	430-516.7	6-8-52.	7-25-52.
Thrombophlebitis, left leg.(femoral vein).	489-100.7		

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

Board of Medical Survey written on 7-24-52, recommending that Coast Guardsman be brought before a CG-PE. Board for separation from Service.
Indefinite sick leave recommended.

CONDUCT REPORT:

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

John W Cashman

JOHN W. CASHMAN,
Sr.Asst.Surg.USPHS. *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

PE-2
6 August 1952
MM

AIRMAIL

From: Commandant
To: Commander, 13th CG District (p)

Subj: WEST, Howard W. (221-071) MM1, USCG; additional sick leave; authorization of

1. The request for authority to grant subject man indefinite sick leave, contained in your letter dated 28 July 1952, file P18-1/MM, is not approved. In lieu thereof, you are authorized to grant WEST an additional thirty (30) days of sick leave.

2. Expedite the submission of the Board of Medical Survey in this case to the Commandant (PE).

1952 AUG 0 13 30
PEA-A

B.H. BRALLIER
By direction

Copy to:
CO, CG Base, Seattle, Wash.

GAP:AIM:mjs ret 3-13

UNITED STATES COAST GUARD

3-11

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

PEA 5 08 32

p
28 July, 1952
P18-1/MM

PEA-A

From: Commander, 13th CG District
To: Commandant (PM)

Subj: WEST, Howard W. (221-071) MM1; sick leave request for

1. Subject man reported this office 1000, 25 July, 1952 from in-patient treatment, USPHS Hospital, Seattle, Washington with a recommendation for indefinite sick leave. Diagnosis: Thrombothlebitis, left leg, 4893-100.7.

2. WEST departed 1015, 25 July, 1952 on thirty (30) days sick leave. It is requested that this unit be granted the authority to grant WEST indefinite sick leave.

M. A. JORDAN
By direction

Copy to:
CG Base, Seattle, Wn.

Recommend approval
30 additional days
Expedite submission of BHS

USPHS. Hospital
Seattle, Washington
24 July, 1952

Statement attached to Medical Board of Survey on WEST, Howard William (221-071) MM1. U. S. Coast Guard, dated 24 July, 1952.

I have been informed of the findings of the attached Medical Board of Survey and I do not care to make a statement in rebuttal.

Howard W. West

Howard W. West, MM1
(221-071) U. S. Coast Guard

REPORT OF BOARD OF MEDICAL SURVEY
NAVMED-M (REV. 5-45)

PLACE U.S.P.H.S. Hospital, Seattle, Washington (Name of hospital, ship, or station where survey is held) DATE 7-24-52

FROM: Board of Medical Survey.

TO: Commander, 13th Coast Guard District (p)

For transmission to the Bureau of Medicine and Survey

NAME WEST, Howard William (In full, surname first) NO. 221-071 (File or service number) RANK OR RATE AND CLASSIFICATION MM1

BIRTHPLACE Lansing, Michigan BIRTH DATE 30 Sept. 1903

ENLISTED OR APPOINTED: Date 24 June 1942 REPORTED FOR ACTIVE DUTY, USNR: Date

PERMANENT STATUS MM1 (Rank or Rate) DATE

APPOINTMENT OR PROMOTION TO PRESENT RANK: Date

TOTAL SERVICE: Navy None Marine Corps 3 yrs. active duty 4 yrs. Marine Corps Reserves Army Army-none

Lighthouse Service 10 years

ADMITTED FROM U. S. Coast Guard Base, Seattle, Washington DATE 8 June 1952.

DIAGNOSIS (1) 430-516.7 Infarction of myocardium due to arteriosclerotic coronary thrombosis
(2) 459-100.7 Thrombophlebitis, left leg (femoral vein) (From Navy nomenclature, under which carried on sick list) KEY LTR. SPEC. LTR.

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

EXISTED PRIOR TO APPOINTMENT OR ENLISTMENT? No (Yes or No) IF "YES," WAS CONDITION AGGRAVATED BY SERVICE? (Yes or No)

PATIENT INFORMED OF FINDINGS? Yes (Yes or No)

SUMMARY OF CASE HISTORY

This patient, a 48 year old Coast Guardsman, was admitted to the U.S.P.H.S. Hospital, Seattle, with the chief complaint of pain in the left leg for two days. On May 7th patient sustained a myocardial infarction and was hospitalized by the Navy in Astoria, Oregon, some five days after his first chest pain. While in the hospital he developed "pneumonia" and a pain in the right chest. This was thought to have been a pulmonary infarction. This "pneumonia" responded to shots and oxygen therapy and two days prior to transfer to this hospital he developed pain and swelling in his left calf and dicumarol was started. There was progression of the pain and swelling and he was transferred to this facility for further treatment.

Physical examination revealed a debilitated, moderately ill appearing male of stated age. Blood pressure 105/80. Pulse 108. Temperature 98.6. There were no marked abnormalities upon examination of the eyes, ears, nose and throat. Lungs were clear. A grade 3 systolic murmur was described at the apex of the heart. There appeared to be tenderness in the left groin, as well as just superior to this. Dilated varicose veins were noted. The left leg was wrapped in an ace bandage from the toes to the groin.

Chest x-ray on admission showed the left costophrenic sinus to be a little blunted but the remainder of the lung fields was essentially clear and the heart and great vessels were normal. A 1/ albuminuria was found. Prothrombin time was 22% of normal. Kahn was negative. Venous pressure 220 mm. of saline. Circulation time arm to tongue 19 seconds. White count 8,350. Hemoglobin 15.7 Gm. His initial electrocardiogram showed a posterior lateral infarction.

Patient was transferred to the Medical Service soon after his arrival in the hospital. Dicumarol was continued until the last week in June. His progress while in the hospital was one of slow but gradual improvement. On the 2nd of July he suffered

(OVER)

16—44516-1

(CONTINUED)

SUMMARY OF CASE HISTORY (Cont'd)

an episode of pain similar to the one experienced at the time of his original infarction but no changes were noted in the electrocardiogram other than a low voltage; the same pattern present as before. From that point until the time of his discharge he felt better and better and at the time of discharge on 7/25 he felt better than he had in months. Though his final electrocardiogram showed a persistent low voltage, it was thought perhaps to indicate a poor prognosis. It is recommended that this man be brought before a Board of Physical Evaluation to determine his fitness for remaining in the Coast Guard. He was discharged on 7-25-52 on indefinite sick leave pending calling of a Board.

JMC:rym

NOTE: *If additional space is required use NAVMED-Ma following sheet*

PRESENT CONDITION: Unfit for service PROBABLE FUTURE DURATION: Permanent

RECOMMENDATION: That the subject named Coast Guardsman be brought before a Coast Guard Physical Evaluation Board for separation from Service.

ROBERT L. GRIFFITH, U.S.N.R.V. (Senior Member of Board) Medical Director, USPHS ..... U. S. NAVY (Member) JOHN W. CASHMAN, U.S.P.H.S. Sr.Asst.Surgeon, USPHS (Member)

FROM: Commanding Officer.

TO: ~~Bureau of Medicine and Surgery~~ Commander, 13th C. G. District (p)

DATE 7-24-52

(Signature) J. F. Van ACKEREN, Medical Director, USPHS, Medical Officer in Charge, p

ENDORSEMENT

Ind-1

FROM: Commander, 13th CG District

TO: Bureau of Medicine and Surgery. ~~Commandant (PM)~~

DATE 18 August, 1952

1. Forwarded: Recommendation of Board Approved.

W. A. JORDAN
By direction

(Signature)

ENDORSEMENT

FROM ..... DATE .....

TO .....

(Signature)

NOTE: BuMed and BuPers or Mar Corps e[illegible]ements shall be entered on NAVMED-H-8 in the [illegible]lth record.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—44516-1

5-13

UNITED STATES COAST GUARD

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

PS

1 July 1952

FILE: ~~PMM~~ XXXX P15/MM

From: Commandant
To:
Via: Commander, Point Adams Group
Commander, 13th CG District (p)

Subj: ~~WEST, Howard W. (221-071)MM1, USCG;~~ good conduct awards, information relative to.

Ref: (a) Personnel Circular No. 33-49

1. In reply to your letter of 1 April 1952, MM/P15, you are informed that the subject man's record indicates his eligibility for good conduct awards for his active service is as follows:

FROM	TO	UNIT	REMARKS
6-25-41	6-24-44	OB, Seattle	Medal due
6-25-44	10-11-45		(b)
10-12-45	10-11-48	CG-65302-D	Bar due

(a) Creditable toward a good conduct award.
(b) Not creditable, low conduct marks.
(c) Not creditable, did not reenlist within three months.
(d) Not creditable until he reverts to his enlisted status.
(e) Not creditable, out of the service.
(f)

2. His marks in proficiency in rating and conduct from 12 October 1948 to the end of his enlistment 23 June 1950 are:

DATE	PROFICIENCY	CONDUCT	DATE	PROFICIENCY	CONDUCT
12-31-48	3.7	4.0	1-17-49	none	4.0
3-31-49	3.7	4.0	4-25-49	none	4.0
6-30-49	3.5	4.0	9-30-49	3.5	4.0
12-31-49	3.7	4.0	3-31-50	3.7	4.0
6-23-50	3.7	4.0			

B. V. BALL
By direction

B1790 (PERS) Rev 2002

E.O.A.

Ind-1 on Commander, Group Point Adams letter to
Commandant (PMM)

1 April, 1952
MM/P15

Ind-1

p
8 April, 1952
MM/P15

From: Commander, 13th CG District
To: Commandant (PMM)

Subj: WEST, Howard W. (221-071) MM1; Good Conduct Awards entitled to; request for

Forwarded.

M. A. JORDAN
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
CG Grp Pt Adams
Hammond,Oregon

1 April,1952
FILE: MM/P15

From: Cdr. CG Group Point Adams
To: Commandant (PMM)
Via: Commander, 13th Coast Guard District (p)

Subj: WEST, Howard W.(221-071) MM1; Good Conduct Awards entitled to; request for

1. It is requested this unit be informed as to the Good Conduct Awards to which subject man isentitled. WEST enlisted in the Coast Guard from the U.S.Light House Service 25 June,1941, and has served continuously since that time.

Below is a transcript of his proficiency and conduct marks during his present enlistment.

DATE	Pro in Rating	Conduct.
6-30-50	3.7	4.0
9-30-50	3.8	4.0
12-15-50	3.8	4.0
12-16-50	3.8	4.0
3-31-51	3.8	4.0
6-30-51	3.8	4.0
9-12-51	3.8	4.0
9-18-51	LESS THAN ONE MONTH.	4.0
9-30-51	LESS THAN ONE MONTH	4.0
12-31-51	3.8	4.0
3-31-52	3.8	4.0

R.C. Van Hine

CERTIFIED TO BE A CORRECT COPY

R.C. Van Hine

R.C. VAN HINE, CBOSN, CO

E-PR-34

Ind-1 on Commander, Group Point Adams letter to
Commandant (PMM)

1 April, 1952
MM/P15

Ind-1

p
8 April, 1952
MM/P15

From: Commander, 13th CG District
To: Commandant (PMM)

Subj: WEST, Howard W. (221-071) MM1; Good Conduct Awards entitled to; request for

Forwarded.

M. A. JORDAN
By direction

E-PR-34

TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2599 (Rev.5-50)

REPORT OF CHANGE IN PERSONNEL

No. 6-473

Last Name, First Name, Intial	Service No.	Present Grade or Rat
WEST, Howard W.	221-071	MM1
Reporting Unit	Location	Date
CG GROUP	Seattle, Washington	24 June, 1952
Unit To Which Attached	Location	Accounting Code
CG BASE	Seattle, Washington	13-210800

Time ADMIN
Date 6/8/52

~~Reported~~ from: North Head Lt Sta., Ilwaco, Washington
for assignment to duty.

Auth: C13CGD/L p 6-10-52 MM/P16-4 Order No. 133459

Time
Date

Transferred to:
for

Auth:

Changed in (Grade / Rating) From_____ To_____ Effective_____

Auth:

Other Changes (Specify)

CC: HQ
CCGD13
SR
File

J. D. GOOLSBY, SCLK, USCG
By direction
(Signature-Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Examined	Posted	Flex
	PE-PR-13	

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 290

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
WEST, Howard W.	221-071	MM1
REPORTING UNIT	**LOCATION**	**DATE**
CG GROUP POINT ADAMS	Hammond, Oregon	14 ~~May~~, June, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
North Head Light Station	Ilwaco, Washington	13-300315

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1800---
DATE 8 June, 1952

TRANSFERRED TO: CG Base Seattle
FOR ASDU

AUTH: C13CGD/Ltr 10 June, 1952, File: MM/P16-4

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

AUTH:

OTHER CHANGES (SPECIFY) WEST is presently an inpatient at the USPHS Hospital Seattle, Wash.

PE-PR-3E

R.C. VAN HINE, CBOSN, Cdr.
(Signature—Grade and Title)

CG Group Point Adams

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EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 266-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
WEST, Howard W.	221-071	MM1
REPORTING UNIT	**LOCATION**	**DATE**
CG GROUP POINT ADAMS	Hammond, Oregon	13 May, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
North Head Light Station	Ilwaco, Washington	13-300315

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1045U
DATE 12 May, 1952

TRANSFERRED TO: U.S.Naval Hospital, Tongue Point, Astoria, Oregon
FOR Inpatient treatment.

AUTH: Art. 3002 (1) CG REGS.

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

AUTH:

OTHER CHANGES (SPECIFY)

E-PR-35

R.C. VAN HINE, CBOSN,
(Signature—Grade and Title)

Cdr. CG Grp Pt Adams, Hammond, Ore

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

3-13
File

PS
2 May 1952
L13

Veterans Administration
Washington 25, D. C.

RE: WEST, Howard W.
(221-071)Mm1, USCG
V 1530 40 49

Dear Sir:

There is herewith forwarded for your action a letter from subject named man regarding the refund of the direct remittance submitted with an application for National Service Life Insurance, which has subsequently been disapproved.

By direction of the Commandant.

Very truly yours,

B. V. BALL
Lieutenant Commander, (USCGR(W)
Special Services Division

Incls:
1. CC VA ltr dtd 5/4/51
2. WEST's ltr dtd 1/9/52

MAY 2 1952

MJM:com rm 2107 2-4

File 3-13

AIR MAIL

PS
6 March 1952
L13

From: Commandant
To: Commanding Officer, North Head Light Station
Via: Commander, 13th CG District (f)

Subj: WEST, Howard W.(221-071)MM1, USCG; National Service Life Insurance, request for refund of premiums

Ref: (a) WEST's letter, 9 January 1952

1. In reply to reference (a), subject named man should be advised that the refund of premiums on National Service Life Insurance made by allotment deductions should have been recredited on his pay accounts and reinbursement made by his pay officer.

2. Reference (a) is being forwarded to the Veterans Administration for necessary action regarding refund of the direct remittance of $5.40.

3/6/52

B. V. BALL
By direction

Incl:
CG Ref (a)

CC: (p)

MJM:het:aom rm 2107 2-4

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE
WEST, Howard William	221-071	MM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*	RELATIONSHIP *(If friend, so state)*
Anna Mae West	Wife

ADDRESS *(Number, Street, City and State)*
Ilwaco, Washington

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, Street, City and State)*
Anna Mae West (44)	Ilwaco, Washington

7. CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Reta June Des Rocher	307 West 8th St. The Dalles, Ore	M	F	23
Howard William West Jr.	Ilwaco, Washington	S	M	14

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
--	

9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
--	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
--	

ADDRESS *(Number, Street, City and State)*
--

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
--	

ADDRESS *(Number, Street, City and State)*
--

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Anna Mae West	Wife

ADDRESS *(Number, Street, City and State)*	RECEIVE EACH MONTH
Ilwaco, Washington c/o North Head Light Station	90 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
North Head Light Station Ilwaco, Washington	Oct. 3, 1951	X Howard William West Howard William West.

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

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
WEST, Howard William	221-071	MM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*)	RELATIONSHIP (*If friend, so state*)
Anna Mae West	Wife

ADDRESS (*Number, street, city, zone, and State*)
15 Valley Street, Seattle 9, Washington

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Anna Mae West	15 Valley Street, Seattle 9, Washington

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Reta June Des Rocher	307 West 8th Street ~~22~~ The Dalles Oregon	x			x	22
Howard William West Jr.	15 Valley Street, Seattle 9, Washington		x	x		13

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
**	

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
**	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

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

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

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

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

(*Continue on reverse side*)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Anna Mae West	Wife

ADDRESS (*Number, street, city, zone, and State*)	RECEIVE EACH MONTH
15 Valley Street, Seattle 9, Washington	90 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
USCG LIGHTSHIP WAL-516 c/o CG. BASE 27 Ave. W and Commodore Way, Seattle 99 Wash.	28 August 1950	Howard William West

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

16—81480-1

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

No. 66

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP POINT ADAMS	North Head Light Sta	Ilwaco, Wash

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
13-525290	13-300315	27 Sept.1951

TIME 2400
DATE 27 Sept.1951

REPORTED FROM: WAL-508
FOR ASDU as OinC, North Head Lt Sta.,Ilwaco,Wash
Granted 8 CL and 1 day TT enroute.

DUTY CODE NO.

AUTH: C13CGD/L (p)8-30-51 MM/P16-4

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

R.C. VAN HINE, CBOSN
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding
R-33	

Machine Accounting
Punched _____
Verified _____

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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599(REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 89

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
WEST, Howard W.	221-071	MM1
REPORTING UNIT	**LOCATION**	**DATE**
13TH CGD OFFICE	Seattle, Wash.	19 September, 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
WAL-508	Seattle, Wash.	13-089

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 2000U
DATE 9/18/51

TRANSFERRED TO: North Head Light Station, Ilwaco, Wash. (granted 10CL KXK 4PT, 1TT). for ASDU EDA 10-3-51

AUTH: CCGD13/L (p) 8-30-51 MM/P16-4

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

AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-35

CC: Group Point Adams

C. D. EUBANKS
By direction
(Signature-Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
USCG LIGHTSHIP(WAL-508)	% CG BASE Seattle, Washington	11 July, 1951

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) BM1	Comdr.13th CG District	CO,LIGHTSHIP WAL-508

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		On or about 16 July, 1951	00		6-23-51

REASON FOR REQUEST:
RECREATION: 12 Days CL & 7 Days AIREG Leave

My address on leave will be: 15 Valley Street, Seattle, Wash. Telephone AL 6362
I will immediately inform my commanding officer of any change in address while on leave.

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: USCG LIGHTSHIP (WAL-508) Date: 11 July, 1951
Leave record indicates balance of 53 days' annual and ---- days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☒ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: C13CGD (P) Date: 17 July, 1951
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☒ NOT GRANTED (because)

Authority C13CGD/D 171923Z (July, 1951)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC BALSAM, Neah Bay, Washington Date: 18 July, 1951
Departed at 1615 this date. This leave of absence will expire before 0700PST
7 August, 1951, at CG BASE, Seattle, Wash. and is subject to the special instructions indicated on reverse hereof.

R. H. Ferris
R. H. FERRIS, LTJG, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ---- days extension of leave to expire before noon, ----
Authority:

Signature and rank Title

Ind.-6 Unit: CG BASE SEATTLE, WN. Date: 7 August 1951
Reported at 0635 this date, having taken 12CL & 7AIREG days' leave and no days' TT.

J. D. Goolsby
J. D. GOOLSBY, SCLK, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 7/35XX 7/35

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
WEST, Howard W.	221-071	MM1

REPORTING UNIT	LOCATION	DATE
USCGC BALSAM (WAGL-62)	Seattle, Washington	26 July 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
USCG LS WAL-508		13-07606210

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 1241, 7/18/51: Reported at sea from LS WAL-508 for transportation to shore. 1615, 7/18/51: Departed at Neah Bay, Washington for 12 days CL and 7 days REG. Address on leave: 15 Valley Street, Seattle, Wash. Telephone AL 6362 Leave to expire prior 0700, 7 August, 1951 at CG Base, Seattle, Washington.

PE-PR-35

HQ
C13CGD
SR
File

Duty Code No. 75(s)

R. H. FERRIER, ENS, USCG
Executive Officer
(Signature—Grade and Title)

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EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
USCG LIGHTSHIP(WAL-508)	% CG BASE Seattle, Washington	13 May, 1951

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) MM1	Comdr. 13th CG District	CO, LIGHTSHIP WAL-508

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		On or about 23 May, 1951	30		6-23-51

REASON FOR REQUEST:

RECREATION: 12 Days CL & 7 Days AIREG LV.

My address on leave will be: 15 Valley Street, Seattle, Wash.: Telephone AL 6362

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: USCG LIGHTSHIP WAL-508 Date: 13 May, 1951

Leave record indicates balance of 39 days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ ~~NOT APPROVED (because)~~

~~Returned ☐ GRANTED ☐ NOT GRANTED (because)~~

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING ~~OFFICER~~—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CCGD13 (P) Date: 16 May, 1951

~~Forwarded ☐ APPROVED ☐ NOT APPROVED (because)~~

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

Authorized by CCGD13/D 162330Z (May, 1951)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: USCG BALSAM, Neah Bay, Wash. Date:

Departed at 1650 this date. This leave of absence will expire before 0700 12 June, 1951, at CG BASE, Seattle, Wash. and is subject to the special instructions indicated on reverse hereof.

N. S. Julnes
N. S. JULNES, ~~LT~~, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: CG BASE, Seattle, Washington Date: 12 June, 1951

Reported at 0700 this date, having taken 12 CL & 6 AIREG days' leave and ..... days' TT.

J. D. Goolsby
J. D. GOOLSBY, SCIC, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

PE3

[OVER]

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 5/48

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
WEST, Howard W.	221-071	MM1
REPORTING UNIT	**LOCATION**	**DATE**
USCGC BALSAM (WAGL-62)	Seattle, Washington	31 May, 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
USCG LS WAL-508		13-07606210

TIME 1401
DATE 5/24/51

REPORTED FROM: LS WAL-508 (at sea)
FOR transportation to shore

AUTH: CO LS WAL-508 Ind-1 dtd. 5/13/51 on form 2519 dtd. 5/13/51

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 1755, 5/24/51: M Transferred to shore at Neah Bay, Washington for 12 days compensatory leave and 6 days regular leave. Leave to expire prior 0700, 12 June, 1951 at CG BASE, Seattle, Washington

HQ
C13CGD
SR
File

Duty Code No. 75(s)

N. S. JULNES, ENS, USCG
Executive Officer
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION
WASHINGTON 25, D. C.

April 4, 1951

YOUR FILE REFERENCE:

IN REPLY REFER TO: 3ECA
WEST, Howard W.
SN-221 071
V-15 304 049
Enl: 6/23/41
Born: 9/30/03

Medical Records Branch
Bureau of Medicine and Surgery
Yards and Docks Annex
Washington 25, D. C.

Gentlemen:

This has reference to Form 3102 dated December 28, 1950, (Insurance Application) executed by Insurance Medical Division of Central Office, requesting all medical history while in service including records from U. S. Marine Hospital, Seattle, Washington in the case of Howard W. West.

Since no reply has been received, it is requested that expedited action be taken to furnish the desired records to Central Office, Records Verification Division, Room 311.

Very truly yours,

George J. Kane

GEORGE J. KANE
Acting Director
Records Service

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, or H. If such file number is unknown, service or serial number should be given.

INFORMATION SLIP

MEDICAL RECORDS BRANCH

NAVMED - 536 (11-44)

West

Jacket

NAME (Surname) Howard (First) W. (Middle)

221 071

SERVICE NO.

9/30/03

DATE OF BIRTH

Mich.

PLACE OF BIRTH

ENLISTMENT DATE

DISCHARGE DATE

PLACE OF DISCHARGE

PRESENT RATING

PRESENT STATION

DATE OF DESERTION

PLACE OF DESERTION

PREVIOUS SERVICE

ADDITIONAL INFORMATION

Navy - N.R.

Marine - "

No Record in navy or marine Corp.

try "Coast Guard."

NAME: WEST, Howard W.

SERVICE NO.: 221 071 9/30/03 Mich.

3372

REQUESTED BY:
SENT TO:

DATE: 5/17/51

PW

BUMED - 135 (2-49)

CHARGEOUT CONTROL RECORD

VETERANS ADMINISTRATION
WASHINGTON 25, D. C.

002197

May 14, 1951

3372

YOUR FILE REFERENCE:

IN REPLY REFER TO: 3EEFA

Medical Records Branch
Bureau of Medicine & Surgery
Yards and Docks Annex
Washington, D. C.

WEST, Howard W.
SN 221 071
V 15 304 049
Disch: ?
Date of Birth: 9/30/03
Place of Birth: Lansing, Mich.

RECD PL&MR MAY 15 1951

Gentlemen:

This has reference to Form 3102 dated December 28, 1950 (Insurance Application) executed by PACO-MED of Philadelphia, Pennsylvania, requesting all medical history while in service including records from U. S. Marine Hospital, Seattle, Washington, in the case of Howard W. West.

Since no reply has been received, it is requested that expedited action be taken to furnish the desired information to Central Office, Records Service, Veterans Records Division, attention Records Development Section, Room 413, for Miss Peterson.

Very truly yours,

O. E. Carlton

O. E. CARLTON
Director
Records Service

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, or H. If such file number is unknown, service or serial number should be given.

RETURN TO CENTRAL OFFICE
RECORDS VERIFICATION DIVISION

Blue Copy

REQUEST FOR INFORMATION FROM NAVY ☐ MARINE ☐ COAST GUARD ☒

FORMS ON RECORD		DATA REQUESTED	
553 ☐	78 ☐	MEDICAL ☒	SERVICE ☐

1. C-No. JAN 4 1951 JAN 8 1951

2. ORIGINATING UNIT: Veterans Administration PACO-MED

3. LOCATION OF REQUESTING OFFICE: 5000 Wissahickon Ave. Phila, Pa.

4. TYPE OF CLAIM: Insurance Application

5. LAST NAME—FIRST NAME—MIDDLE INITIAL (UNDER WHICH SERVED): WEST, Howard W.

6. SERIAL OR FILE No.: 221 071

7. DATE:

8. HOME ADDRESS (STREET CITY STATE): 15 Valley St., Seattle, Washington

9. DATE OF BIRTH: September 30, 1903

10. PLACE OF BIRTH: Lansing Mich.

11. CONVERTED INSURANCE No.: K-

12. NAT'L SERV LIFE INSURANCE No.: V 1530 40 49

13. DATE OF DEATH:

14. DATE(S) OF ENROLLMENT(S) OR ENLISTMENT(S):

15. DATE(S) AND PLACE(S) OF ENTRY INTO ACTIVE SERVICE: June 23, 1941

16. DATE(S) AND STATION(S) OF ACTUAL DISCHARGE FROM SERVICE:

17. IF NOT DISCHARGED, INDICATE DATE(S) AND STATION(S) FROM WHICH RELEASED FROM ACTIVE DUTY:

18. CHARACTER OF DISCHARGE:

19. LAST RANK OR RATING: 1C1

SPECIAL

DO NOT WRITE OR TYPE IN MARGIN

ALLEGED DISEASE OR INJURY, DATE OF INCURRENCE, DATE(S) AND STATION(S) OF TREATMENT

ADDITIONAL

Please furnish all medical history while in service including records from U. S. Marine Hospital, Seattle, Washington.

BY L. P. SCHROEDER, M.D. Chief, Ins. Med. Div.
(NAME AND TITLE)

FROM (CHECK WHICH): ☐ CHIEF BUREAU OF NAVAL PERSONNEL ☐ COMMANDANT, U.S. MARINE CORPS ☐ COMMANDANT, U.S. COAST GUARD.

(CHECK ONE) ☐ ALL ITEMS CORRECT ☐ ALL ITEMS CORRECT EXCEPT.

(DATE FORWARDED) BY (NAME AND TITLE)

FROM (CHECK WHICH): ☐ CHIEF OF BUREAU OF MEDICINE AND SURGERY ☒ CHIEF MEDICAL OFFICER OF THE U. S. COAST GUARD.

1. PHOTOSTATIC COPY OF MEDICAL RECORD IS ENCLOSED All available medical records attached.

2. In the event clinical record are desired, it is suggested they be requested DIRECT from the U.S. Marine Hospital, Seattle, Wash.

JAN 10 1951

1-10-51 (DATE RETURNED TO VETERANS) BY T. LeBLANC, LCDR., USCG. (NAME AND TITLE)

VA FORM JAN 1946 3102 SUPERSEDES FORMS 3103 AND 3104, PREVIOUS EDITIONS MAY BE USED.

16—47305-1 U. S. GOVERNMENT PRINTING OFFICE

AIR MAIL

FILE

PMM
4 May 1951
LJ3

From: Commandant(PMM)
To: Commanding Officer USCG LIGHTSHIP-508
Via: Commander 13th U.S. Coast Guard District (p)

Subj: WEST, Howard W. (221-071) MM1, USCG,; National Service Life Insurance, disapproval of

1. The inclosed letter dated 8 February 1951 relative to the disapproval of WEST's National Service Life Insurance is self-explanatory.

2. It is requested that Form 2528-A, Allotment Stoppage, for $5,40 be executed to stop his "N" allotment "No Payment" and forward to Headquarters after WEST's pay has been recredited for checkage made for the payment of premiums on the disapproved insurance.

MAY 4 1951

B.R. HENRY
By direction

Incl:
VA ltr dtd 2/8/51

MJM:het;ceb rm 2107 2-4

3E2 MJM.

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
USCG LIGHTSHIP WAL-508	% CG Depot, Tongue Point Astoria, Oregon	11 March, 1951

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) MM1	Comdr.13th CG District	CO, LIGHTSHIP WAL-508

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		On or about 20 March, 1951	22		6-23-51

REASON FOR REQUEST:

RECREATION: 12 Days CL & 8 Days AIREG Leave

My address on leave will be: 15 Valley Street, Seattle, Wash.: Telephone AL 6362

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: LIGHTSHIP WAL-508 Date: 11 March, 1951

Leave record indicates balance of 37 days' annual and ..... days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: C13CGD (P) Date: 14 March, 1951

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Authorized by C13CGD/D 150028Z (March, 1951)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: COC WHITE BUSH (WAGL-542) Date: 20 March, 1951

Departed at 1900 this date. This leave of absence will expire before 0730 10 April, 1951, at CG Depot, Tongue Point and is subject to the special instructions indicated on reverse hereof.

O. B. Hedman
O. B. HEDMAN, CBOSN, U.S.CG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: LIGHTSHIP WAL-508 Date: 10 April, 1951

Reported at 0720 this date, having taken 12 CL days' leave and 8 AIREG days ~~T.~~

PLE-3

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

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

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
LIGHTSHIP WAL-508	% CG DEPOT Tongue Point, Astoria, Oregon	11 January, 1951

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) MM1	Comdr.13th CG District	CO,Lightship WAL-508

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		On or about 16 January, 1951	10		6/23/51

REASON FOR REQUEST:
RECREATION; 6 Days CL & 14 Days ALREG

My address on leave will be: 15 Valley Street, Seattle, Wash. Telephone Al 6362

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: LIGHTSHIP WAL-508 Date: 11 January, 1951
Leave record indicates balance of 49 days' annual and ..... days' Reenlistment Leave due.
Forwarded [X] APPROVED [ ] NOT APPROVED (because)
Returned [ ] GRANTED [ ] NOT GRANTED (because)

P. E. Miller
P. E. MILLER, CBOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: C13CGD Date: 13 January, 1951
Forwarded [ ] APPROVED [ ] NOT APPROVED (because)
Returned [X] GRANTED [ ] NOT GRANTED (because)

Authorized by C13CGD/D 130020Z (January, 1951)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC IVY (WAGL 329) Date: 18 January, 1951 .
Departed at 1800 this date. This leave of absence will expire before 0800
6 February, 1951, at CG DEPOT, Tongue Point and is subject to the special instructions indicated on reverse hereof.

J. J. McClelland
J. J. McClelland, LCDR., USCG.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: CG Depot, Astoria Date: 6 February 1951
Reported at 0730 this date, having taken 6 CL days' leave and 12 REG days' TT. XX

V. A. Johnson
V. A. JOHNSON, LCDR., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

PE-3

16—40220-2

[OVER]

I.M.

RETURN TO CENTRAL OFFICE
RECORDS VERIFICATION DIVISION

Blue Copy

REQUEST FOR INFORMATION FROM

NAVY ☐ MARINE ☐ COAST GUARD ☒

FORMS ON RECORD		DATA REQUESTED	
553 ☐	78 ☐	MEDICAL ☒	SERVICE ☐

1. C-No. JAN 3 1951

2. ORIGINATING UNIT: Veterans Administration PACO-MED

3. LOCATION OF REQUESTING OFFICE: 5000 Wissahickon Ave. Phila, Pa.

4. TYPE OF CLAIM: Insurance Application

5. LAST NAME—FIRST NAME—MIDDLE INITIAL (UNDER WHICH SERVED): WEST, Howard W.

6. SERIAL OR FILE No.: 221 071

7. DATE: DEC 28 1950

8. HOME ADDRESS (STREET CITY STATE): 15 Valley St., Seattle, Washington

9. DATE OF BIRTH: September 30, 1903

10. PLACE OF BIRTH: Lansing Mich.

11. CONVERTED INSURANCE No.: K-

12. NAT'L SERV LIFE INSURANCE No.: V 1530 40 49

13. DATE OF DEATH

14. DATE(S) OF ENROLLMENT(S) OR ENLISTMENT(S)

15. DATE(S) AND PLACE(S) OF ENTRY INTO ACTIVE SERVICE: June 23, 1941

16. DATE(S) AND STATION(S) OF ACTUAL DISCHARGE FROM SERVICE

SPECIAL

17. IF NOT DISCHARGED, INDICATE DATE(S) AND STATION(S) FROM WHICH RELEASED FROM ACTIVE DUTY

18. CHARACTER OF DISCHARGE

19. LAST RANK OR RATING: MM1

DO NOT WRITE OR TYPE IN MARGIN

ALLEGED DISEASE OR INJURY, DATE OF INCURRENCE, DATE(S) AND STATION(S) OF TREATMENT

ADDITIONAL

Please furnish all medical history while in service including records from U. S. Marine Hospital, Seattle, Washington,

L. P. Schroeder, M.D

BY L.P.SCHROEDER, M.D.Chief, Ins.Med.Div.
(NAME AND TITLE)

FROM (CHECK WHICH): ☐ CHIEF BUREAU OF NAVAL PERSONNEL. ☐ COMMANDANT, U.S. MARINE CORPS. ☐ COMMANDANT, U.S. COAST GUARD.

(CHECK ONE) ☐ ALL ITEMS CORRECT ☐ ALL ITEMS CORRECT EXCEPT.

(DATE FORWARDED) BY (NAME AND TITLE)

FROM (CHECK WHICH): ☐ CHIEF OF BUREAU OF MEDICINE AND SURGERY ☐ CHIEF MEDICAL OFFICER OF THE U. S. COAST GUARD.

1. PHOTOSTATIC COPY OF MEDICAL RECORD IS ENCLOSED

2.

(DATE RETURNED TO VETERANS) BY (NAME AND TITLE)

VA FORM JAN 1946 3102 SUPERSEDES FORMS 3103 AND 3104, PREVIOUS EDITIONS MAY BE USED.

JAN 10 1951

JAN 4 1951

16—47305-1 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 138

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
WEST, Howard W.	211-071	MM1
REPORTING UNIT	**LOCATION**	**DATE**
13TH CGD OFFICE	Seattle, Wash.	28 December, 1950
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
LIGHTSHIP-508	Astoria, Oregon	13-089

TIME 1325 REPORTED FROM: LIGHTSHIP-516
DATE 18 December, 1950 FOR ASDU

AUTH: CCGD13/L 12-15-50 (p)

TIME TRANSFERRED TO:
DATE FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

C. D. Eubanks
C. D. EUBANKS
By direction (Signature—Grade and Title)
b

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	PE-PR-41	

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 160

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
WEST, Howard W.	221-071	MM1
REPORTING UNIT	**LOCATION**	**DATE**
13TH CGD OFFICE	Seattle, Wash.	12-29-50
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
LIGHTSHIP-516	Seattle, Wash.	13-089

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 0900
DATE 16 December, 1950

TRANSFERRED TO: LIGHTSHIP-508
FOR ASDU

AUTH: CCGD13/L 12-15-50 (p)

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

AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-7

C. D. EUBANKS
By direction
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD

NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
RELIEF LIGHTSHIP WAL-516	% CG BASE Seattle, Washington	13 November, 1950

FROM (REQUESTER):	TO	VIA:
WEST, Howard W. (221-071) MM1	Comdr.13th CG District (p)	CO, LIGHTSHIP WAL-516

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		15 November, 1950			

REASON FOR REQUEST:

RECREATION: 9 Days CL and 6 days ALREG ACC

My address on leave will be: 15 Valley Street, Seattle 9, Wash; Telephone AL6362

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

Howard W. West

Howard W. West

(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: RELIEF LIGHTSHIP WAL-516 Date: 13 November, 1950

Leave record indicates balance of ---------- days' annual and ---------- days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ ~~NOT APPROVED (because)~~

~~Returned ☐ GRANTED ☐ NOT GRANTED (because)~~

R. E. Miller

R. E. MILLER, CBOSN

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: RELIEF LIGHTSHIP WAL-516 Date: 13 November, 1950

~~Forwarded ☐ APPROVED ☐ NOT APPROVED (because)~~

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

Authorized by CCGD13/D 132235Z(November, 1950)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: RELIEF LIGHTSHIP WAL-516 Date: 15 November, 1950

Departed at 0800 this date. This leave of absence will expire before 0900

1 December, 1950, at On board this vessel and is subject to the special instructions indicated on reverse hereof.

R. E. Miller

R. E. MILLER, CBOSN

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ---------- days extension of leave to expire before noon, ----------

Authority:

Signature and rank Title

Ind.-6 Unit: RELIEF LIGHTSHIP WAL-516 Date: 27November, 1950

Reported at 0740 25 November, 1950 this date, having taken 9 CL days' leave and ---------- days' TT.

Lester H. Green

LESTER H. GREEN, BM1 USCG

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

(Acting)

16—40220-3

[OVER]

DE-3

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

RECEIVED
SEP 25 1950

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
LIGHTSHIP WAL-516	Seattle, Washington	21 August, 1950

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) LM1	Comdr. 13th CG District(pmp)	CO, LIGHTSHIP WAL-516

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		29 August, 1950			

REASON FOR REQUEST:

RECREATION: 12 Days CL & 8 days ACC REG LV

My address on leave will be: 15 Valley Street, Seattle 9, Wash. Phone AL6362

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: LIGHTSHIP WAL-516 Date: 21 August, 1950

Leave record indicates balance of _____ days' annual and _____ days' Reenlistment Leave due.

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

Returned [ ] GRANTED [ ] NOT GRANTED (because)

R. E. Miller
R. E. MILLER, CBOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CCGD13 District Office (pmp) Date: 23 August, 1950

Forwarded [ ] APPROVED [ ] NOT APPROVED (because)

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

Authorized by CCGD13/D2322427 (August, 1950)
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC WHITE BUSH (WAGL-542) Date: 29 August, 1950

Departed at 2100 this date. This leave of absence will expire before 0800 19 September, 1950, at CG Depot, Tongue Point, Astoria, Oregon and is subject to the special instructions indicated on reverse hereof.

O. B. HEIMAN, CBOSN, USCG
XXXXXXXXXXXXX
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted _____ days extension of leave to expire before noon, _____

Authority:

Signature and rank Title

Ind.-6 Unit: CG DEPOT Astoria, Ore. Date: 19 Sept. 1950

Reported at 0655 this date, having taken 20 days' leave and 0 days' TT.

V. A. JOHNSON, LCDR, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.
XXXXXXXXXXXXX

16—40220-3

PE-PR

[OVER]

FILE

PMI
23 August, 1950
73

From: Commandant (PMI)
To: Commander, 13th CG District (p)

Subj: WEST, Howard W. (221-071)MM1, USCG; National Service Life Insurance, correction of allotment for.

1. Receipt is acknowledged of VA Form 9-350a, Application for National Service Life Insurance (medical), Form 2528, Application for Allotment, in the amount of $5.70 with month of first payment August 1950, and Bank Money Order No. 58152, dated 14 July 1950, in the amount of $5.70 submitted by WEST for the payment of premiums on $5,000 Five Year Level Term Insurance effective 1 August 1950.

2. The above mentioned forms are herewith returned for the following corrections:

(a) On the requested effective date of the insurance, the allotter was 46 years 10 months and 1 day of age, thereby requiring premium payments computed at age 47, or $5.40 per month. Forms 2528, 9-350a and the remittance should be corrected accordingly.

(b) Form 88, Report of Medical Examination, should be dated.

(c) Signature of the applicant should appear on Part II of 9-350a.

3. Upon correction, all forms should be resubmitted to Headquarters.

8/29/50
N. W. SPROW
By direction

Incls:
1. Form 2528
2. VA Form 9-350a
3. Bank M.O.#58152, $5.70

HET:lis rm 2002 2-4

HEJ

APPLICATION FOR LEAVE OF ABSENCE — LIGHTSHIP 517 PERSONNEL

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CCGD13(pmp)	Seattle, Wash.	3 July 1950

FROM (REQUESTER):	TO	VIA:
WEST, Howard W. (221-071) MM1	CCGD13(pmp)	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
14		3 July 1950	00		23 June 1951

REASON FOR REQUEST:
12 days compensatory leave and 2 days regular accrued leave

My address on leave will be: 15 Valley St., Seattle, Wash.

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

Howard W. West
HOWARD W. WEST
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CCGD13(pmp) Date: 3 July 1950
Leave record indicates balance of 24 days' annual and ..... days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

C. D. Eubanks
C. D. EUBANKS
By direction ~~COMMANDING OFFICER~~

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CCGD13(pmp) Date: 3 July 1950
Departed at 0830U this date. This leave of absence will expire before 0700U, 18 July 1950, at CG Depot, Tongue Point, Astoria, Oregon, is subject to the special instructions indicated on reverse hereof.

C. D. Eubanks
C. D. EUBANKS ~~COMMANDING OFFICER~~
By direction

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: DEPOT, Tongue Point Date: 18 July 1950
Reported at 0750 this date, having taken 12 CL days' leave and 2 REG days' TT.

V. A. Johnson
V. A. JOHNSON, LCDR, USCG
COMMANDING ~~EXECUTIVE~~ PERSONNEL OFFICER.

HQ/PC PRV

16—40220-1

[OVER]

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER THE NATIONAL SERVICE LIFE INSURANCE ACT OF 1940, AS AMENDED
(WITH REPORT OF PHYSICAL EXAMINATION)

For use by: (1) Persons in the active service in the land or naval forces of the United States at any time after expiration of the period of 120 days following the date of entrance into the active service; (2) persons who reenter the active service (*including persons discharged to accept commissions*), where such reentrance is a continuation of previous active service without interruption, at any time while in the active service; and (3) persons who had active service from October 8, 1940, to September 2, 1945, both dates inclusive.

DO NOT WRITE IN THIS SPACE
NUMBER ASSIGNED FILE

FOR USE OF INDEX

PART I *Please read Instructions, Part IV, before filling out form. Type or use ink. All questions must be completely answered.*

1. FIRST NAME—MIDDLE NAME—LAST NAME (*Print or type*)
Howard W. West

2. DO YOU NOW CARRY GOVERNMENT LIFE INSURANCE?
☐ YES ☒ NO (*If "yes", give amount and policy no(s). below*)
AMOUNT, $
POLICY NO.(S)

3A. RESIDENCE ADDRESS (*Number and street or rural route, city or P. O., zone number and state*)
15 Valley Street, Seattle, Washington

3B. MAIL PREMIUM NOTICES TO
Mrs. Anna May West, 15 Valley Street, Seattle, Washington

4. PLACE OF BIRTH (*City or town, county and state*)	5. DATE OF BIRTH (*Month, day and year*)	6. AGE NEAREST BIRTHDAY
Lansing, Mich.	9-30-03	48 47

8. HAVE YOU EVER SURRENDERED NATIONAL SERVICE LIFE INSURANCE FOR CASH OR PAID-UP INSURANCE?
☐ YES ☒ NO (*If "yes", give amount surrendered and policy no. (s).*)
AMOUNT, $
POLICY NO. (S)

7a. SERVICE INFORMATION FOR PERIOD FROM OCTOBER 8, 1940, TO SEPTEMBER 2, 1945, INCLUSIVE

DID YOU HAVE ACTIVE SERVICE IN THE MILITARY OR NAVAL FORCES OF THE UNITED STATES AT ANY TIME BETWEEN OCTOBER 8, 1940, AND SEPTEMBER 2, 1945?	DATE OF ENTRY	DATE OF DISCHARGE	SERVICE SERIAL NO
☒ YES ☐ NO (*If "yes", complete Sec. 7a*)	23 June, 1941	Still serving	221-071
			BRANCH OF SERVICE

9. REQUESTED EFFECTIVE DATE (*Month, day, and year*)
1 August, 1950

7b. SERVICE INFORMATION OF APPLICANT NOW IN ACTIVE SERVICE

DATE OF ENTRY ON PRESENT TOUR OF ACTIVE DUTY	ORGANIZATION (*Regiment, ship, station, etc.*)	DATE OF SEPARATION FROM LAST TOUR OF DUTY (*If no previous active duty, state "none."*)	SERVICE SERIAL NO.
23 June, 1941	U. S. C. G.	24 June, 1950	221-071
	RANK, GRADE OR RATING	Reenlisted 6-25-50	BRANCH OF SERVICE
	MM1		U.S.C.G.

The effective date may not be later than the first day of the month following date of application (*see paragraph 2 of Instructions*). THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THIS INSURANCE.

10. AMOUNT AND PLAN OF INSURANCE APPLIED FOR (*See paragraph 1 of Instructions*)		11. IS TOTAL DISABILITY INCOME PROVISION AT EXTRA PREMIUM APPLIED FOR? (*See par. 3 of Instructions*)	AMOUNT OF INSURANCE TO WHICH TOTAL DISABILITY INCOME PROVISION IS TO BE ADDED	AMOUNT OF MONTHLY TOTAL DISABILITY INCOME BENEFITS APPLIED FOR (MONTHLY INCOME $5.00 FOR EACH $1,000 LIFE INSURANCE)
AMOUNT	PLAN			
$ 5000.00	5 Yr. TermPlan	☐ YES ☒ NO (*If "yes", complete Sec. 11*)	$ 00.00	$ 00.00

12. AMOUNT OF FIRST PREMIUM (*If answer to Sec. 11 is "yes", include extra premium for Total Disability Income Provision. See paragraph 4 of Instructions*)

INSURANCE PREMIUM	$ 5.40
T. D. I. PROVISION PREMIUM	
TOTAL	$ 5.40

NOTE.—When, in items 13 or 14, it is indicated that premiums will be paid by allotment or deduction, applicant must authorize separately (*a*) registration of allotment with service department or (*b*) deduction from Veterans Administration benefits on VA Form 9-887; PREMIUMS MAY BE PAID BY MONTHLY DEDUCTION FROM COMPENSATION, PENSION, OR RETIREMENT PAY ONLY WHEN INSURANCE IS IN FORCE.

13. METHOD OF PAYMENT OF FIRST PREMIUM (*Check one*)

☒ ALLOTMENT FROM ADVANCED ACTIVE SERVICE PAY, UNDER THE PROVISIONS OF PUBLIC LAW 451, 77TH CONGRESS
MONTH ALLOTMENT EFFECTIVE: August, 1950

☐ ALLOTMENT FROM ACTIVE SERVICE PAY
MONTH ALLOTMENT EFFECTIVE:

☒ DIRECT REMITTANCE TO VETERANS ADMINISTRATION (*Specify kind of remittance and period covered*)
REMITTANCE BY (*Check, draft, money order, postal note or A. F. leave bond assigned to the Veterans Administration*): 5.40
PERIOD (*Monthly, quarterly, semiannually or annually*): M.O. # 294422 10/6/50 $5.40 Monthly

MAKE ALL REMITTANCES PAYABLE TO THE TREASURER OF THE UNITED STATES

14. METHOD OF PAYMENT OF FUTURE PREMIUMS (*Check one*)

☒ MONTHLY ALLOTMENT FROM ACTIVE SERVICE PAY ☐ MONTHLY DEDUCTION FROM COMPENSATION, PENSION OR RETIREMENT PAY ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION (*Specify period*)

PERIOD (*Monthly, quarterly, semiannually or annually*): Monthly

15. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See pars. 5 and 6 of Instrs.*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
Anna May West - 15 Valley Street Seattle, Washington	Wife	$5000.00	One (1) $2000.00 two (2) 36 pay.
CONTINGENT BENEFICIARY			
Howard William West, Jr. (same as above)	Son	$5000.00	One (1)

WITNESSED BY (*See paragraph 7 of Instructions*)
Albert E. Brixius
Albert E. Brixius, YN1

SIGNED AT: Seattle, Wash.
DATE OF APPLICATION: 14 July, 1950

SERVICE INFORMATION IN SECTION 7B CERTIFIED BY (*Signature, rank and organization*)
C. D. EUBANKS, LTJG, USCG

SIGNATURE OF APPLICANT (*Do not print*)
Howard W. West
Howard W. West

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

VA FORM JAN 1947 9-350a Supersedes VA Form 350a, Apr. 1945, which may NOT be used. 16—51077-3

PART II STATEMENT OF APPLICANT

Applicant must answer every question, date and sign this statement at bottom of page. Please type or use ink.

The purpose of the questions contained in STATEMENT OF APPLICANT is to secure complete information regarding the condition of the applicant's health. All diseases, injuries, abnormalities, deformities, infirmities, or the results thereof in impairment of bodily functions must be stated and fully described. Statements made by the applicant in this application are relied upon in granting insurance. Consequently, any deception or knowingly false statement either by inference, omission, or otherwise may result in cancellation of the insurance or in the refusal to pay a claim on the policy. In either case, the premiums are not returnable. The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

1. Have you ever applied to the Veterans Administration or other Federal or State Agency for the following?

	Yes	No		Yes	No
Disability compensation		X	Pension		X
Disability allowance		X	Retirement pay		X

If any answer in Item 1 is "yes," complete this section

Veterans Administration C-No.	Name of other Government Agency

2a. Has any application by you for Life, Accident and Health, or Disability Insurance ever been declined, postponed, or limited to a policy different from the one applied for? Yes ☐ No ☒

2b. Has any application for disability benefits been declined? Yes ☐ No ☒

2c. Have any disability benefits been received? Yes ☐ No ☒

If any answer in Items 2a, 2b, or 2c is "yes," complete this section

Name of insurance company and details

Not applicable

3a. Insofar as you know, have your parents, brothers, sisters, or children ever been afflicted with the following?

	Yes	No		Yes	No
Paralysis		X	Insanity		X
Diabetes		X	Epilepsy		X

3b. Have you ever resided with anyone who has had tuberculosis? (*If "yes," give details below.*) Yes ☐ No ☐

Details (*Give relationship, years resided with, whether treated and when and if tuberculosis arrested*)

Not applicable

4. Have you ever had any of the following?

	Yes	No		Yes	No
Surgical operation		X	Hospitalization for illness	X	
Accident or injury		X			

If any answer in Item 4 is "yes," complete this section

Nature of operation, accident, injury, or illness with date and full name and address of attending physician

Kidney trouble - released from hospital cured
U. S. Marine Hospital, Seattle, Wash.

5a. Have you ever had or been treated for any of the following?

If any answer in Item 5a is "yes," complete Sec. 5c

	Yes	No		Yes	No		Yes	No		Yes	No
Syphilis (*See Item 5b*)		X	Varicose veins or phlebitis		X	Diabetes or sugar in urine		X	Disease of the stomach or intestines (*Especially ulcer*)		X
Tuberculosis		X	Cancer		X	Gallstones		X	Fits or convulsions		X
			Arthritis		X	Anemia		X	Jaundice		X
Nervous or mental disorder		X	Appendicitis		X	Goiter		X	Asthma, chronic bronchitis, habitual cough, pleurisy or other disease of the lungs (*Explain in Sec. 5c*)		X
			Paralysis		X	Rectal abscess or fistula		X			
Rheumatism or rheumatic fever		X	Kidney stones		X	Tumor or cyst		X			
Heart disease		X	Prostate disease		X	Disease of bones		X	Disease of eyes		X
Kidney disease	X		Skin disease		X	Disease of joints		X	Disease of ears		X
Bladder disease		X	Liver or gall bladder disease		X	Disease of blood vessels			Disease of brain or nervous system		X

5b. *Complete this section only if answer to Syphilis is "yes."*

Date incurred	Date treatment commenced	Date treatment ended	Number of injections in arm	Type of drug used	Number of injections in hip	Type of drug used

Date of last blood test	Result of last blood test	Date of last spinal test	Result of last spinal test
	☐ Positive ☐ Negative		☐ Positive ☐ Negative

5c. Approximate dates of treatment and names and addresses of physicians who treated you.

6a. Nature of illnesses suffered within the past 5 years, not already mentioned above, and names and addresses of physicians or practitioners you have consulted or who have treated you. (*Include any abnormal findings on routine check-up.*)

Kidney trouble - treated at U. S. Marine Hospital, Seattle, Wn.
and was discharged cured.

6b. Have you ever changed residence or occupation because of your health? Yes ☐ No ☒

6c. Occupation

Serviceman

7a. Have you ever been treated for alcoholism?	Yes	No	7b. Have you ever been treated for drug addiction?	Yes	No	8. Are you now hospitalized?	Yes	No	9. Do you have any disease, disability, abnormality or deformity, congenital or otherwise, except as stated above?	Yes	No
		X			X			X			X

I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance company or organization to which I have applied for insurance, or any person, firm, or corporation to whom or to which I have applied for employment may divulge to the Veterans Administration or in any suit against the United States by reason of the foregoing testify as to, or produce in court any information obtained by them, or it, concerning myself. I understand that the Government will rely on the truth of these answers. I HAVE READ ALL OF THE FOREGOING ANSWERS AND SAME ARE TRUE TO MY OWN KNOWLEDGE.

Witnessed by (*Examining physician*)	Date	Signature of applicant (*Do not print*)
See attached physical exam	14 July, 1950	Howard W. West

16—51078-2

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. PLACE AND DATE OF EXAMINATION	
WEST, Howard W.			USMH - Seattle, Washington 19 June, 1950	
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION	
9/30/03	47	221-071	Reenlistment USCG	
7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH		9. ORGANIZATION	10. GRADE, RATING, OR POSITION
Treasury	USCG		CG Lightship# 92	AMM
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)		
Male	White	15 Valley Street, Seattle, Washington		
14. PLACE OF BIRTH		15. OTHER DATA		

16. RATING OR SPECIALTY (*Time in this capacity*) TOTAL -- LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☒
69½ INS.	170 LBS.	X				98	Tattoo right arm

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☐
Moderate deflection of septum to left
Chronic lymphoid hyperplasia of pharynx

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒
B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15/15: SV 28/15
LEFT WV 15/15: SV 28/15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒ B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION	E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE	F. NEAR VISION—(*At 14 inches*)
RIGHT 20/ 20 CORR. TO 20/	BY S. ○ CX	S2 CORR. TO S1 BY +.50
LEFT 20/ 20 CORR. TO 20/	BY S. ○ CX	S2 CORR. TO S1 BY +.75

G. COLOR VISION—N. S. A. ☒ TEST USED A- O Plates

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
Normal cover test

I. RED LENS—N. S. A. ☐

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☒
Confrontation method

K. DEPTH PERCEPTION
TEST USED
SCORE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☒
LEFT—N. S. A. ☒ No floaters
Vessels normal

M. ACCOMMODATION—RIGHT LEFT

N. NIGHT VISION
TEST USED
SCORE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N, WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 UL
LR 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LL

Advanced MALOCCLUSION—N. S. A. ☐
PERIODONTOCLASIA—N. S. A. ☐
Severe GINGIVITIS—N. S. A. ☐

REMARKS AND DISQUALIFYING DENTAL DEFECTS
Full extraction and full dentures

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	96	B. P.: S.	124	D.	088	RECUMBENT: PULSE 92	B. P.: S. 118 D. 080
STANDING (*3 min.*): PULSE	92	B. P.: S.	118	D.	090	SITTING: PULSE AFTER EXERCISE 120	: 2 MIN. AFTER 88

28. LUNGS—N. S. A. ☐ CHEST—N. S. A. ☒ (*Include breasts for females*)
38 - 40 - 32

29. CHEST—N. S. A. ☒ NOT DONE ☐
X-RAY
Neg. 6/19/50

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☒ NOT DONE ☐
Normal EKG

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒ B. VARICOSE VEINS—NONE ☒

16—84662-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [X]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]
C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [X] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)
Neg. Kahn 6/21/50

B. URINALYSIS SP. GR. 1020 ALBUMIN Trace SUGAR Neg.
MICROSCOPIC

C. BLOOD TYPE AND CLASSIFICATION USED

D. OTHER LABORATORY EXAMINATIONS
WBC 7500
Hemo. 15.0

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

Apparentenly he has had full recovery of arterial condition for which he was treated in February, 1948. See no angiospasm in either fundus. Has normal confrontation fields as compared with the examiner.

/S/ E.A. SWARTZ
SA Surg., USPHS

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY
EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR Reenlistment
TYPE OF QUALIFICATION
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN J. C. Hayward	NAME TYPED OR PRINTED J. C. HAYWARD, A.Surg., USPHS
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*)	NAME TYPED OR PRINTED
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED DATE 19 June, 1950

U. S. GOVERNMENT PRINTING OFFICE 16—84002-1

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 262

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-971	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Comdr., 13th CG District	LIGHTSHIP-92 - Seattle, Wn.	Seattle, Wn.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-001	WAL-516	30 April, 1949

TIME 1600
DATE 4-29-49

REPORTED FROM: WACHUSETT via CGB, Seattle, Wn. via FIR
FOR assignment to duty

AUTH: C13/L 3-29(pmp)(73)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

Elmer Winbeck
ELMER WINBECK (Commanding.)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS
131	13	3		810	516	

RECORDS

EXAMINED	POSTED	CODED
		CODED NO. 10

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 4-22

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CGC FIR (WAGL-212)		Seattle, Wn.,
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13TH CGDISTRICT		29 April, 1949

TIME 1430
DATE 25 April, 1949
REPORTED FROM: CG BASE, Seattle, Wn.,
FOR further transfer and transportation to Lightship #92 (On Station) for assignment to duty.

DUTY CODE NO. 76-S AUTH: C13CGD/L 3-29-49 (pmp 73)

TIME 1545
DATE 29 April, 1949
TRANSFERRED TO: Lightship #92 (On Station)
FOR assignment to duty/

PEA-E 11

AUTH: C13CGD/L 3-29-49 (p 73)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

H. A. JENSEN, LT., USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 321-4

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP	CG BASE	Seattle, Wn.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
~~13-007~~		25 April, 1949

TIME 1110
DATE 25 April, 1949

REPORTED FROM: CGC WACHUSETT
FOR TD pending FFT Lightship 92 for assignment to duty.

AUTH: C13CGD/L 3-29-49 pmp 73; Ind-1 CO CGC WACHUSETT 4-25-49 file 73

TIME 1300
DATE 25 April, 1949

TRANSFERRED TO: FIR (WAGL-212), CG Base, Seattle, Wn.,
FOR further transportation to LIGHTSHIP #92 for assignment to duty.

AUTH: C13CGD/L 3-29-49 File: pmp 73; Ind-1 CO, WACHUSETT 4-25-49 File: 73.

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

L. O. ENGELL, LCDR, USCG
Acting (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

CC:
HQ
C13CGD
LS #92
SR
FILE

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 44

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
USCGC WACHUSETT (WPG-44)		Seattle, Washington

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
Commander, 13th CG District		25 April, 1949

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1000
DATE 4-25-49

TRANSFERRED TO: CG Base, Seattle, Wn.
FOR Further transportation to LS 92 (WAL-516) for ASDU.

AUTH: C13CGD/L 3-29-49, file pmp 73

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 52 (s)

AUTH: W. L. DAVID, CDR, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

Treasury Department
CG-10003 (Rev. 8-48)

3-63
File

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

7 April 1949
File: FA-PR 73

From: Commandant
To: Commanding Officer, WACHUSETT(WPG-44)
Via: Commander, 13th. Coast Guard District (fp)

Subj: WEST, Howard W. (221-071)MM1, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 31 December 1948
(b) Letter 28 March 1949, with Ind-1. File: 521 Serial File: 101-49

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

W. H. ROBERTS
By direction

Credits: Description of item	1948 From	1948 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
Period 7/1/48	to 12/31/48							
Leave Rations not credited for any period on Pay Record closed to 31 December 1948								

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
No checkage made to cover over-credit of Leave Rations for any period on Pay Record closed to 31 December 1948.			

UNITED STATES COAST GUARD



ADDRESS REPLY TO
COMMANDING OFFICER
USCGC WACHUSETT (WPG-44)
REFER TO FILE
SEATTLE, WASHINGTON

RECEIVED
MAR 31 1949
13th COAST GUARD DISTRICT
MAIL ROOM (oc)

28 March 1949
File: 521
Serial file: 101-49

APR 5 1949

From: Commanding Officer, WACHUSETT (WPG-44)
To: Commandant (FA-PR)
Via: Commander 13th CG District (f)

Subj: WEST, Howard W. (221-071) MM1, USCG, statement of pay account

It is requested that a statement of pay account of subject named man for the period 1 July to December 31, 1948, be furnished this vessel for the purpose of determining whether or not checkage was entered to cover over-credit of leave rations during previous pay record periods.

W. D. DAVID

Ind-1

31 March, 1949
File: 521

From: Commander 13th CG District
To: Commandant (FA-PR)

Forwarded

JAMES MORRISON
By direction

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 48

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
USCGC WACHUSETT (WPG-44)		Seattle, Washington
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
Commander, 13th CG District		19 January, 1949

TIME 1120
DATE 1-18-49

REPORTED FROM: CG GROUP, Vancouver, Washington
FOR ASDU, No delay enroute.

DUTY CODE NO. 52 (s) AUTH: C13CGD/ L 1-11-49, p 73, 531

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

W. L. DAVID, CDR, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
131		13	3	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
706	8	4	4

Records	
Posting	Coding
LA-E 53	

Machine Accounting	
Punched	CODED 10.10
Verified	

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, VANCOUVER	CG - 65302-D	The Dalles, Oregon

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
13-109	17 January, 1949

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1200

DATE 17 Jan., 1949

TRANSFERRED TO: CGC WACHUSETT (WPG-44), CG Base, Seattle, Wash.,

FOR assignment to duty.

AUTH: CCGD/L 1-11-49, p 73, 531

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

Ralph L. Jensen

Ralph L. Jensen, BMC (AN), USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group, Vancouver, Washington	CG-65302-D	The Dalles, Oregon
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE: 9 July, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1 July, 1948

OK.

Advanced from Machinist Mate 2nd Class to Machinist Mate 1st Class, this date.
AUTH: HL - 6-25-48 (PE-C)(CG-73), Article 561 (1) CG Regulations.

DUTY CODE NO. 77D
AUTH:

John L. Woodworth
John L. Woodworth (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
131		13	3	
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
01	4	03	0231
XI	XIV	XV	XVIII

Records	
Posting	Coding
	CODED NO. 10

Machine Accounting
Punched _____
Verified _____

(PS-C)

28 June, 1948
CC-75

AIR MAIL

From: Commandant
To: Commander, 13th CG District (pmp)

Subj: Personnel; advancement in rating

1. Under authority of Article 561 (1), CG Regulations, the below-named men are advanced to the ratings indicated, effective 1 July, 1948, provided that for 6 months they have had no mark of less than 2.0 and an average of not less than 2.5 in proficiency in rating and conduct. If advancement is not justified, the Commandant (PS) will be immediately advised.

[redacted], Montana S. (206-937) SM2 to SM1
[redacted], Lawrence A. (250-186) SM2 to SM1
[redacted], Rosario V. (214-361) SM2 to SM1
[redacted], Artemio L. (102-894) SM2 to SM1
RUIZ, Filemon "R" (106-554) SM2 to SM1
[redacted], William Francis (266-168) SM2(Sel) to SM1(Sel)
[redacted], Sidney D. (225-656) SM2 to SM1
[redacted], Emilio G. (217-197) SM2 to SM1
West, Howard W. (221-071) SM2 to SM1

2. Forward Forms 2699 and make necessary entries in service records showing advancements, citing this letter and Article 561 (1), Regulations as authority therefor.

W. C. CAPRON
By direction

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM2

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Vancouver, Washington	CG-65302-D	The Dalles, Oregon
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE 9 May, 1948

TIME 0800
DATE 9 May, 1948

REPORTED FROM: Relief Lightship #92, Seattle
FOR assignment to duty.

DUTY CODE NO. 77D AUTH Com'd, 13th CG Distr./L-4/27/48

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

John L. Woodworth
John L. Woodworth
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
231		13	3	
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
0	14	30	
XI	XIV	XV	XVIII

Records	
Posting	Coding
PEA-E 62	

Machine Accounting
Punched _____
Verified _____

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 43-48

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Relief Lightship #92		Umatilla Reef, Wash.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
		29 April, 1948

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1415
DATE 28 April, 1948

TRANSFERRED TO: CG 65302-D
FOR Assingment to duty

AUTH: C13 CGD/D 072155Z April, 1948

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PEA-E 62

DUTY CODE NO. AUTH:

David W. Herr Ch. Bos'n.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16-40355-2

NCG-2522

HEADQUARTERS COPY

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard William	221-071	MM2c	USCG LIGHTSHIP # 92
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Seattle, Washington, Date 12 April, 19 48

To: Commanding Officer, USCG LIGHTSHIP # 92 (WAL-516)
(Coast Guard unit)

Astoria, Oregon (Relief)
(Address)

FILE
T. LeB

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Spasm of Retinal Arther, Left eye	X3X-582	25 Feb 1948	30 Mar 1948
Glomerulonephritis, chronic	712-190	25 Feb 1948	30 Mar 1948

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

Fit for light duty ~~See office record~~.

CONDUCT REPORT:

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

C. E. Blackham

C. E. BLACKHAM, Asst. Surgeon (R)
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

HEADQUARTERS COPY

WEST, Howard W. (Name, surname first) | 221-071 (Service number) | MM2c. (Rank or rating) | USCG LIGHTSHIP #92 (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Seattle, Washington, Date 25 February, 1948.

FILE
T. LeB

To: Medical Officer in Charge,
U. S. Marine Hospital,
Seattle, Washington.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, USCG LIGHTSHIP #92

H.W. West M.M. 2/c
(Signature of patient)

F. C. JACKSON, CPhM.,
Marine Hosp. for - U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Seattle, Wash., Date 26 February, 19 48.

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

Retinal Spasm, etio. undetermined.
(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 Seattle, Wash. U. S. Marine {*hospital / *~~officer~~} on 25 February, 19 48.

S. H. DRUMMOND,
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.

16—27156-1

NAVCG-10003 (6-45)

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

Address Reply To
THE COMMANDANT (FA-~~CR~~-PR)
Refer To File: CG-521 - 73

File
3-14
CEC

25 September, 1947

To: Commander, 13th Coast Guard District (fd)

Via:

Subj: WEST, Howard W. (221-071) MM2c, USCG;
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 30 June, 1947
(b) Your letter dated 19 September, 1947, (CG-521) (fpd)

The following credits and /or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl.

By direction

Credits: Description of Item	1947 From	To	Period Mos.	Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
MM2c(9) 5/28/44	1/1	6/30	6	-	132.25	793.50	H. E. Major	C F
Lv. Rats.	2/15	2/28	-	14	0.65	9.10	" " " "	H.E.Major

Charges: Description of Item	Charges & Checkages	Start Symbol	Stop Symbol
NONE PERTINENT			

U. S. COAST GUARD
MAIL SECTION
MAILED SEP 25 1947

OTHER PERTINENT INFORMATION OR REMARKS: Item #34: Issued HD - B162042 from U.S. Coast Guard on 6/23/46. Re-Unlisted USCG, Regular establishment for 3 years on 6/24/47 at Seattle, Washington, 18-490. Paid $300.00 Mustering Out Payment on 6/26/46. H. E. Major.

Pay Record closed to 30 June, 1947, 18-490, H. E. Major

11524 RCC

COPY

TREASURY DEPARTMENT
United States Coast Guard
Seattle 4, Washington

Address Reply To
Commander (fpd)
13th CG Dist.
Refer To File: CG-521

19 September, 1947

From: Commander, 13th Coast Guard District
To: The Commandant (PA-CP)

Subj: Statement of Pay Accounts; request for

For the purpose of crediting longevity it is requested that statement of Pay Accounts for the below listed men for the period as stated opposite their names be forwarded to this office.

NAME	PERIOD REQUESTED
HUGHES, Elmer R. (266-328) S1c	1/1/47 to 6/30/47

In the case of Hughes it is also requested that a statement of "Subsistence" for this period be forwarded

WEST, Howard W. 221-071, MM2c	1/1/47 to 6/30/47

In the case of West it is also requested that a statement of LvRate" for this period be forwarded

CROKER, Howard L. (102-433) CBM	1/1/47 to 6/30/47
LOWE, Jesse B. (217-970) SC1c	7/1/45 to 6/30/47
HARRIS, James J. (104-569) CBM	7/1/47 to 8/31/47

In the case of Harris it is requested that a complete statement be sent for this period.

H. E. MAJOR,
By direction

NAVCG-10003 (6-45)

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

3-14
File
JWD.

Address Reply To
THE COMMANDANT (FA-CP) XX PR
Refer To File: CG-521 -73
4 August, 1947

To:

Via:

Subj: WEST, Howard W. (221-071) MM2c, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 31 December, 1946
(b)

The following credits and /or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl.

By direction

Credits: Description of Item	1946 From	1946 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
MM1c (9) 5/28/43	7/1	6/30	0	00	131.10	X X HE	Major	HE Major
MM1c (9) 5/28/43	7/1	6/30	0	00	155.25	X X HE	Major	HE Major
MM2c (9) 5/28/43	7/1	12/31	6	00	132.35	794.10 HE	MAjor	CF

Charges: Description of Item	Charges & Checkages	Start Symbol	Stop Symbol
None Pertinent.			

OTHER PERTINENT INFORMATION OR REMARKS:

Closed to 31 December, 1946 - H. E. MAJOR.

11524

Jed 8-18
JED,

Address Reply To
THE COMMANDANT (FA-CP)XX PR
Refer To File: CG-521 -73

4 August, 1947

To:

Via:

Subj: WEST, Howard W. (221-083)MM2c, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 30 June 1946
(b)

The following credits and /or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl.

By direction

Credits: Description of Item	194 5 From	To	Period Mos.	Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
MM1c (9) 5/28/43	7/1	6/30	12	00	131.10	1573.20	55-058	CF

Charges: Description of Item	Charges & Checkages	Start Symbol	Stop Symbol
None Pertinent.			

OTHER PERTINENT INFORMATION OR REMARKS:

Closed to 30 June, 1946 - 55-059

11524 jed 2-18

Treasury Department
TREASURY DEPARTMENT
United States Coast Guard
Seattle 4, Washington

Address Reply To
COMMANDER
13th. Coast Guard District(fd)
And Refer To File: CG-51

25 July, 1947

From: Commander, 13th. CG District
To: The Commandant (FA-PR)

Subj: Transcript of pay records, request for

It is requested that a transcript of base pay and longevity credits only of the below listed men be furnished in order to effect adjustment of pay.

MADSEN, George W.	Chief Mach.	1/1/46	to 6/30/47
DEERING, John Jr.	264-090 RdM1c	7/1/46	to 6/30/47
BARK, William L.	265-501 MM3c	1/1/46	to 6/30/47
GANDY, Holton J.	226-821 SC3c	1/1/47	to 6/30/47
HARRIS, Joseph A.	221-073 BM1c	1/1/46	to 12/30/46
JONES, Louis	271-248 S1c	1/1/47	to 6/30/47
McCLISTER, Robert J.	217-212 CMM	1/1/47	to 6/30/47
STINNETTE, William E.	234-051 PhM1c	1/1/47	to 6/30/47
UNDERWOOD, Louis C.	217-293 CGM	1/1/47	to 6/30/47
WALKER, Irvin W.	267-405 MoMM2c	7/1/46	to 12/30/46
WYNN, Rubert D.	266-494 AMM2c	1/1/47	to 6/30/47
WEST, Howard W.	221-071 MM2c	1/1/46	to 12/31/46

/s/ F. B. COTTRELL
By direction

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 1-47 8

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	mm MM 2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
RELIEF LIGHTSHIP # 92		SWIFTSURE BANK STATION

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
13-417-92 (W-516)		9 July, 1947

TIME 0815
DATE 9 July, 1947

REPORTED FROM: Tem duty at CGOB Seattle, Wash.
FOR assignment to duty.

DUTY CODE NO. AUTH: C13CGD(ptp) L/ 24 June CG-702

TIME
DATE

TRANSFERRED TO:
FOR

AUTH: Mike Sluf

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: Roy C. Johnson

Roy C. Johnson, CBM
(Commanding)
O-in-C. ~~XXXXX~~

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
231		13	1	

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
018		035	

RECORDS	
Posting	Coding
	CODED NO. 4

PEA-E 49

MACHINE ACCOUNTING
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 7-26

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WEST, Howard William	221 071	MM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP	CGOB,	Seattle, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-007		8 July 1947

TIME ~~0730~~
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 0730
DATE 8 July 1947
TRANSFERRED TO: LS #92 for duty via CGC FIR for transportation.
FOR

AUTH: Art. 902 CG Regs.

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

DUTY CODE NO. 37D
AUTH:

OTHER CHANGES (SPECIFY)

PEA-E
& 62

DUTY CODE NO.
AUTH: D. W. HERR, Lieut(jg), USCG
Executive Officer.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 624-47

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WEST, H ward William	221-071	MM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
R cruiting Station		Seattle, Wash.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13-003		24 June, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 1300
DATE 24 June, 1947
TRANSFERRED TO: CGOB, SEATTLE, WN
FOR ASSIGNMENT TO TEMPORARY DUTY AND FURTHER ASSIGNMENT

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

24 June, 1947 - Reenlisted this date for a period of three (3) years, Reg. Estb., rating of MM2c

Total Previous Service: (CG) 5 years 11 months 29 days.
(USMC) 7 years 00 months 00 days.
Total 12 years 11 months 29 days.

PAFE: Seattle, Washington

Last Discharged: (Fm CG) 23 June, 1947 with H.D. Cert. No. B162042

DUTY CODE NO.
39

AUTH:
Art 556 CG Regs.

M. A. JORDAN, Lt(jg)
(Commanding)
Recruiting Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding
PFA-F 65	

MACHINE ACCOUNTING
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 6-308

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WEST, Howard W.	221 071	MM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP Seattle	CGOB	Seattle, Washington

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
13-007		24 June 1947

TIME 1500
DATE 24 June 1947

REPORTED FROM: C13 CGD R/S, Seattle, Washington
FOR asdu to CG LS #92.

DUTY CODE NO. 37D AUTH: C13CGD(ptp) L// 24 June CG-702

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. W. HERR, Lieut(jg), USCG
~~Executive Officer~~ (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
231		13	1	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
	018	035	

Records	
Posting	Coding
	CODE NO. 4

RECD 6-26-47

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NCG 9626
UNITED STATES COAST GUARD

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 24 JUNE 1947

FROM		SECRET
COMMANDANT (PE)		CONFIDENTIAL
		RESTRICTED
TO (FOR ACTION)		URGENT
		PRIORITY
RO 13TH CG DIST	XXX	ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE
TO (FOR INFORMATION)		URGENT
		PRIORITY
		ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

242Ø38

TEXT

REFURDIS 232232Z HOWARD W WEST 221 071 MM2C RECORDS AT HQ SHOW HE IS ENTITLED TO 7 YEARS CREDITABLE SERVICE MARINE CORPS IN ADDITION TO CG SERVICE X HE IS ALSO ENTITLED TO 8 YEARS X 1 MO X 13 DAYS IN LIGHTHOUSE SERVICE WHICH IS CREDITABLE TOWARDS RETIREMENT X STATEMENT OF CREDITABLE SERVICE WILL FOLLOW

242Ø38/NTX 85/CP

W. C. CAHRON, COMDR., USCG
Chief, Enlisted Personnel Divisio

TOD—

OFFICE OF ORIGIN:
M. K. HUTCHINSON, Chief Pay Clerk, USCG
Enlisted Personnel Division

INITIALS OF RELEASING OFFICER: MKH:jlp 3-13

OPERATOR'S RECORD

TIME RELEASED:

U. S. GOVERNMENT PRINTING OFFICE 16—23739-1

U. S. COAST GUARD

PE

KN177

HEADING
R R R
WNJC V KNJ NR 31 R

FROM

3-13

ACTION

FM RECRUITING OFFICER 13TH CGDD 232232Z
TO COMDT CG

3-11

INFORM

ROUTINE

TEXT

PTP TO PE X REQUEST THE INFORMATION PRETAINING TO A STATEMENT OF CREDITABLE SERVICE BE DISPATCHED TO THIS STATION ON THE FOLLOWING MAN X HOWARD WILLIAM WEST X 221 DASH 071 X MM2C X USCG X THIS INFORMATION NECESSARY TO COMPLETE SERVICE RECORD AND EFFECT REENLISTMENT

2238/23 JUNE RR 232232Z 221 071 MM2C

OPERATOR'S RECORD AND DATE

EM

OFFICIAL INITIALS

S

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 6-300

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WEST, Howard W.	221 071	MM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP	CGOB	Seattle, Washington

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
13-007		22 June 1947

TIME 1115
DATE 12 June 1947

REPORTED FROM: rptd from 60 das lv pending discharge.
FOR

DUTY CODE NO. 37D AUTH:

TIME 1430
DATE

TRANSFERRED TO: C13CGD, R/S, Seattle Washington
FOR discharge and re-enlisted for a period of three (3) yrs.

AUTH: Art. 589 (1) CG Regs.

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: D. W. HERR, Lieut(jg), USCG
Executive Officer (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING

Punched _____

Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

Print or Type—
Do Not Use Pencil

WEST, Howard W.	MM2c	221-071
(Name—Surname to left)	(Rank or rating 31 Aug. 1946)	(Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 103 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

	Fay V. West	Wife
(If none, so state)	(Name of dependent)	(Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to _____ (officer rank)), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state)	(Name of dependent)	(Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Howard W. West
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Seattle, Washington
this 1st day of November, 1946

(SEAL)

Roy Stockman
ROY STOCKMAN, Lieutenant, USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

Roy Stockman

ROY STOCKMAN, Lieut., USCG — CCOB, Seattle, Wn.

(*Signature of Commanding Officer*) (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(*Monthly pay (base and longevity)*)	(*Officer monthly rental allowance*)	(*Officer daily subsistence allowance*)
$132.35		

H. E. Major

H. E. MAJOR C.P.C. 18-423

(*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451–1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard William (Name, surname first) | 221-071 (Service number) | MM 1c (Rank or rating) | Lightship No. 93 Astoria, Oregon (Unit)

FILE T. LeB

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S.Marine Hospital,Seattle,Wn, Date 11 Sept, 1946, 19

To: Commanding Officer
Lightship 93 (Coast Guard unit)
Tongue Point, Astoria, Ore.
(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
Osteoarthritis, lumbar spine	240-912	7/19	8/19
Glomerulonephritis, mild, chronic	712-190	"	"

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

Recommend no sea duty. Recommend light duty on land.

CONDUCT REPORT:

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

J. M. Severson

J. M. SEVERSON, A. Surgeon, USPHS
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FOLLOW INSTRUCTIONS ON BACK

Lightship No. 93

WEST, Howard William (Name, surname first) | 221-071 (Service number) | MM 1c (Rank or rating) | Astoria, Oregon (Unit)

FILED T. LeB

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Astoria, Wash., Date _____, 19

To: Medical Officer in Charge
U. S. Marine Hospital
Seattle, Wash.

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 attached RETURN MEDICAL CERTIFICATE be returned to _____

_____ (Signature of patient)

_____ U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Seattle, Wash., Date 11 Sept. 1946, 19

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

240-912 Osteoarthritis, lumbar spine. 712-190 Glomerulonephritis, mild, 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 1 month days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at _____

U. S. Marine {*hospital / *office} on 19 July, 1946, 19

J. M. Severson

J. M. SEVERSON, A. Surgeon, USPHS
U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG 9626
UNITED STATES COAST GUARD

U. S. COAST GUARD
OFFICIAL DISPATCH

file 3-14

TRANSMIT

DATE 9 September, 1946

FROM: COMMANDANT (PE)

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION): COLUMBIA RIVER LIGHTSHIP #93 NITE LETTER

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION): CCGD THIRTEEN (P)

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

1ØØ112Z

TEXT

REDUCTION OF WEST HOWARD W 221-071 FROM MM1C TO MM2C DISNEY ARTHUR E 102-912 FROM CBM TO MM1C AND BERGEMAN LAWRENCE E 230-194 FROM MM1C TO MM2C ALL ACCORDANCE ALCOAST 119-46 X FORMS 2599 NOT RECEIVED AND REDUCTIONS NOT EFFECTED ON YOUR JUNE OR JULY MUSTER ROLLS X EFFECT REDUCTIONS SUBMIT FORMS 2599 AND CORRECT RECORDS X

NIGHT LETTER

1ØØ112Z NR 9Ø RU/RB

TOD— OFFICE OF ORIGIN: (PE-E) INITIALS OF RELEASING OFFICER: RCSuplee Smith

OPERATOR'S RECORD RCS per fhw 9/9/46 3-13 Return to

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	M.M.1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Vancouver, Wn	CG 65302-D	The Dalles, Oregon
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE: 25 February, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

2330-19 Arrived this unit after being on temporary duty at CG Garage, Seattle, Wn.

DUTY CODE NO. 77D AUTH: DCGO/L 2/17/46 J. L. Woodworth Boatswain, USCG.

J. L. WOODWORTH (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	M.M.1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Vancouver, Wn	CG 65302-D	The Dalles, Oregon

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 25 February, 1946

TIME
DATE — REPORTED FROM:
FOR

DUTY CODE NO. — AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

1000-17 Departed for CG Garage, Seattle, Wn., for temporary duty.

DUTY CODE NO. 77D AUTH: DCGO/L 2/17/46 J. L. Woodworth Boatswain, USCG

J. L. WOODWORTH (Commanding)

NO POSTING REQUIRED PEA-A.D.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

2 — 4 File 201

JUN 16 45 PM

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT CG GROUP ADDRESS Seattle, Washington DATE 12 June 1945

WEST	Howard	W.	221-071	MMlc.
SURNAME	FIRST NAME	INITIAL	SERVICE NO.	RATING

has completed a continous period of three (3) years' active service on 24 June, 1944, with no mark less than 4.0. Accordingly, appropriate entry has been made in the service record and the above named person has been authorized to wear appropriate (ribbon) (star) in lieu of issue of actual award at this time.

W. J. Morgan

W. J. MORGAN, Lieut. USCGR
Signature and rank of Commanding Officer

[redacted] 2511A
[redacted] by
[redacted] U. S.
[redacted], 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG REPAIR YARD, Seattle, Washington
(Unit)

WEST, Howard William
(Name in full—surname to the left)

25 June, 1944
(Date)

221-071
(Service number)

Machinist's Mate First Class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for three years)	1941	6	25
Enlistment extended (for three years from)	1944	6	24
Date of discharge (_____) (Character of discharge)			

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

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (00 days)

Creditable time served during last enlistment period	Years	Months	Days
	3	0	0

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

BEN C WILCOX

Date 25 June, 1944

(Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 24 June, 1944

CG REPAIR YARD, Seattle, Washington
(Unit and place)

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

a period of three * years from this date.

BEN C WILCOX

(Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

* and a further period not to exceed six (6) months beyond the termination of the war or national emergency.

NCG 2599
U. S. Coast Guard
(Jan. 1943)
gil 251

105

Rate

REPORT OF CHANGE IN PERSONNEL

WEST	Howard	W.	221-071	M.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

REP.YARD(13-027-03) 13thND	Seattle, Washington	5 May, 1944
(Unit)	(Place)	(Date)

LIME KILN LIGHT STATION (13-027-48)

Advance in rating from Machinist's Mate, second class to Machinist's Mate, first class was actually made on 4 May, 1944, and is to effective from that date.

RATE	R P	EXP CM	PAY	NEXT PAY PER.	DIST.	FOR COM	DUTY
2 10			2		13	2	30
II	III	X	XIV	XV	XVII	XX	XXI

AUTHORITY: 30-D H/L(PEA) 27 April, 1944 (CG-73).

G. P. GRANADE (Commanding) Lieut.(j.g.)
By direction

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

ISSUED NO. 10

OPERATOR No. 92

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29504-1

...509
...ST GUARD
...ember 1939

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

SEATTLE DISTRICT DEC 5 1942 U.S. COAST GUARD
SEATTLE DISTRICT DEC 23 1942 U.S. COAST GUARD

SHIP OR STATION COAST GUARD BASE SEATTLE

PLACE Seattle, Washington

DATE 28 November, 1942.

WEST, Howard W.	221-071	M.M.2c (P)
(Name)	(Service number)	(Rating)

was examined this day for the rating of Machinist's Mate First Class (P) and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
ART: 6001 (1) (a) to (m) PERS. INSTR.	3.5	ART: 6013 (2) (a) to (e) PERS. INSTR.	3.5
ART; 6003	3.5		

Average marks 3.5

Carl A. Lonsdale
Carl A. Lonsdale, Machinist
(Signature and rank of member)

Approved 28 November, 1942.
(Date)

Gordon P. Granade
Gordon P. Granade, C.B.M.
(Signature and rank of member)

J. Hansen
J. Hansen, Bos'n
(Signature and rank of commanding officer)

☆ 16—14373-1 U. S. GOVERNMENT PRINTING OFFICE : 1942

(PNA)
CG-73

West Howard W. 221-071

27 April, 1944

To: DCGO, 13th Naval District (p)

Subj: Personnel; advancement in rating

1. In accordance with the request contained in your letter dated 15 April, 1944, file CG-73, you are authorized to advance the below-named men to the rating of machinist's mate, first class.

Bergeman, Lawrence N. (230-194) M.M.2c
Nelson, Raymond K. (230-486) M.M.2c
Roberts, George A. (230-456) M.M.2c
West, Howard W. (221-071) M.M.2c

2. Report action on Form 2599.

E. ZOLL
By direction

BIABES:mscd

UNITED STATES COAST GUARD

SEATTLE, WASH.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER (p)
AND REFER TO FILE: CG-73

15 April, 1944

To: The Commandant

Subj: WEST, Howard W. (221-071) M.M.2c; advancement in rating; request for

1. It is requested that subject-named man be advanced to the rating of machinist's mate, first class, in excess of the District Complement.

2. West enlisted in the U. S. Coast Guard on 25 June, 1941, and has held the rating of machinist's mate, second class since 16 November, 1942. He has applied himself diligently and the quality of his work is extremely satisfactory.

3. It is earnestly requested that subject-named man be advanced to machinist's mate, first class.

S. P. MEHLMAN
Asst. DCGO

NCG-2522

Enlist

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard W. (Name, surname first) | 221-071 (Service number) | M.M.2/c. (Rank or rating) | CG REPAIR YARD (Unit)

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

FINAL MEDICAL CERTIFICATE

Place USMH, Seattle, Washington, Date 10 April, 1944., 19

To: CG REPAIR YARD (Coast Guard unit)

Seattle, Washington (Address)

FILE
T. LeB

The above-named patient was discharged from {*inpatient / ~~*outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Malingerer	Yoo-005	3-24-44	4-10-44.
Chronic glomerulonephritis	712-190	3-24-44	4-10-44.
Varicocele, left.	76X-6X6	3-24-44	4-10-44.

RECEIVED
APR 24 1944
C. G. REPAIR YARD
SEATTLE, WASHINGTON

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

-none

CONDUCT REPORT:

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

T. H. ROSE
Surgeon ---------- *U. S. Public Health Service.*

16—27156-1

eva

NOTICE OF MEDICAL TRANSFER

---------- (Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at ---------- {*office / *hospital} at ---------- for ---------- (Diagnosis) since ----------, 19 , has been transferred this date ----------, 19 , to the U. S. Marine Hospital at ---------- for further treatment.

---------- *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522 Entered

FOLLOW INSTRUCTIONS ON BACK

WEST, Howard W. (Name, surname first) 221-071 (Service number) M.M.2/c. (Rank or rating) CG Repair Yard (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Seattle, Washington, Date 23 March, 19 44

To: MEDICAL OFFICER IN CHARGE, U.S.MARINE HOSPITAL
Seattle, Washington

FILE
T. LeB

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to COMMANDING OFFICER, CG REPAIR YARD

Howard W. West
(Signature of patient)
Howard W. West

G. E. Granade
HORTON P. GRANADE
O.E. Erickson, Executive Officer U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Seattle, Washington, Date 24 March, 1944, 19

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

yoo-005 Malingerer 712-190 Chronic glomerulongephritis
(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 15-20 days absence from duty. He was admitted to {*inpatient / ~~*outpatient~~} treatment at U. S. Marine Hospital Seattle, Washington {*hospital / ~~*office~~} on 24 Mar.,1944 at 0925, 19

RECEIVED
APR 11 1944
C. G. REPAIR YARD
SEATTLE, WASHINGTON

T. H. ROSE
Surgeon U. S. Public Health Service.

ljp

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

(PEA)
CG-73

24 August, 1943

To: Commanding Officer, Coast Guard Station, Lime Kiln Light, Friday Harbor, Washington

Via: DCGO, Seattle, 13th Naval District

Subj: West, Howard William (221-071) M.M.2c, - Findings of retiring board

1. As stated in the record of proceedings, received at Headquarters, 6 August, 1943, the retiring board convened at the U.S. Marine Hospital, Seattle, Washington, 15 July, 1943, in the case of above-named man, found that he is not incapacitated for active service by reason of his chronic nephritis.

2. The proceedings and findings of the board in this case are approved, and it is requested that West be returned to duty upon completion of his present hospitalization.

E-Mailed 8-27-43

L. T. CHALKER
Acting

BEABES:mac

Case No. 1751.

RETIRING BOARD IN CASE OF 13 August, 1943

WEST, Howard William (Name), (221-071) (Service Number), M.M.2c (Rank, Rate), U. S. COAST GUARD.

FINDINGS OF BOARD

That the above-named man is not incapacitated for active service by reason of his chronic nephritis; that his low-grade nephritis is permanent; is the result of an incident of prior Governmental service; and is not the result of his own vicious habits.

COMMENT BY LEGAL DIVISION

1. Proceedings are in due form and technically correct.

2. Findings appear to be supported by the evidence.

K. S. Harrison
Chief Counsel.

8/16/43

OPINION OF MEDICAL DIRECTOR

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

Carl Michel
Medical Director.

PERSONNEL DIVISION (Time computed 19 August, 1943)

	Years	Months	Days
AGE	39	10	19
SERVICE: COAST GUARD	2	1	24
LIGHTHOUSE	9	5	5
U.S.MARINE CORPS STATEMENT	3	0	0
NATIONAL GUARD STATEMENT	1	0	20
Total	15	7	19

Dependents Wife, two minor children.

Recommendation that the Proceedings and Findings be approved and that WEST return to duty upon the completion of present hospitalization.

Chief Personnel Officer.

20 August 1943

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

~~1. Forwarded. It is recommended that~~ The Proceedings, and Findings and Recommendation are ~~be retired; and that~~ approved; ~~that this record be presented to the President during the month of~~

C. J. Gallman
Acting Commandant.

3-13
file
EKR

General Accounting Office

Claim No. Z-349452 Washington 25, July 12, 1950
(Date)

Certificate No.

1858932

Howard W. West, 221-071,
Machinist's Mate First Class, USCG,
Relief Lightship No. 92,
Seattle, Washington.

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

SIXTY-EIGHT AND 75/100 Dollars($ 68.75)

on account of

difference in pay as boatswain's mate second class with 6 years' and over 9 years' service June 23, 1942; and as machinist's mate first class with 9 years' and over 12 years' service for the period June 23, 1945 to June 23, 1946.

(2021203.001 Pay and Allowances, Coast Guard, 1942 $ 0.16)
(2051203.001 Pay and Allowances, Coast Guard, 1945 $ 1.52)
(2061203.001 Pay and Allowances, Coast Guard, 1946 $67.07)

20X1850 Payment of Certified Claims

Pay records indicate you were properly credited longevity pay from June 1, 1942 to June 30, 1947, except for the periods shown above.

To: Chief Disbursing Officer,
Division of Disbursement.

MEMORANDUM

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-599 (REV. 3-48)

No. 7-13

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP	CG BASE	Seattle, Wash.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
~~13-525808~~	13-210800	3 July, 1950

TIME 0735
DATE 7-3-50

REPORTED FROM: U. S. Naval Retraining Command, Mare Islnad, ~~KOBX~~ Vallejo, Calif., for resregdu.

AUTH: HD 201750Z (6-50); C13CGD/L 6-21-50, pmp 73,531; CO,BASE,Seattle/Ind-2 6-27-50,73,531

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

M. A. JORDAN, ENS, USCG
(Commanding.)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS
CC: HQ C13CGD SR FILE						

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

Ind-4 3 July, 1950

From: Commanding Officer, CG Base, Seattle, Washington
To: WEST, Howard W. (221-071) MM1, USCG

Subj: Orders; temporary duty, travel

Reported this unit at 0735 this date, from U. S. Naval Retraining Command, Mare Island, Vallejo, Calif., for resumption of regular duties.

M. A. JORDAN
By direction

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 6-379

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP	CG BASE	Seattle, Wn.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-007		27 June, 1950

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1600
DATE 27 June, 1950

TRANSFERRED TO: USN Retraining Command, Mare Island, Vallejo, Calif., FOR TAD, in connection with delivery of LILLIS, Jack A. (279-155) SA for six (6) months imprisonment in accordance G.C.O. No. 737 (G.C.M. 9627). Auth. 1 TT enroute; EDA 6/28/50.

AUTH: HD 201750Z (June,50); C13CGD/L 6-21-50 File: pmp 73, 531.

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

M. A. JORDAN, ENS, USCG
(Commanding.)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

CC: HQ
C13CGD
SR
File

RECORDS

EXAMINED	POSTED	CODED
	SEP 51-35	

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 327-50

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard William	221-071	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Office, Comdr., 13th CG District	CG Recruiting Station	Seattle, Wash.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
13-001	13-001	24 June, 1950

TIME
DATE

REPORTED FROM:
FOR

TIME 1000
DATE 6-24-50

TRANSFERRED TO: LIGHTSHIP 516
FOR ASDU.

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) Reenlisted for six (6) years, Reg. Enl., in the rating of Machinist's Mate, first class.
PAFE: Seattle, Washington
TOTAL CRED. SERV. (USMC, USLHS, USCG): 24 years, 01 month and 12 days
LAST DISCH. (fm USCG): 23 June, 1950
MARITAL STATUS: Married

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

AUTHORITY: Article 556, CG Regs.;
AlCoast 38-49.

W. W. GRUBB, CBOSN, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. SC-299-50

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Office, Comdr., 13th CG District	LIGHTSHIP 516	Seattle, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-001		23 June, 1950

TIME
DATE
REPORTED FROM:
FOR

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) Issued Honorable Discharge for expiration of enlistment.
PAFE: Seattle, Washington (RECRUITSTA - 6-24-47)
POD: Seattle, Washington
TOTAL CRED.SERV. (USMC, USLHS & USCG): 24 years, 01 month and 12 days.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

AUTHORITY: Article 589 (1), CG Regs.

W. W. GRUBB, CBOSN, USCG
By direction, CO USCGD (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED
	PT-PR-CS	

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNE

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 6-458

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP	CG BASE	Seattle, Wash.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
13-007		23 June, 1950

TIME
DATE

REPORTED FROM:
FOR

PE-PR-39

AUTH:

TIME 0800
DATE 6-23-50

TRANSFERRED TO: CG Recruiting Station, Seattle, Wash.
FOR discharge (EE)

AUTH: C13CGD/D 132230Z

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

M. A. JORDAN, ENS, USCG
(Commanding.)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR, DOM.		UNIT		RATE LOSS
CC: HQ C13CGD SR FILE						

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 70

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Comdr., 13th CG District	LIGHTSHIP 516, Seattle, Wash.	Seattle, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-001	WAL-516	20 June 1950

TIME
DATE

REPORTED FROM:
FOR

PE-PA-3

AUTH:

TIME 0800U
DATE 6-17-50

TRANSFERRED TO CGB, Seattle, Wash.
FOR TAD. Gr. 48 hours liberty enroute. EDA 6-19-50.

AUTH: C13/D 132230Z(6-50)

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

C. D. Eubanks
C. D. EUBANKS
By direction (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 6-288

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP	CG BASE	Seattle, Wash.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13-007		19 June, 1950

TIME 0730
DATE 6-19-50

REPORTED FROM: CG LIGHTSHIP (WAL-516), Seattle, Wash., upon completion of 48 hours liberty., for assignment to temporary duty pending discharge from the U. S. Coast Guard.

AUTH: C13CGD/D 132230Z (June, 1950) CO,LIGHTSHIP WAL-516/L 6-17-50, 73,531.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

M. A. JORDAN, ENS, USCG
By direction (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

CC: HQ
C13CGD
SR
FILE

RECORDS

EXAMINED	POSTED	CODED
	PE PR-33	

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

Sta 3-13
File
EGS-

24 May 1950
FA-PR 73
(221-071)

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

Gentlemen:

Letter dated 10 March 1950 from Howard W. West, MM1, USCG, bearing Ind-1, Officer in Charge, Relief Lightship No. 92, and Ind-2, Commander, 13th Coast Guard District, claiming longevity pay for periods 1 June 1942 to 30 June 1942 and 23 June 1945 to 23 June 1946, is forwarded with pertinent papers for settlement by your office.

West completed 6 years creditable service prior to 1 June 1942; 9 years on 22 June 1942; 12 years on 22 June 1945; served in the rating of BM2c - 1 June 1942 to 31 October 1942; MM2c - 1 November 1942 to 22 June 1945; MM1 - 23 June 1945 to 30 June 1946, and MM2c - 1 July 1946 to 30 June 1947.

A review of his pay accounts discloses that on April 1943 COTP, Seattle payroll settled in the accounts of H. W. Means, longevity pay was first taken up for 3 years creditable service with a sundry credit of $48.00 for the difference in pay between the rates of $100.80 and $96.00 per month for period 1 June 1942 to 31 March 1943. On October 1943 Shore Units, Washington Beach payroll settled in the accounts of J. A. Miqueu increased in pay for 9 years creditable service was taken up with a sundry credit of $149.92 representing the difference in pay between the rates of $105.60 and $100.80 per month for period 1 to 23 June 1942; between the rates of $110.40 and $100.80 per month for period 24 June 1942 to 30 September 1943; underpaid $0.16. Increase in pay for 12 years creditable service was taken up on 24 June 1946 as a sundry credit on pay record closed to 31 December 1947, whereas West should have been credited the increase from 23 June 1945, thereby causing an additional undercredit of $68.59.

The amount found to be due West is chargeable to appropriations as follows:

2021203.001	Pay	and	Allowances,	Coast	Guard,	1942
2051203.001	"	"	"	"	"	1945
2061203.001	"	"	"	"	"	1946

By direction of the Commandant.

Mailed
5-24-50
EGS-

Very truly yours,

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

Incls:
1. Claimants ltr 3/10/50
2. Statement of Cred. Service
3. Copy, HQ letter5/2/50
4. Ltr, CDR 13th CG Dist. 5/10/50
5. Photostats of pay records (7)
6. Transcripts of pay records (4)
7. Statements of pay accounts

6-4
EGS:LRP
5/23/50 EGS-

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD

NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
LIGHTSHIP # 92	Seattle, Washington	3 April, 1950

FROM (REQUESTER):	TO	VIA:
WEST, Howard W.(221-071) MM1	Comdr.13thCG District (pmp)	OIC, Lightship # 92

THE FOLLOWING LEAVE IS REQUESTED: 12 Days CL & 7 AL REG ADV LV

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		On or about 11 April, 1950			

REASON FOR REQUEST:

Recreation

My address on leave will be: 520 N 12th Street, Seattle, Wash. Telephone MINOR 4736

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

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: LIGHTSHIP # 92 Date: 3 April, 1950

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ ~~NOT APPROVED (because)~~

Returned ☐ GRANTED ☐ NOT GRANTED (because)

R. E. Miller, BOSN

COMMANDING—~~EXECUTIVE~~—PERSONNEL OFFICER.

Ind.-2 Unit: CCGD13 (pmp) Date: 4 April, 1950

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

Auth: CCGD13/D 042126Z (April, 1950)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: LIGHTSHIP # 92 Date: 13 April, 1950

Departed at 1600 this date. This leave of absence will expire before 0800 2 May, 1950, at CG BASE, Seattle, Wash. and is subject to the special instructions indicated on reverse hereof.

R. E. Miller, BOSN

COMMANDING—~~EXECUTIVE~~—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: LIGHTSHIP # 92 Date: 3 May, 1950

Reported at 1240 this date, having taken 12 CL days' leave and 5 days' TT. REGADV LV

R. E. Miller, CBOSN

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16-40220-2

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.
In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519 16—40230-2

Ind-7
CGC FIR (WAGL-212)

13 April, 1950
File: 73

From: Commanding Officer, FIR (WAGL-212)
To: WEST, Howard W. (221-071) MM1, USCG

1. You reported aboard at 1615 this date fm LIGHTSHIP-92 (WAL-516) for TAD and transportation to Neah Bay, Washington.

2. Transportation completed, departed at 1300 this date. 4-14-50.

W. J. MYERS
Executive Officer

RECEIVED
MAY 2 1950 0640
U.S.C.G.C. MALLOW

ltr 3-13

file
EGS

2 May 1950
FA-PR 73

From: Commandant
To: Commander, 13th CG District (fp)

Subj: WEST, Howard W. (221-071) MM1, USCG; claim for longevity pay

1. HQ is in receipt of a letter from WEST, dated 10 March 1950, 73-521, bearing Ind-1 OIC, Relief Lightship No. 92 and Ind-2 CDR, 13th CG District (fp) dated 15 March 1950 (73-521), claiming longevity pay due and unpaid for various periods from 1 June 1942.

2. Statement of Creditable Service discloses that WEST completed over 6 years creditable service prior to 1 June 1942; 9 years on 22 June 1942; 12 years on 22 June 1945. On April 1943 COTP, Seattle payroll settled in the accounts of H. W. Means longevity was first taken up for 3 years creditable service with a sundry credit of $48.00 for the difference in pay between the rates of $100.80 and $96.00 per month for period 1 June 1942 to 31 March 1943. On October 1943 Shore Units, Washington Beach payroll settled in the accounts of J. A. Miqueu increase in pay for 9 years creditable service was taken up with a sundry credit of $149.92 representing the difference in pay between the rates of $105.60 and $100.80 per month for period 1 to 23 June 1942; between the rates of $110.40 and $100.80 per month for period 24 June 1942 to 30 September 1943; underpaid $0.16. Increase in pay for 12 years creditable service was taken up on 24 June 1946 as a sundry credit on pay record closed to 31 December 1947, whereas WEST should have been credited the increase from 23 June 1945, thereby causing an undercredit of $68.59. Letter from WEST will be submitted to the General Accounting Office, Claims Division, with supporting papers for settlement of claim for underpayment of longevity pay totaling $68.75, for periods 1 to 30 June 1942 and 23 June 1945 to 23 June 1946.

3. Certified copy of Statement of Creditable Service is inclosed with transcripts and photostats of pay records in order that the Authorized Certifying Officer, carrying the current pay record of WEST, may make necessary credit adjustments as follows for periods from and including 23 June 1948:

Completed 15 years creditable service on 22 June 1948; rating of MM2c.

Period 23 June 1948 to 30 June 1948
Entitled to pay at rate of $143.75 per month in amount of $38.33
Credited pay at rate of $138.00 per month in amount of $36.80
Underpaid $1.53

Completed 21 years creditable service on 1 July 1948 (Act of 24 June 1948); pay accounts were correctly taken up at rate of $182.25 per month for period 1 July 1948 to 13 June 1949.

Commandant to:
Commander, 13th CG District

2 May 1950
FA-PR 73

Completed 24 years creditable service on 13 June 1949; rating of MM1.

Period 14 June 1949 to 30 September 1949
Entitled to pay at rate of $189.00 per month in amount of $674.10
Credited pay at rate of $182.25 per month in amount of $649.93
Underpaid $ 24.17

Period 1 October 1949 to 31 December 1949
Entitled to pay under Career Compensation Act 1949
at rate of $249.90 per month in amount of..... $749.70
Credited pay at rate of $235.20 per month in amount of... $705.60
Underpaid $ 44.10

4. When all necessary credits have been made on current pay record, HQ (FA-PR) should be furnished a transcript thereof for transmittal to the General Accounting Office, Claims Division with claim covering periods prior to 23 June 1948.

Mailed 5-2-50

R. L. EDMANDS
By direction

Incls:
1. Certified copy of Statement of Creditable Service
2. Photostats of pay records
3. Transcripts of pay records

EGS:egs
5/2/50 6-6
EGS

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 36

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC FIR (WAGL-212)		At Sea

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
13th CG District		14 April, 1950

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 1615, 13 April, 1950 - Reported aboard fm LIGHTSHIP-92 (WAL-516) for TAD and transportation to Neah Bay, Washington.
1300, 14 April, 1950 - Transportation completed, departed at Neah Bay, Washington.

Auth: CC: 31-47

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

H. A. JENSEN
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 24

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
WEST, Howard W.	221-071	MM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CGC FIR (WAGL-212)		At Sea
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13th CG District		28 February, 1950

TIME 0735
DATE 28 February, 1950

REPORTED FROM: 7 days ACC and 12 days compensatory leave
FOR TAD and transportation to LIGHTSHIP-92

AUTH: PC: 63-49

TIME 0720
DATE 1 March, 1950

TRANSFERRED TO: Transportation completed, departed to LIGHTSHIP-92
FOR resumption of regular duties.

AUTH: Ind-8 of leaves papers.

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

H. A. JENSEN
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

HQ

0725

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

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Relief Lightship #92	Seattle, Wash.	6 December, 1949

FROM (REQUESTER):	TO	VIA:
West, Howard W. 221-071 MM1	C13CGD	OIC Relief L/S #92

THE FOLLOWING LEAVE IS REQUESTED: 9 days CL and 5 days regular leave

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
		14 December, 1949			

REASON FOR REQUEST: Recreation

My address on leave will be: 520 12th North Seattle, Wash.

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

Auth; CGD/D 040445Z

Howard W. West
Howard W. West
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Relief Lightship #92 Date: 6 December, 1949

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

B. P. Clarke
B. P. Clarke, CBOSN
COMMANDING ~~EXECUTIVE~~ PERSONNEL OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Relief Lightship # 92 Date: 16 December, 1949

Departed at 1000 this date. This leave of absence will expire before 0800 27 December, 1949, at CG Base Seattle, Wash. and is subject to the special instructions indicated on reverse hereof.

R. E. Miller
R. E. MILLER, BOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Relief Lightship # 92 Date: 31 December, 1949

Reported at 1140 this date, having taken 9 (CL) days' leave and 1 days' ~~TT~~ AL REG

R. E. Miller
R. E. MILLER, BOSN
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CERTIFICATION BY UNIFORMED SERVICES

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

NAME OF VETERAN AS SHOWN IN MILITARY FILE	SERVICE NUMBER
SAME AS FURNISHED BY SSA ☐ YES ☐ NO	SAME AS FURNISHED BY SSA ☐ YES ☐ NO

A–CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE: **16 October 1946**

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE: **1 March 1951**

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

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

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

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

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED? ☐ VOLUNTARY ENLISTMENT ☐ INDUCTION THROUGH MILITARY DRAFT ☐ CALL OR RECALL FROM MILITARY RESERVE

B–SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY (*See instructions on reverse side*)

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

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability?	☐ Yes	☒ No
(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty?	☐ Yes	☒ No
If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).		
(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay?	☐ Yes	☐ No
(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay?	☐ Yes	☐ No
2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service?	☐ Yes	☒ No
If answer is "Yes," answer (b) and (c).		
(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947?	☐ Yes	☐ No
(c) Was this multiple increase because of active service occurring after July 24, 1947, and before January 1, 1957?	☐ Yes	☐ No
3. Did the veteran have active duty or active duty for training after December 31, 1956?	☐ Yes	☒ No

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

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

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

REMARKS BY CERTIFYING ORGANIZATION

RETIRED: 1 March 1951 – Physical Disability 70%
AUTHORITY: Section 402 of the Career Compensation Act of 1949.
Elected to receive retired pay based on percentage of physical disability.
Gross retired pay per month at the time of death – $243.42

NAME OF CERTIFYING ORGANIZATION	SIGNATURE	
U. S. COAST GUARD	**C. F. LEWIS, CWO2, USCG**	
	RANK OR TITLE: **Chief, Morale Services Branch**	DATE: **9/18/68**

REQUEST F

FILE

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

NAME USED IN SERVICE *(Last, first, middle)*	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
WEST, Howard W.	9/30/03	5/31/68	533/22/8768

PERIODS OF ACTIVE MILITARY SERVICE

BRANCH OF SERVICE	DATE ACTIVE DUTY BEGAN	DATE MEMBERSHIP ENDED	SERVICE NUMBER	RATE OR RANK
Coast Guard	6/25/41	OCG54339 2/28/53	221071	Machinist Mate, 1st Class

PERIODS OF MILITARY RESERVE MEMBERSHIP DATING AFTER DUTY SHOWN ABOVE. IF NONE, CHECK THIS BLOCK. [X]

BRANCH OF SERVICE	DATE MEMBERSHIP BEGAN	DATE MEMBERSHIP ENDED	SERVICE NUMBER	RATE OR RANK

Disability

PRESENT STATUS *(or status at death)*: [X] Military Retiree [ ] Discharged *(No current military status)*

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

[X] active service after Sept. 7, 1939 *(Part A on reverse)*
[X] retired or retainer pay *(Part B on reverse)*
[ ] evidence of age or date of birth in military file *(Part C on reverse)*

REMARKS BY SOCIAL SECURITY ADMINISTRATION:

Veteran worked for "Lighthouse Service" 1933 to 6/24/41, not considered active military service. Please certify to full A/D Military Service Periods.

INSTRUCTIONS FOR UNIFORMED SERVICE OR GSA RECORDS CENTER

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

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

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

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

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

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

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

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

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

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

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

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

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

SOCIAL SECURITY ADMINISTRATION
P. O. Box 428
Wenatchee, Washington 98801

The information requested in item 2 above is needed by the Social Security Administration to adjudicate a claim based on the account of the above veteran. All available identifying information has been provided.

SIGNATURE OF SSA OFFICIAL: Howard W. Jones

TITLE: District Manager

DATE: 8/20/68

FORM SSA-654 (5-67)

REQUEST TO HOLD FAMILY ALLOWANCE CH[illegible]

EM

WEST, Howard W.

SERVICE NO.

(221-071)

AUTH.	SS	DISCON.	HOLD CHECKS TO
	1,535,288		Payee(Wife) Fay V.

DNLE.	DIV.	DEATH OF PAYEE
		XX 5/6/49

☐ NOT LAWFUL WIFE ☐ 2 WIVES ☐ DESERTED ☐ ACCOUNTING

☐ RECOVERY OF O. P. ☐ WAIVES RIGHT

☐ CUSTODY OF CHILD ☐ CHILD ATTAINED 18 YEARS

MISCELLANEOUS

DATE 5/23/49

CLOSED 5/24/49.

NAVCG-9933 (12-44) UNITED STATES COAST GUARD 16-42705—1 GPO

NAVCG-9731

Date: 24 May 1949

MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

WEST, Howard W.(221-071)	MM1	USCGC WACHUSETT (WPG-44) 13th CGD
Name	Rating	Unit
Class A	$22.00	Began: Nov. 1943 Ter. May 1949
Disbursing Officer	Monthly Checkage	Month of First Entitlement

E. M. Elected MAQ(LC) 6-1-49.
This supersedes Hold Order dated 5-23-49 to Payee (Wife) Fay V.

S. K. FRICK
Chief, FA Section

1920 rwl

FAMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☐ STOP ☒ SUPERSEDING ☐

NO. 1,541,557

F.C.C. NEW / F.C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
			1,535,288		

SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
221-071	WEST, Howard W.	MM1	

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	x x x	DeaP.	P	8-46	Fay V. West 307 West Eighth Street The Dalles, Oregon.	Wife			A					
x x x				4-49										x x x
	x x x				Howard W. West	Son	4-37		A					
x x x														x x x
	x x x	MAQ(LC)	P	5-49	Howard W. West USCGC WACHUSETT(WPG-44) 13th Coast Guard District Seattle, Washington.	Payee Only								
x x x				5-49										x x x
	x x x				Fay V. West	Wife			A					
x x x														x x x
	x x x				Howard W. West	Son	4-37		A					
x x x														x x x
	x x x													
x x														x x x
		TOTALS ←		DATE OF APPLICATION	DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED						TOTAL RETROACTIVE AMOUNT	

REMARKS

E. M. Elected MAQ(LC) 6-1-49.
This supersedes Hold Order dated 5-23-49 to Payee (Wife) Fay V.
Wife died 5-6-49.

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE rwl 24 May 1949

Chief, FA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

NAV. S & A FORM 66 (REVISED SEPT. 1943)

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,535,288

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

SUPERSEDES AUTH. NO. 971,285

SERVICE NO. ON PREVIOUS AUTH. Same

WEST, Howard W. (SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE)

(221-071) (SERVICE NUMBER)

M.M.2c. (RATING)

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Fay V. West, ~~Lime Kiln Light Station, Friday Harbor, Washington.~~ 8-21-46 307 W. ~~Eighth~~ St. Dalles, Oregon 11-18-46 307 W. Eighth St., The Dalles, Oregon	Wife		
A		1	Howard W. West, Same.	Son	4	37

BUREAU OF PERSONNEL COPY

COMPUTED BY	REVIEWED BY	CHECKAGE (LEGAL LIMITATION)	TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Effective month: August, 1946

Delete Reta J. West, daughter, attained 18 years of age July, 1946

DATE 26 June, 1946

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, FA Section

S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 971,285

SUPERSEDES AUTH. NO.

SERVICE NO. ON PREVIOUS AUTH.

☐ SUPERSEDING
☐ SUPPLEMENTAL
☐

WEST, Howard W. (221-071) M.M.2c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE — SERVICE NUMBER — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Fay V. West, Lime Kiln Light Station, Friday Harbor, Washington.	Wife		
A		1	Reta J. West, Same.	Daughter	7	28
A		1	Howard W. West, Same.	Son	4	37

BUREAU OF PERSONNEL COPY

COMPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	Nov., 1943
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	None
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION. EXCEPTIONS TO AGE LIMITATIONS, ETC.)

None

DATE 11 December, 1943

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, Military Morale Section

NNP 668
(Revised September 1942)

Nov 1943

3-55

PART 1

NAVY DEPARTMENT
APPLICATION FOR FAMILY ALLOWANCES

971,285

Mail to:

- ☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY)
- ☑ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)
- ☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

Date 10 November, 1943

SS 1,535,288

I. I, West (Last name) Howard (First name) William (Middle name) MM 2c. (Rating) U.S. Coast Guard (Organization)

Lime Kiln Light Sta. (Ship or station) 221-071 (Service or serial number) June 25, 1941 (Date of enlistment) June 25, 1941 (Date of reporting for active duty)

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law ($22 for Class A *or* B dependents or $27 for Class A *and* B dependents).

II. **CLASS A**

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

1. West (Last name) Fay (First name) Vaughn (Middle name) Wife (Relationship) (Month, day, year of birth if minor)
   Lime Kiln Light Station (Number and street or R. F. D.) Friday Harbor (City or post office) Washington (State)
2. West (Last name) Reta (First name) June (Middle name) Daughter (Relationship) July 4, 1928 (Month, day, year of birth if minor)
   Lime Kiln Light Station (Number and street or R. F. D.) Friday Harbor (City or post office) Washington (State) SW
3. West (Last name) Howard (First name) William (Middle name) Son (Relationship) April 20, 1937 (Month, day, year of birth if minor)
   Lime Kiln Light Station (Number and street or R. F. D.) Friday Harbor (City or post office) Washington (State)
4. (Last name) (First name) (Middle name) (Relationship) (Month, day, year of birth if minor)
   (Number and street or R. F. D.) (City or post office) (State)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

Fay V. West (Name) Lime Kiln Light Station (Number and street or R. F. D.) Friday Harbor (City or post office) Washington (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

(Name) (Number and street or R. F. D.) SW (City or post office) (State)

DATE and place of marriage to present wife March 31, 1925 Los Angeles, California

DATE and place of marriage to divorced wife

Amount of monthly alimony or support payment decreed by court order or provided under written agreement for former wife divorced, or for wife and/or child living separate and apart, $
(Court order *must* be provided by applicant or payee before application can be adjudicated)

DATE when alimony or support payment ceases

DATE and place of divorce

Name and designate any child included above who is legally adopted or acknowledged as illegitimate

RECEIVED NOV 11 1943

16—29368-2

III. CLASS B PART 1

Consists of only the following relatives to whom you contribute a SUBSTANTIAL portion of their support (father, mother, natural or adoptive; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person standing in loco parentis to you; brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren—dependents in last group over 18 years of age must be incapable of self-support by reason of mental or physical defect as shown by a *doctor's certificate*).

Give following information as to each Class B dependent claimed:

1. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

2. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

3. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

4. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

5. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

First month for which payments to Class B dependents shall be made _____

State any other facts pertinent to this claim or in explanation thereof _____

Subscribed and sworn to before me, this 13 day of November, 1943

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

Howard W. West
(Signature)

Mattie A. Lund
(Signature)

Postmaster
(Title)

PAY AND DISBURSING OFFICE RECEIVED NOV 15 1943

FRIDAY HARBOR, WASH. NOV 18 1943

16—29368-2

STATE OF CALIFORNIA COUNTY OF LOS ANGELES.

CERTIFICATE OF MARRIAGE

I Hereby Certify that on the 31st day of March 1925, at Los Angeles, in the County of Los Angeles, State of California, under authority of a license issued by L. E. Lampton, County Clerk of said County, I, the undersigned, as a Justice of the Peace, joined in marriage, Howard William West and Fay Vaughn in the presence of Ruby Bird, residing at Chino California, and , residing at California, who witnessed the ceremony.

Charles O Ballard
Signature of person solemnizing marriage

I Hereby Certify that the foregoing is a copy of the original certificate of marriage of the parties therein named.

Charles O Ballard
Signature of person solemnizing marriage

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES.

CERTIFICATE OF MARRIAGE

I Hereby Certify That on the 31st day of March A.D. 1925
at Los Angeles in the County of Los Angeles, State of California,
under authority of a license issued by the County Clerk of said County, the
undersigned, as a Minister of the Gospel, joined in marriage
Nonnie Greenlee and Jay Naylor
in the presence of Pearl Bird residing at Chino
California, and Ruby Bird residing at
California, who witnessed the ceremony.

Charles O Ballard
Signature of person solemnizing marriage

I Hereby Certify That the foregoing is a copy of the
original certificate of marriage of the parties therein named.

Charles O Ballard
Signature of person solemnizing marriage

STATE OF OREGON,
COUNTY OF WASCO, } ss.

I, D. V. Bolton County Clerk and Ex-officio Clerk of the Circuit Court of the State of Oregon, for the County of Wasco, a Court of record, do hereby certify that the foregoing copy of Certificate of Marriage has been by me compared with the original thereof, ~~of which it~~ and that the same is a full, true and correct transcript therefrom and of the whole of said original ~~which it purports to be a transcript.~~

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal, this, the 7th day of Aug. A. D. 1946

D. V. Bolton, County Clerk

By Mary Wilson
Deputy

210

Washington State Board of Health

Record No. 2815-S

Registered No. 237

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Snohomish
City or Town of Everett
Registration Dist. No. V
No. General Hosp of Everett St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

RESIDENCE OF MOTHER State Washington County Snohomish
(If not same as place of birth)
CITY OR TOWN Marysville No. R.F.D. #1 Street

FULL NAME OF CHILD Howard William West {If child is not yet named, make supplemental report, as directed

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature 1 mo. ✓ Full term .....
7. Legitimate? ✓
8. Date of birth April 20, 1937 (Month, day, year)

FATHER

9. Howard William West
10. Color or race W
11. Age at last birthday 32 (years)
12. Birthplace (city or place) Lansing
(State or country) Michigan
13. Trade, profession, or particular kind of work done, as Spinner, Lawyer, Bookkeeper, etc. Laborer
14. Industry or business in which work was done, as Silk Mill, Sawmill, Bank, etc. U. S. Light House Service
15. Date (month and year) last engaged in this work ....., 19....
16. Total time (years) spent in this work 4

MOTHER

17. Full maiden name Fay Vaughn
18. Color or race W
19. Age at last birthday 31 (years)
20. Birthplace (city or place) Mulberry
(State or country) Kansas

OCCUPATION

21. Trade, profession, or particular kind of work done, as Housekeeper, Typist, Nurse, Clerk, etc.
22. Industry or business in which work was done, as Own Home, Lawyer's Office, Silk Mill, etc. Housewife
23. Date (month and year) last engaged in this work ....., 19....
24. Total time (years) spent in this work 12

Number of children of this mother, including this one, born alive at time of this birth 2 (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

If illegitimate, period of gestation ..... {months or weeks} 27. Cause of stillbirth ..... {Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 4:54 Am., Tues. on the date stated.
(Born alive or stillborn)

* If there was no attending physician or midwife, then the father, householder, or other person must make this return.

Name added from supplemental report .....

(Signed) A. B. Dunpee, M. D.
or ..... Midwife
Address Everett, Wash.
Filed 4-26, 1937 Borghild Fuller Registrar.

Registrar.

U. S. Gov't. Printing Office—1936. 6550.

230

THIS IS TO CERTIFY, That the foregoing is a true copy (photographic) of a record on file in the Public Health Statistics Section, Washington State Department of Health, Seattle, Washington.

Official Seal

Irene R. Vaughn
State Registrar

By Dally R. Ward Clerk Typist

Seattle, Wash. Aug. 9, 1946

Address reply to
THE COMMANDANT (PMM)
Refer to file: CG-73

UNITED STATES COAST GUARD

Washington 25, D. C.

19 November, 1946

Mrs. Fay V. West
307 West 8th St.
The Dalles, Oregon

Dear Madam:

In reply to your letter dated November 7, 1946, it is suggested that you communicate with the Navy Department, Bureau of Supplies and Accounts, Field Branch, Family Allowance Section, Cleveland, Ohio, relative to the non-receipt of your family allowance checks, for these checks are issued therefrom.

In your letter you should state your husband's full name, service number, rating, authorization number 1,535,288, and your correct mailing address.

By direction of the Commandant.

Very truly yours,

S. K. FRICK
Lieutenant, USCG
Chief, Family Allowance Section

mrc 2104 2-6

REC'D NOV 13 1946

307 West 8th St.
The Dalles, Oregon
November 7, 1946

Chief, Military Morale Division
U. S. Coast Guard
Washington 25, D. C.

WEST, Howard W., MM 2/C
SN 221071, US Coast Guard

Gentlemen:

As wife of the above named serviceman, I wish to call to your attention, the fact that I failed to receive my family allowance check for the month of September, and so far, have not received the check for October.

This is very urgent as I have payment on my home which must be met regularly. May I ask that you please check this, and forward the checks at once to the following:

Mrs. Fay V. West

Mrs Fay V West

Reg. #1295

Cadow

C of A

Hdqs

change of address

from Lime Kiln Light Station

Friday Harbor Washington

To 307 W 8th St

The Dalles Oregon

The other child for which

I have been receiving

family allowance was

18 years old July 4th 1946.

A notice was sent in to

that effect June 15th 1946

Mrs Fay V West

307 W 8th St

The Dalles Ore

THE YOUNG MEN'S CHRISTIAN ASSOCIATIONS • THE NATIONAL CATHOLIC COMMUNITY SERVICE
THE SALVATION ARMY • THE YOUNG WOMEN'S CHRISTIAN ASSOCIATIONS
THE JEWISH WELFARE BOARD • THE NATIONAL TRAVELERS AID ASSOCIATION

USO IS FINANCED BY THE AMERICAN PEOPLE THROUGH THE NATIONAL WAR FUND

FORM NAVCG 9619

U. S. COAST GUARD

PMM

WN74
HEADING
SN B 18
KN57
2-2-2
R R R
MVX WNJC V KNJC NR 10 BT

REC'D DEC 16 1946

2-4

FM CG OP BASE SEATTLE WASH 131730Z

TO NAVY DEPT FAMILY ALLOTMENT SECTION CLEVE OHIO/MVX

INFO COMMANDANT CG/WNJC

FOR ACTION INFORM

TEXT

SMITH ISLAND LIGHT STATION/DLD

WEST HOWARD W 221 DASH 071 MM2C STATES FAMILY ALLOWANCE NOT RECEIVED FOR LAST THREE MONTHS X HARDSHIP IS INDICATED X REQUEST ACCOUNT BE CHECKED X ALLOTMENT IS REGISTERED X ADVISE

1835/13 DEC RR 131730Z 221 071 MM2C

ANSWER IS REQUIRED
PLEASE EXPEDITE
TEAR AT PERFORATION AND ATTACH TO YOUR REPLY
SPECIAL ATTENTION
THIS IS AN
ANSWER
CORRESPONDENT IS WAITING FOR THIS INFORMATION
TIME RECEIVED
TIME ANSWERED

OPERATOR'S RECORD AND DATE
FB ER

OFFICIAL INITIALS
$

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
NEW WORLD LIFE BLDG.
SEATTLE 4, WASHINGTON

FILE:

9 May 1949

TO WHO IT MAY CONCERN:

I, Howard W. West certify that my wife FAY V. WEST past away on 6 May, 1949 at the U.S. Marine Hospital, Seattle, Washington. I request MAQ(LC) for my legetimate child, HOWARD W. WEST, Jr. age 12, born 4/20/47. My son HOWARD W. WEST, Jr. is not married and is dependent on me. 3 7 48

My son will reside with my daughter Reta J. Derocher who resides at 307 W. 8th Street, The Dalles, Oregon until further notice

Howard W West
HOWARD W. WEST
221-071 MM1, USCG

Form D-266 USCG

9 May 1949
(Date)

MAY 17 REC'D

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES

WEST, HOWARD, W.	221-071	MM1
(NAME)	(SERVICE NO.)	(RATING)

TO: Chief, Military Morale Division, C. G. Headquarters, Washington 25, DC

You are hereby notified of change in status as indicated below in the case of the person named above.

(X) * Checkage is being discontinued as provided in regulations after checkage for the month of MAY, 1949.

( ) * Checkage is being continued as required by regulations pending notification to stop.

5/6/49
DATE OF CHANGE IN STATUS

WIFE, FAY V. WEST deceased 5/6/49. ELECT TO RECEIVE MAQ(LC) EFFECTIVE 6/1/49
NATURE OF CHANGE IN STATUS
See Attached Statement.

* Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

R. L. EDMANDS, LTJG, ACO, USCG
(Signature of Disbursing Officer) (Symbol No.)

COAST GUARD PAY AND DISBURSING OFFICE
Seattle, Washington

CG Headquarters

Washington 25, D. C.

24 May 1949
(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of May 1949

rwl

Chief, Military Morale Division

E 446

Not Retired
OK

COURTS AND BOARDS SECTION
Received Aug 6 '43

Case No. 1751.

RECORD OF PROCEEDINGS

of a

COAST GUARD RETIRING BOARD

convened at

Seattle, Washington

Case of WEST, Howard William (221-071), Machinist's Mate, Second Class,
U. S. Coast Guard

7-15-43.

Address reply to
Secretary of Navy
and refer to
Initials and No.

CG-PO-706-71

NAVY DEPARTMENT
WASHINGTON

12 February, 1943

From: The Secretary of the Navy.
To : Lieutenant Commander Allen Winbeck, U. S. Coast Guard, Office, District Coast Guard Officer, Federal Office Building, Seattle, Washington.

Subject: Precept for Coast Guard retiring board.

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

1. A Coast Guard retiring board, consisting of yourself as president and any two of the following Coast Guard officers, to be designated by you, as members, Lieutenant Commander Donald D. Hesler, U. S. Coast Guard, Lieutenant Commander Clarence Herbert, U. S. Coast Guard, Lieutenant Commander Forrest A. Tinsler, U. S. Coast Guard, Lieutenant Thomas A. Ross, Retired, U. S. Coast Guard, Lieutenant (j.g.) Theodore F. Stair, Retired, U. S. Coast Guard,; also any two of such medical officers of the U. S. Public Health Service as may be designated for duty with this board by proper authority, is hereby ordered to convene at the U. S. Marine Hospital, Seattle, Washington, from time to time as may be necessary, for the examination of such persons of the United States Coast Guard as may be ordered to appear before it.

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

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

4. The District Coast Guard Officer, Thirteenth Naval District, Seattle, Washington, will furnish the necessary clerical assistance.

By direction of the President.

/s/ FRANK KNOX

Copy to:
Each member of board.
Medical Director Carl Michel.

A true copy, ATTEST:
Clarence Herbert
CLARENCE HERBERT
Lieutenant Commander, U. S. Coast Guard,
Recorder.

"A"

FEDERAL SECURITY AGENCY
WASHINGTON

FEB 22 1943

Sir:

The medical officers appointed under date of June 27, 1942, to serve as members of the Coast Guard Retiring Board convened by the Secretary of the Navy on June 20, 1942, are hereby relieved from any further duty on said board and the following officers are hereby appointed members of the board:

Medical Director T.B.H. Anderson
Surgeon S.P. Cooper
P. A. Surgeon Hollis U. Maness
P. A. Surgeon T. S. McGowan
P. A. Surgeon Howard D. Fishburn
P. A. Surgeon Theodore F. Hilbish
P. A. Surgeon George E. Tooley, Jr.
P. A. Surgeon (R) L. B. Sturdevant
P. A. Surgeon (R) Edward J. Ford
Asst. Surgeon Carl D. Enna
Asst. Surgeon M. W. Gwinner
Asst. Surgeon W. C. Jenkins
Asst. Surgeon (R) Harrie P. Altman
Asst. Surgeon Buel S. Bindschedler

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

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

By direction of the President.

Respectfully,
/s/ Watson B. Miller
ACTING Administrator

Medical Officer in Charge
U. S. Marine Hospital
Seattle, Washington

A true copy, ATTEST:

Clarence Herbert

Clarence Herbert,
Lieutenant Commander, U. S. Coast Guard,
Recorder.

(PEA)
CG-73
706
531

6 July, 1943

To: WEST, Howard William, (221-071), M.M.2c.

Via: Commanding Officer, Coast Guard Station, Lime Kiln Light, Friday Harbor, Washington

Subj: Examination before retiring board; orders; travel

1. Upon receipt of orders from Lieutenant Commander Allen Winbeck, U. S. Coast Guard, present yourself before the retiring board of which that officer is president, to be convened at the U. S. Marine Hospital, Seattle, Washington, at such time as shall be indicated in said instructions.

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

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

4. Travel under this order may be performed by privately owned conveyance, if so desired. In this connection, attention is invited to the provisions of Article (2), Pay and Supply Instructions.

5. Travel will be charged against Headquarters Symbol No. 61-20(0230-3).

6. The travel necessary to the execution of this order is required by the public interests. Allowances for subsistence and quarters as prescribed by Article 248, Pay and Supply Instructions are applicable in this case.

E. J. ROLAND
By direction

CC: DSCO, Seattle,
13th Naval Dist.
USMH, Seattle, Wash.

A true copy, ATTEST:
Clarence Herbert
CLARENCE HERBERT
Lieutenant Commander, U. S. Coast Guard,
Recorder.

"B"

United States Marine Hospital
Seattle, Washington
15 July, 1943

The board met at 3:40 p.m.

Present:

Lieutenant Commander Allen Winbeck, U. S. Coast Guard, president;
Lieutenant Commander Donald D. Hesler, U. S. Coast Guard, member;
Lieutenant Commander Clarence Herbert, U. S. Coast Guard, member and recorder;
Passed Assistant Surgeon Theodore F. Hilbish, U. S. Public Health Service, member;
Passed Assistant Surgeon George E. Tooley, U. S. Public Health Service, member.

Ethel T. Thompson, Yeoman, Third Class, U. S. Coast Guard Reserve (W), entered as reporter and was duly sworn.

The board decided to sit with open doors.

Howard William West (221-071), Machinist's Mate, Second Class, U. S. Coast Guard, the party under examination, entered and stated that he did not desire counsel.

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

The party under examination was informed of his rights.

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

The board and the recorder were duly sworn.

No witnesses not otherwise connected with the inquiry were present.

A letter appended, marked "C", was received from Headquarters, transmitting the papers named therein, which are appended, marked "1" to "5". That marked "1" was read by the recorder.

The medical members were directed to examine into the past and present physical and mental condition of Howard William West; letter of instructions appended, marked "6".

The doctors having previously examined the party under examination, no adjournment was considered necessary.

The party under examination was asked by the president whether he wished to be retired, and he replied in the negative.

The party under examination was duly sworn as a witness.

Examined by the recorder:

1. Q. State the nature of your disability, its cause, and how long you have suffered from it.
A. Well, I've really never suffered from it yet.

2. Q. What is the nature of your disability?
A. Albumin in the kidneys.

3. Q. How was that caused?
A. I don't know.

4. Q. How long have you had the albumin condition?
A. I came in in 1941. That was the first time I ever knew I had it.

Examined by the board:

5. Q. You say that you haven't suffered any disability from this ailment?
A. No, sir. All it does is that once in a while when I get a cold I get a kink across my back, but I've always been able to keep on going.

6. Q. Do you feel that you are unfit to continue active duty in the Coast Guard in your present condition?
A. Well, in my present condition, it's on my health record, I can't get wet, but if it's where -- it's back at the light station, I feel that I can keep on going.

7. Q. Outside of this kink across your back when you get a cold, otherwise you haven't suffered from this disability?
A. No, sir.

Reexamined by the recorder:

8. Q. Do you desire to say anything further concerning your case?
A. No, except that, like Sunday when they moved my family out to the light station, lifting heavy boxes, I felt it across my hips, and I wondered if heavy lifting was going to start it bothering me.

Reexamined by the board:

9. Q. Have you found in the past that heavy lifting has bothered you?
A. Well, sometimes at times I have felt it, but I thought that heavy lifting was doing it, but lately it seems to me that it bothers me more if I do heavy lifting, but I lay that to being in the hospital more than anything.

10. Q. But otherwise you are able to carry out your general duties in the light station?
A. I think so.

Neither the board, the recorder, nor the party under examination desired further to examine this witness; the witness resumed his seat as the party under examination.

The medical members submitted a report, which was sworn to, read, and appended marked "7".

Passed Assistant Surgeon George E. Tooley, U. S. Public Health Service, the junior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. From what cause does West's disability proceed?
A. From a mild chronic nephritis.

2. Q. Is the disability permanent?
A. Yes.

3. Q. Is West's disability such as to incapacitate him for active service?
A. Not at present.

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

5. Q. Is the disability the result of an incident of service, considering and including his service in the Lighthouse Service?
A. Yes, sir. However, it was known that this condition existed prior to West's enlistment in the Coast Guard.

6. Q. Was there any information before the medical members of the board which would lead you to believe that his condition might be due to vicious practices of his own?
A. No, sir.

Examined by the board:

7. Q. From the examination of West's medical history, is it your opinion that his present condition is probably about the same as when he first enlisted in the Coast Guard, or has his condition become worse.
A. I believe it's about the same.

8. Q. In your opinion, West is still able to continue in his present assignment as he has in the past?
A. I think that he would be able to continue in his present assignment. However, from the standpoint of his own health, having this chronic nephritis, he should probably not continue in any position where he would be subjected to sudden or unusual exposure.

9. Q. Would that statement that you just made be equally applicable to West when he first enlisted in the Coast Guard?
A. Well, at that time complete studies were not made, and the fact that he had albumin in his urine is ~~not~~ the only fact that we have noted. In

other words, kidney-function tests and other things were not done to evaluate his condition, so I don't think we can say definitely, but I think we could presume such.

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

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

Examined by the recorder:

1. Q. Dr. Hilbish, you have heard the testimony just given by Dr. Tooley. Do you concur with the answers given in his testimony?
   A. I do.

2. Q. Have you any further information you would like to give to the board?
   A. No, sir.

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

The party under examination did not desire to call any witnesses.

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

The party under examination did not desire to submit a statement.

The party under examination did not desire to make an argument.

The recorder desired to make no argument.

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

After full and mature deliberation, the board finds as follows:

FINDING OF FACTS

That Howard William West (221-071), Machinist's Mate, Second Class, U. S. Coast Guard, is not incapacitated for active service by reason of his chronic nephritis; that his low-grade nephritis is permanent; is the result of an incident of prior Governmental service; and is not the result of his own vicious habits.

ALLEN WINBECK
Lieutenant Commander, U. S. Coast Guard,
President

DONALD D. HESLER
Lieutenant Commander, U. S. Coast Guard,
Member

CLARENCE HERBERT
Lieutenant Commander, U. S. Coast Guard,
Member and Recorder

THEODORE F. HILBISH
Passed Assistant Surgeon,
U. S. Public Health Service,
Member

GEORGE E. TOOLEY
Passed Assistant Surgeon,
U. S. Public Health Service,
Member

The board then, at 4:15 p.m., adjourned to await the action of the convening authority.

ALLEN WINBECK
Lieutenant Commander, U. S. Coast Guard,
President

CLARENCE HERBERT
Lieutenant Commander, U. S. Coast Guard,
Member and Recorder

UNITED STATES COAST GUARD

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

WASHINGTON

6 July, 1943

To: Lieutenant Commander Allen Winbeck, U. S. Coast Guard Retiring Board, Federal Office Building, Seattle, Washington

Subj: WEST, Howard William, (221-071), M.M.2c.; examination before retiring board.

There are inclosed herewith such papers from the medical record of Howard William West, machinist's mate, second class, as are considered of interest to the board. West has been instructed to present himself before the retiring board of which you are president at such time as shall be indicated in instructions issued by you. The board will be convened at the U. S. Marine Hospital, Seattle, Washington. Return inclosure (2) with the report of the board in this case to Headquarters.

E. J. ROLAND
By direction

Incls
1. Copy of Headquarters letter, 6 July, 1943, to West, PEA-CG-73-706-531
2. File of papers, medical record of West

"C"

10

FEDERAL SECURITY AGENCY

U. S. PUBLIC HEALTH SERVICE

SEATTLE, WASH.

IN REPLYING ADDRESS
MEDICAL OFFICER IN CHARGE
U. S. MARINE HOSPITAL

July 15, 1943

4

From: Passed Assistant Surgeon Theodore F. Hilbish and Passed Assistant Surgeon Geo. E. Tooley, U. S. Public Health Service

To: Lt. Comdr. Allen Winbeck, President, Coast Guard Retiring Board, Seattle District

Subject: Examination of Machinists Mate 2/c Howard William WEST, U. S. Coast Guard

Reference: (A) letter from Lt. Comdr. Allen Winbeck, President, Coast Guard Retiring Board Seattle District

1. In accordance with reference (A) we have carefully and separately examined the subject named man as to his past and present physical and mental condition, together with all available records pertaining to his case.

2. The history of this case is as follows: this patient was admitted to the Coast Guard having been informed that he had albumin in his urine and from his Health Record it is noted that this condition was waived. Patient was first admitted to the hospital in April 19, 1943 complaining of pain in right arm and shoulder following tetanus toxoid injection. His physical examination at that time was essentially normal except for small area of induration on the lateral aspect of right arm. His urine, however, was found to have albumin and patient was advised to report for further study. Consequently he was admitted on May 1, 1943 with no special complaints, but being advised to return to the hospital for kidney and urinary study. Physical examination again was essentially normal. His urine test, however, revealed from 0 to 2 plus albumin and varying number of hyaline and granular casts. His Mosenthal test was normal but PSP excretion test revealed only 35% excretion in two hours. An IV urogram showed normal rate of concentration but density was not marked. There was no evidence of obstruction in either ureter. During his period of hospitalization his urine showed some improvement on rest and symptomatic care. Prior to discharge his urine was running from 1 plus to trace of albumin and there were no casts. At time of discharge a Board of Medical Survey was held and discharge from the Coast Guard recommended, as all findings indicated that patient was suffering from a low grade nephritis. A Board of Survey was held and it was thought that this man, having been known to have albumin at time of admission to Coast Guard, could be discharged as not incident of service. In view of the findings of a chronic nephritis his discharge was

"7(c)"

recommended as potentially this man during undue exposure might develop a severe acute nephritis.

3. From the history of this case as obtained from the patient and other sources, physical examination, and the study of all available records, we are of the opinion:

(a) That Machinists Mate 2/c Howard Wm. West's disability results from a chronic glomerulonephritis.

(b) That this condition is of a permanent nature.

(c) That this condition at the present time does not disable him from active duty as a Machinist Mate 2/c in the U. S. Coast Guard, but that at any time he might suffer an acute exacerbation and be completely disabled.

(d) That all reasonable measures for the amelioration of his condition have been tried without success.

(e) That his disability results as incident of service although there is no doubt that it was present prior to admission in the Coast Guard service, and that it is not the result of his own vicious habits.

Respectfully

Theodore F. Hilbish

Theodore F. Hilbish
Passed Assistant Surgeon, USPHS

Geo E Tooley

Geo. E. Tooley
Passed Assistant Surgeon, USPHS

TBH:rt

Sworn to and subscribed before me, this 15th day of July, 1943.

Clarence Herbert

Clarence Herbert,
Lieutenant Commander, U.S. Coast Guard,
Recorder.

"7(2)"

Ind-2
Seattle, Washington
12 June, 1943

To: Commandant, Coast Guard Headquarters

Via: District Coast Guard Officer, Seattle.

Forwarded with the recommendation that this man be discharged from the Coast Guard.

T. B. H. ANDERSON
Medical Director
District Medical Officer

Ind-3
DCGO, Seattle, 13th ND (p)
12 June, 1943

To: Commandant

Forwarded, recommendation of District Medical Officer approved.

ALLEN WINBECK
By direction

Ind-4
23 June, 1943

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

1. In view of the fact that this man is serving in the regular establishment, it is recommended that he be brought before a retiring board.

Date: 6-26-43
Age: 38 yrs 8 mos 27 das.
Service: 2 yrs 0 mos 2 Das in CG
9 yrs 5 mos 5 Das in Lighthouse Ser.
4 yrs 0 mos 0 Das USMCR (Inactive)
3 yrs 0 mos 0 Das in USMC.
Regular Enlistment 8816

Carl Michel
CARL MICHEL
Medical Director

26 June, 1943
APPROVED:
Robert Donohue
ROBERT DONOHUE,
Chief of Personnel.

"I"

U. S. MARINE HOSPITAL
Seattle, Washington

REPORT OF MEDICAL SURVEY

U. S. COAST GUARD
Station form F-2-A
3-24-43 per WEC

Place U. S. MARINE HOSPITAL, SEATTLE, WASH. Date 4 June 1943
(Name of hospital, Ship or Station where survey held)

From: Board of Medical Survey.

To: Medical Officer in Charge, U. S. Marine Hospital, Seattle, Wash.

Name WEST, Howard William. 221-071 Rank or Rate M.M.2C ~~B. M. 2c.~~
(In full, surname first)

Born Lansing, Mich. Date 30 September 1903
(Name of place and State or county)

Enlisted or Appointed Seattle, Wash. Date 22 May 1941

Total service: Coast Guard 2 years Marine Corps Army

PRESENT HISTORY OF CASE

Admitted from Fire Boat No. 1. (Harbor Island) Date 1 May 1943

Diagnosis: Chronic parenchymatous nephritis

Disability is not the result of his own misconduct was not
(Is or is not) (WAS or WAS NOT)

incurred in line of duty.

Existed prior to enlistment Yes. If "yes" was condition aggravated by the service No.
(YES or NO) (YES or NO)

Present condition Not fit for duty. Probable future duration Indefinite

Recommendation: Discharge from U. S. Coast Guard.

Facts of case are as follows: History indicates this patient had albumin in his urine in May, 1941. Was enlisted on a waiver for Albumonuria. Potentially this patient could develop a severe acute nephritis following undue exposure.

T. F. Hilbish
T. F. HILBISH,
Senior Member of Board
P. A. Surgeon.

M. W. Gutmann
M. W. GUTMANN,
Board Member
A. Surgeon.

FIRST INDORSEMENT

From: Medical Officer in Charge U. S. Marine Hospital, Seattle, Wash.

To: COMMANDANT. U. S. Coast Guard. Washington D. C.

Via: District Medical Officer and District Coast Guard Officer, Seattle, 13th Naval District.

1. Forwarded

T. B. H. ANDERSON
Medical Director, USPHS
Medical Officer in Charge.

C.G. No. 1

U.S. Marine Hospital
Seattle, Washington

7

DATE 6-2-43

From: U. S. Marine Hospital, Seattle, Washington

To: Commanding Officer, Henbor Island
(name of C. G. Unit)
Repair Base

Subject: West. Howard 221-071 M.M. 3/C ;
(name, serial number, rating)

information upon discharge from hospital.

1. Subject-named was discharged from this hospital at 2 P.M.
(hour)
this date. He was admitted for in-patient treatment at 9 55 a.m.,
(hour)
May 1, 1943.
(date)

2. He is ~~is not~~ now fit for duty.

3. Recommendations:
Should return every 2 months for check-up on kidney function to Out Patient dept.

C. Lundell MD
WARD SURGEON

Coast Guard Office
By Edward J. Boone.

(p)

73
706

14 July, 1943

To: Passed Assistant Surgeon Theodore F. Hilbish and Passed Assistant Surgeon George E. Tooley, Jr., U. S. Public Health Service

Subj: WEST, Howard William (221-071) M. M. 2c.; examination of

1. It is requested that a careful examination be made into the past and present physical and mental condition of Howard William West, Machinist's Mate, second class, U. S. Coast Guard, whose case has been referred to this board for examination, and report as to his capacity to perform the duties appropriate to his rating.

2. Besides a personal examination, it is requested that you examine closely all matter transmitted to the board in this case from the files and records of Coast Guard Headquarters, and it is also requested that you endeavor to obtain from any other authentic source within your reach such information as will aid the board in the performance of its duties, and report the result in writing, which shall be in the form of a sworn statement. The report shall fully cover the matters required by Article 958, Coast Guard Courts and Boards.

ALLEN WINBECK
President, Coast Guard Retiring Board,
Seattle, 13th Naval District.

Incl
File of papers, medical
record of subject man.

A true copy, ATTEST:

Clarence Herbert

Clarence Herbert,
Lieutenant Commander, U. S. Coast Guard,
Recorder.

"6"

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

check number
(Some name)

FOLLOW INSTRUCTIONS ON BACK

FILE

DCGO, Seattle
13th Naval Dist.

WEST, Howard W. (221-071) ~~MEX~~ M. M. 2c
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

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

Place Seattle, Washington, Date 4 August, 1943

To: Dental Officer In Charge
418 Alaska Building
Seattle, Washington

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 Dist. Med. Officer, 418 Alaska Bldg. Seattle

Howard W. West
Howard W. West
(Signature of patient)

L. H. Lacey
L. H. Lacey
Warrant Pharmacist U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place 412 Alaska Bldg. Seattle, Date 5 August, 1943

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

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

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~in~~patient / *outpatient} treatment at C. G. Dental {*~~hospital~~ / *office} on 5 August

D. K. Steele
D. K. Steele
P. A. D. U. S. Public Health Service.
(R)

*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

FILE

WEST, Howard W.	321-671 ~~(590-406)~~	M. M. 2c	DCGO, Seattle 13th Naval Dist.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place 412 Alaska Bldg. Seattle, Date _____, 19

To: Dist. Med. Officer
(Coast Guard unit)

418 Alaska Bldg. Seattle, Washington
(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
examination		8-4-43	
w fracture	170		8-4-43

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

CONDUCT REPORT:

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

D K Steele

P. A. D. *U. S. Public Health Service.*
(R)

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

UNITED STATES COAST GUARD

SEATTLE, WASHINGTON

1943 JUL 20 PM 2 20

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER (pra)
AND REFER TO FILE 73-531

16 July, 1943

To: WEST, Howard W. (217-000) W.T.1c.(Pro) - CG LIGHT STATION, Lime Kiln, Friday Harbor, Washington.

Subj: Orders; travel; confirmation of.

1. Confirming my dispatch, 150007, 14 July, 1943, you are directed to proceed to Seattle, Washington and report to the DCGO, Seattle, 13th Naval District, on official business of the Coast Guard. Upon completion of this duty, you will return to your regular station and duties.

2. The tra vel necessary to the execution of this order may be performed at own expense, if so desired. In this connection, attention is invited to Article 248 (2), Pay and Supply Instructions.

3. The expense incident to the travel herein authorized is chargeable against travel allotment, Symbol No. 13-20 (Travel Order No. 387-44, reference to which will be made on all transportation requests).

4. The public interests require this travel. Allowances for subsistence and quarters as prescribed by Article 248, Pay and Supply Instructions, are applicable in this case.

S. T. ELLIS,
By direction

CC: Headquarters
Pay Office, Seattle
Accounting Office
CG LIGHT STATION, LIME KILN, Friday Harbor, Wash.

STE:anb

(PEA)
CG-73
706

6 July, 1943

To: Lieutenant Commander Allen Winbeck, U. S. Coast Guard Retiring Board, Federal Office Building, Seattle, Washington

Subj: WEST, Howard William, (221-071), M.M.2c.; examination before retiring board.

There are inclosed herewith such papers from the medical record of Howard William West, machinist's mate, second class, as are considered of interest to the board. West has been instructed to present himself before the retiring board of which you are president at such time as shall be indicated in instructions issued by you. The board will be convened at the U. S. Marine Hospital, Seattle, Washington. Return inclosure (2) with the report of the board in this case to Headquarters.

EJR mailed 7-6-43

E. J. ROLAND
By direction

Incls
1. Copy of Headquarters letter, 6 July, 1943, to West, PEA-CG-73-706-531
2. File of papers, medical record of West

BEABES: esh
3 - 12

MB PSV

(PEA)
CG-73
706
531

6 July, 1945

To: WEST, Howard William, (221-071), M.M.2c.

Via: Commanding Officer, Coast Guard Station, Lime Kiln Light, Friday Harbor, Washington

Subj: Examination before retiring board: orders; travel

1. Upon receipt of orders from Lieutenant Commander Allen Winbeck, U. S. Coast Guard, present yourself before the retiring board of which that officer is president, to be convened at the U. S. Marine Hospital, Seattle, Washington, at such time as shall be indicated in said instructions.

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

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

4. Travel under this order may be performed by privately owned conveyance, if so desired. In this connection, attention is invited to the provisions of Article (2), Pay and Supply Instructions.

5. Travel will be charged against Headquarters Symbol No. 51-20(0230-3).

6. The travel necessary to the execution of this order is required by the public interests. Allowances for subsistence and quarters as proscribed by Article 248, Pay and Supply Instructions are applicable in this case.

E876 mailed 7-6-43
E. J. ROLAND
By direction

CC: DCGO, Seattle,
13th Naval Dist.
USMH, Seattle, Wash.

BEABES: esh
3 - 12

9619
TREASURY DEPT.

U. S. COAST GUARD

3104

HEADING

DN41 A QUAW Ø12Ø33 QUAH GR9.

FROM: DCGO 13TH ND SEATTLE

ACTION: COMDT

INFORM:

3-12

W. Shaw

TEXT

Adm. Management	Inspection
Aero. Engineering	Intelligence
Aids to Navigation	Legal
Allowances	Medical
Asst. Commandant	Mer. Mar. Inspection
Aviation	Mer. Mar. Personnel
Beach Patrol	Military Morale
Civil Engineering	Naval Engineering
Civilian Personnel	Operations
Commandant	Ord. & Gunnery
Communications	Personnel
Comms. Engineering	Port Security
Engineering	Public Relations
Finance	Supply

YOUR 302159 TRANSFER OF WEST BEING EFFECTED THIS DATE (Lime Kiln Light Friday Harbor Wash.)

BT$Ø$Ø$$

BT Ø12Ø33

REF:-ORDERS BEING PREPARED DIRECTING HOWARD WILLIAM WEST MM2C 221 Ø71 TO APPEAR BEFORE RETIRING BOARD USMH SEATTLE X ADVISE DATE WEST REPORTED AT LIME KILN LIGHT STA

MC

PEA

EJR

OFFICIAL INITIALS

OPERATOR'S RECORD AND DATE
TODØ259/2JUL43UG

$

Form 9626
TREASURY DEPARTMENT

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

3211

DATE 30 JUNE 1943

FROM

COMMANDANT

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
X	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION)

DCGO
SEATTLE 13 NAVDIST

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

3-1 Date 7/1.

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

302159

TEXT

ORDERS BEING PREPARED DIRECTING HOWARD WILLIAM WEST MM2C 221 071 TO APPEAR BEFORE RETIRING BOARD USMH SEATTLE X ADVISE DATE WEST REPORTED AT LIME KILN LIGHT STATION

TOD— 302159/CG230DN/RB
ESH 3 - 12
OPERATOR'S RECORD

OFFICE OF ORIGIN: (PEA)

INITIALS OF RELEASING OFFICER:
EJR
TIME RELEASED:

ORR

U. S. GOVERNMENT PRINTING OFFICE 16—23739

Form 9626
TREASURY DEPARTMENT

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 30 JUNE 1943

FROM COMMANDANT		SECRET
		CONFIDENTIAL
		RESTRICTED
TO (FOR ACTION)		URGENT
		PRIORITY
DCGO SEATTLE 13 NAVDIST	X	ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE
TO (FOR INFORMATION)		URGENT
		PRIORITY
		ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

ORDERS BEING PREPARED DIRECTING HOWARD WILLIAM WEST MM2C 221 071 TO APPEAR BEFORE RETIRING BOARD USMH SEATTLE X ADVISE DATE WEST REPORTED AT LIME KILN LIGHT STATION

TOD—
ESH 3 - 12
OPERATOR'S RECORD

OFFICE OF ORIGIN: (PEA)

INITIALS OF RELEASING OFFICER: EJR

TIME RELEASED:

U. S. GOVERNMENT PRINTING OFFICE 16—33739

(PEA)
CG-73

26 June, 1943

To: DCGO, Seattle, 13th Naval District

Subj: WEST, Howard William, (221-071), M.M.2c.(Pro), Smith Island Light Station; change in rating

Effective this date the provisional rating of West as machinist's mate, second class, is made permanent. Report action on Form 2599.

E S H mailed 6-29-43

E. J. ROLAND
By direction

BEABES: esh
3 - 12

Brad

(pra)

73-701-601

17 June, 1943

To: WEST, Howard W. (221-071) M.M.2c.(pro) - Commanding Officer, CG LIGHT STATION, SMITH ISLAND, Port Townsend, Washington

Subj: Orders; transfer

1. Effective upon being relieved by Lenthal L. Bennett (215-634) M.M.1c.(pro), your temporary duty at the CG LIGHT STATION, SMITH ISLAND as Commanding Officer is terminated and you are relieved of all duty previously assigned you. Proceed by the tender FIR to Lime Kiln, reporting upon arrival to the Commanding Officer, CG LIGHT STATION, at that place, for assignment to duty.

2. This order constitutes a permanent change of station for you from last permanent station to Friday Harbor, Washington.

ALLEN WINBECK
By direction

CC:
Headquarters
Pay Office
CG L.S., LIME KILN
Aids to Nav.
FIR

3-17

73-701-531

1943 JUN 14 AM 10 19

4 June, 1943

To: WEST, Howard W. (221-071) M.M.2c.(F).

Subj: Orders; transfer; travel.

1. In accordance with DCNO 13th Naval District dispatch 040015, you are directed to proceed via commercial travel to Port Townsend, Washington and report to Naval Section Base, that place, for further transfer to Smith Island. Upon arrival at Smith Island report to the Commanding Officer CG Light Station, that place, for assignment to duty.

2. The expense incident to the travel herein authorized is chargeable to travel allotment, Symbol 17-20 (travel order No. 4279-43.

3. Government transportation request Neg 140,655, handed you herewith, provides transportation to Port Townsend, Washington via Washington Motor Coach.

4. The public interests require this travel. Allowances for subsistence and quarters as prescribed by Article 248, Pay and Supply Instructions, are applicable in this case.

5. Departed this unit at 0730, this date.

H.D. HARTS
By direction

Incl: Government Tr Req 140,655

CC - Headquarters
Pay Office
Personnel Office
Supply Office
CG Fire Boat S'n. No.1
CG Light STN. Smith Island

73-701

1943 FEB 26 PM 1 29

ew

Seattle, Washington
22 February, 1943

From: Captain of the Port, Seattle.
To: WEST, Howard W. (221-071) M.M.2c.(R).

Via: 1. Commanding Officer, COAST GUARD PATROL BASE, WASHINGTON STREET, Seattle, Washington.

Subject: Orders; transfer.

1. Upon receipt hereof you are relieved of further duty at the COAST GUARD PATROL BASE, WASHINGTON STREET, Seattle, and transferred to the COAST GUARD REPAIR BASE, HARBOR ISLAND, Seattle. Report to the commanding officer of the unit indicated for assignment to duty.

2. No expense is indicated and none is authorized in the execution of this order.

R. N. DAVIS,
By direction.

Copy to:
Headquarters ✓
Pay office
Personnel Office
CGPB WASH. ST.
CGRB HBR ISL.

3-12

PER-73-783-701

JTP

Seattle, Washington
18 December, 1942

1942 DEC 24 AM 7 30

From: District Coast Guard Officer, Seattle, Thirteenth Naval District.
To: Commanding Officer, COAST GUARD BASE, Seattle.

Subject: Personnel; orders; transfer.

1. Effective upon receipt hereof, transfer the below-named men, directing them to report to the Commanding Officer, COAST GUARD PATROL BASE, Fairview Ave., North, Seattle, for assignment to fire barges for training in the operation of such barges.

West

WEST, Howard W. (221-071) M.M.2c.(Pro)
BRICKS, Lawrence E. (501-072) F.1c.(R)
LEONG, Harding (514-299) Sea.1c.(R)

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

E. T. ELLIS,
By direction.

Copy to:
Headquarters
Pay Office
CG PATROL BASE, Fairview Ave., North, Seattle.
COTP Seattle.

PE-73

NE

21 October, 1942.

From: Commandant.
To: Commanding Officer, Coast Guard Base, Seattle.

Subject: WEST, Howard W. (221-071) B.M.2c.(Pro); change of rating.

Reference: (a) Request of West dated 2 October, 1942, with indorsements thereon and with attached report of examination.

1. In accordance with the request contained in reference (a), you are authorized to change the rating of Howard W. West, boatswain's mate, second class (provisional) to machinist's mate, second class (provisional).

2. Report action on Form 2599.

E. J. ROLAND,
By direction.

OCT 2 2 1942

3-12

1942 OCT 19 PM 2 32

3-11

2nd Indorsement

Seattle, Washington,
15 October, 1942.

73

From: District Coast Guard Officer, Seattle,
Thirteenth Naval District.
To: Commandant, Coast Guard Headquarters.

Subject: WEST, Howard W. (221-071) B.M.2c.(Pro); change in rating; request for.

Inclosure: (A) Form 2509, report of examination.

1. Forwarded. West is deemed qualified in all respects for machinist's mate, second class, as evidenced in Inclosure (A), and there is existing vacancy for this rating in the authorized complement of this district.

A. VAN De VENTER,
By direction.

QMC & MM 1/c

73



COAST GUARD BASE
SEATTLE



UNITED STATES COAST GUARD

Seattle, Washington
2 October, 1942.



From: WEST, Howard W. (221-071) B.M.2c(pro).
To : Commandant.

Via : 1. Commanding Officer, COAST GUARD BASE SEATTLE.
2. District Coast Guard Officer, Seattle, Thirteenth Naval District.

Subject: Change of Rating; request for.

1. It is requested that my rating be changed from boatswain mate second class (pro) to machinist mate, second class (pro).

2. The reason for this request is that I am fully qualified to hold a machinist mate rating and not qualified as a boatswain mate. I was attached to a light station when I was rated to boatswain mate and it was the only rate given at this station at that time. I have had extensive experience in the operation of steam, diesel, and gasoline engines, due to the fact that I have sailed on merchant ship's since 1925 as a member of the engine room crew. I have also had experience on ships of the Lighthouse Service.

3. I believe that I would be of more value to the service as a machinist mate than I would be with the rate I am now holding.

Howard W. West
Howard W. West.

- -

1st Indorsement COAST GUARD BASE SEATTLE
Seattle, Washington
2 October, 1942.

73

1. Forwarded approved.

J. Hansen
J. Hansen

N. C. G. 2509
U. S. COAST GUARD
September 1939

REPORT OF EXAMINATION

(ENLISTED PERSONNEL)

SEATTLE DISTRICT OCT 15 1942 U. S. COAST GUARD

SHIP OR STATION COAST GUARD BASE SEATTLE

PLACE Seattle, Washington

DATE 8 October, 1942.

WEST, Howard W.	(221-071)	B.M.2c(pro)
(Name)	(Service number)	(Rating)

was examined this day for the rating of Machinist Mate Second Class and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
ART: 6001 (1) (a) to (n) PERS. INSTR.	3.5	ART: 6013 (1) (a) to (e) PERS. INSTR.	3.5
ART: 6003	3.5		

Average marks 3.5

Carl A. Lonsdale
Carl A. Lonsdale, Machinist
(Signature and rank of member)

Approved 8 October, 1942.
(Date)

G. P. Granade
G. P. Granade, C.B.M.(a)(pro)
(Signature and rank of member)

J. Hansen, Bos'n
(Signature and rank of commanding officer)

☆ 16—14373-1 U. S. GOVERNMENT PRINTING OFFICE : 1942

PR-73.

11 December, 1941.

From: Commandant.
To : The Major General Commandant, U.S.Marine Corps, Washington, D.C.

Subject: WEST, Howard William, ex-Private, U.S.Marine Corps; statement of service, request for.

1. It is requested that a statement of service in case of West, born 30 September, 1903, Lansing, Michigan, be furnished this office. Please furnish two carbon copies and state whether or not any time was lost due to own misconduct, absence without official leave or for any other reason for which service is not creditable.

By direction:

N. R. STILES,
Commander, U.S.Coast Guard,
Assistant Personnel Officer.

MAILED
DEC 12 1941

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

FOLLOW INSTRUCTIONS ON BACK

FILE

WEST, Howard W.	221-071	B.M.2c.	LIME KILN LIGHT STATION
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S.P.H.S Relief Station Anacortes, Washington, Date July 18th, 1941

To: Commander, Seattle District
(Coast Guard unit)
550 Federal Office Bldg.,
Seattle, Washington
(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 Inoculation	0122	July 3 ,1941	July 18th,1941
Anti-Inoculation (Smallpox)	0119	July 3, 1941	July 3rd, 1941

NOV 24 1941
U. S. COAST GUARD

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

U. S. COAST GUARD
RECD NOV 18 1941 BY
MEDICAL SECTION

CONDUCT REPORT:

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

Samuel G. Brooks
A. A. Surgeon U. S. P. H. S.
Medical Officer in Charge
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

GUARD (11)

Med- 73

REC'D NOV 17 1941

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
WASHINGTON

HEADQUARTERS

SEATTLE DISTRICT NOV 10 1941 U. S. COAST GUARD

31 October, 1941

From: Commandant.
To : Commanding Officer, Lime Kiln Light Station.

Subject: Medical certificates, Form 2522; request for.

1. Medical reports submitted to Headquarters indicate that WEST, Howard W.(221-071) BM2c was admitted to outpatient treatment on 3 July, 1941 at PHS Relief Station, Anacortes, Wash.

2. Headquarters' copy of the final medical certificate in this case has not been received. In order that the files at Headquarters may be complete, you are requested to obtain and forward the missing certificate at the earliest practicable date.

U. S. COAST GUARD
REC'D NOV 18 1941 BY
MEDICAL SECTION

C. H. JONES,
By direction.

- -

First Indorsement.

Seattle, Washington.
73 12 November, 1941.

From: Senior Coast Guard Officer, Seattle, 13th Naval District.
To : Commandant.

1. Returned, final medical certificate attached.

F. C. HINGSBURG,
By direction.

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

FOLLOW INSTRUCTIONS ON BACK

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

WEST, Howard W. William	221-071	B.M.2c.	LIME KIIN LIGHT STATION
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Seattle, Washington, Date 25 June U. S. COAST GUARD, 1941.

To: Medical Officer in Charge,
U. S. Public Health Relief Station,
Anacortes, Washington

REC'D AUG 6 1941 BY
MEDICAL SECTION

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to 550 Federal Office Bldg., Seattle, Wash.

Howard W. West
(Signature of patient)

A. Van DeVENTER
U. S. Coast Guard.
Personnel Officer

RETURN MEDICAL CERTIFICATE

Place U. S. P. H. S. Relief Station Anacortes, Washington, Date July 3rd, 1941

I CERTIFY that I have examined the above-named person and find him suffering from Anti-Inoculation (Smallpox) 0119 - Anti-typhoid Inoculation # 0122
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U. S. P. H. S. Relief Station Anacortes, Washington {*hospital / *office} on July 3rd, 1941, 19

Samuel G. Brooks
Asst. Surgeon U. S. P. H. S.
Medical Officer in Charge
U. S. Public Health Service.

---

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

73-531

rjm

U. S. COAST GUARD (4)
REC'D JUN 30 1941

FILE 73

Seattle, Washington,
25 June, 1941.

From: Commander, Seattle District.
To: WEST, Howard W. (321-071) B.M.2c.

Subject: Orders; travel.

1. Having enlisted in the Coast Guard, this date, you are directed to proceed to LIME KILN LIGHT STATION and resume your regular station and duties.

2. Travel under this order may be performed by privately owned conveyance, if so desired. In this connection, attention is invited to the provisions of Article 248 (2), Pay and Supply Instructions.

3. The expense incident to the travel herein authorized is chargeable to Seattle District travel allotment, Symbol No. 17-20 (Travel Order No. 938-41, reference to which will be made on all reimbursement vouchers and/or transportation requests).

4. The public interests require this travel. Allowances for subsistence and/quarters, as prescribed by Article 248, Pay and Supply Instructions, are applicable in this case.

5. Delivered and departed at 1300, this date.

F. C. HINGSBURG,
Chief of Staff.

Copy to:
Headquarters
Pay Office
Supply Office.

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

U. S. COAST GUARD (17)
REC'D JUN 30 1941

REPORT OF CHANGE IN PERSONNEL

WEST	Howard	W.	221-071	B.M.2c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

LIME KILN LIGHT STATION	Seattle, Washington	25 June, 1941.
(Unit)	(Place)	(Date)

Originally enlisted, this date, as boatswain's mate, second class, to serve for three years on a regular enlistment. Entitled to clothing bounty. PAFE: Seattle, Washington.

Former position: Assistant Keeper, Lime Kiln Light Station. Annual pay: $1380 plus quarters valued at $240 p.a.
Creditable service to and including 24 June, 1941, for retirement under the Lighthouse Service Retirement Act: 9 Yrs. 5 Mos. 5 days.
Military service claimed, U. S. Marine Corps: 9/18/22 to 9/17/25.

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

A. Van DeVenter Ch.Bos'n
A. Van DeVENTER, (Commanding)

Acting Personnel Officer, Seattle Dist.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			S

U. S. GOVERNMENT PRINTING OFFICE 0 10935

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 25 June, 1941.

Name: West, Howard V.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Boatswain's mate, 2c.
Grade	Field (Range $1260-1620)	No change in pay and allowance, Sec. 7, Act of August 5, 1939, applies.
Salary	$1380 p.a. plus $240 p.a. (tra.	
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Seattle, Washington	Seattle, Washington
Post of Duty	Lime Kiln Lt. Sta., Wash.	Lime Kiln Lt. Sta., Wash.
Appropriation	Civilian Employees, C. G.	Pay and allowances, C. G.
Allotment		

FIELD ☐ DEPRTMTL. ☒ FIELD ☒ DEPRTMTL. ☐

EFFECTIVE 25 June, 1941.

Remarks:

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

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION
Reg.

DATE OF BIRTH
9-30-1903

LEGAL RESIDENCE
Oregon

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

DATE APPROVED BY THE SECRETARY

BUREAU OR DIVISION PERSONNEL FILES

SEP 19 1941

Form 93

NOTICE OF RESIGNATION OR DEATH

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

Commander, Seattle
~~OFFICE SUPERINTENDENT OF LIGHTHOUSES, 17th~~ DISTRICT.

Seattle, Washington,
~~Portland, Oregon~~ 24 June , 1941.

COMMANDANT:
~~COMMISSIONER OF LIGHTHOUSES~~:

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

Name, Howard William West Position, Assistant Keeper.

Legal residence, Portland, Oregon Station, Lime Kiln Light Station

Salary, $1380 per annum

The acceptance of this resignation ~~with~~ without prejudice is recommended effective at the close of 24 June, 1941.

This employee has not taken leave in excess of the accrued rate.

Remarks: (In case of death, if person had 25 years or more of service, give name, degree of relationship, and address of next of kin.)

To accept enlistment in the Coast Guard as boatswain's mate, second class, as of 25 June, 1941.

A. Van DeVenter

A. Van DeVENTER, Chief Bos'n
~~Superintendent of lighthouses~~
Acting Personnel Officer.

BUREAU OF LIGHTHOUSES

WASHINGTON

Submitted to the Secretary of Commerce,

11—4633

Form 93

NOTICE OF RESIGNATION OR DEATH

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

~~OFFICE SUPERINTENDENT OF LIGHTHOUSES,~~ Commander, Seattle DISTRICT,

~~Portland, Oregon~~ Seattle, Washington, 24 June, 1941.

COMMANDANT:

~~COMMISSIONER OF LIGHTHOUSES~~:

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

Name, Howard William West Position, Assistant Keeper.

Legal residence, Portland, Oregon Station, Lime Kiln Light Station

Salary, $1380 per annum

The acceptance of this resignation ~~with~~ without prejudice is recommended effective at the close of 24 June, 1941.

This employee has not taken leave in excess of the accrued rate.

Remarks: (In case of death, if person had 25 years or more of service, give name, degree of relationship, and address of next of kin.)

To accept enlistment in the Coast Guard as boatswain's mate, second class, as of 25 June, 1941.

A. Van DeVenter

A. Van DeVENTER, Chief Bos'n

~~Superintendent of Lighthouses~~

Acting Personnel Officer.

BUREAU OF LIGHTHOUSES

WASHINGTON

Submitted to the Secretary of Commerce,

11—4623

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
SEATTLE DISTRICT

Seattle, Washington,
24 June, 1941.

From: Howard W. West, Assistant Keeper - Lime Kiln Light Station.
To: Commandant.

Via: Commander, Seattle District.

Subject: Resignation.

1. I hereby tender my resignation, effective at the close of 24 June, 1941, by reason of induction into the Coast Guard in the rating of Boatswain's Mate, second class, as of 25 June, 1941.

Howard W. West
Howard W. West.

- -

1st Indorsement

SEATTLE DISTRICT
Seattle, Washington
25 June, 1941.

75

From: Commander, Seattle District.
To: Commandant.

1. Forwarded, approved.

A. Van DeVenter
A. Van DeVENTER,
By direction.

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

U. S. COAST GUARD (17)
REC'D JUN 30 1941

REPORT OF CHANGE IN PERSONNEL

WEST	Howard	W.	- - -	Assistant Keeper
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

LIME KILN LIGHT STATION	Seattle, Washington	24 June, 1941.
(Unit)	(Place)	(Date)

Tandered resignation effective at the close of 24 June, 1941, to accept enlistment as boatswain's mate, second class, in the Coast Guard as of 25 June, 1941.

Position: Assistant Keeper. Annual salary: $1380 plus quarters valued at $240 p.a.
Creditable service to 24 June, 1941: 9 Yrs. 5 Mos. 5 days.
Military service claimed, U.S.Marine Corps: 9-18-22 to 9-17-25.

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

A. Van DeVenter (Commanding) Ch.Bos'n

A. Van DeVENTER,

Acting Personnel Officer, Seattle Dist.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10035

75-0331

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hwm

U. S. COAST GUARD
RECD JUN 23 1941

Seattle, Washington,
19 June, 1941.

From: Commander, Seattle District.
To: WEST, Howard W., Assistant Keeper - LIME KILN LIGHT STATION.

Via: 1. Keeper, LIME KILN LIGHT STATION.

Subject: Orders; travel.

1. Effective on or about 25 June, 1941, proceed to Seattle, Washington, and report to the Commander, Seattle District, on official business of the Coast Guard. Upon completion of this duty you will be issued further orders.

2. The expense incident to the travel herein authorized will be charged to Seattle District travel allotment, Symbol No. 17-20 (Travel Order No. 916-41, reference to which will be made on all reimbursement vouchers and/or transportation requests).

3. In lieu of actual expenses for subsistence, and all fees and tips, a per diem of $3.50 is authorized, subject to the provisions of Personnel Bulletin 32-40.

4. Travel by your own automobile at the rate of four cents per mile is authorized if more economical and advantageous to the Government than travel by commercial carrier. In the event privately owned conveyance is used, a statement certifying that such travel is more economical and advantageous than travel by common carrier must be attached to the voucher.

5. The public interests require this travel.

F. C. HINCKBURN,
Chief of Staff.

Copy to:
Headquarters
Supply Office

75-531

75

rjm

Seattle, Washington,
12 May, 1941.

U. S. COAST GUARD
RECD MAY 28 1941

From: Commander, Seattle District.
To: Howard W. West, Keeper - Lime Kiln Light Station.

Subject: Orders; travel.

1. Upon receipt hereof, proceed by commercial transportation to Anacortes, Washington, on official business of the Coast Guard. On completion of this duty return to Lime Kiln Light Station and resume regular status.

2. The expense incident to the travel herein authorized is chargeable to Seattle District travel allotment, Symbol No. 17-20 (Travel Order No. 826-41, reference to which will be made on all reimbursement vouchers and/or transportation requests).

3. In lieu of actual expenses for subsistence, and all fees and tips, a per diem of $3.50 is authorized.

4. The public interests require this travel.

A. Van DeVENTER,
By direction.

Copy to:
Headquarters
Supply Office.

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment U. S. Coast Guard Light Service Date 1 March 1940

1. Name in full (Mr., Miss, or Mrs.) Mr. West (Surname) Howard (Given name) William (Middle name)
2. Present address Lima Kilm (Number) Light (Street) Stations Friday Harbor (City) Wash (State)
3. Legal (voting) residence Oregon 4th (State and Congressional District) Multnomah (County) Portland (City or town)
4. Where born Michigan (State or foreign country) Lansing (City or town) When born Sept 30 1903 (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 34 Girl 11 yr. Son 3 yr.
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 Eng Dept.	San Francisco	Oiler	$120.00	March	10	1930	May		1930
U.S Light House	Portland Oregon	Oiler	$80.00	June	16	1933	June	29	1939

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: No.

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

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

(Title) No (Location) (Date appointment expires)

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

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

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

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

Enlisted Sept 18 1922 Discharged Sept 18 1926	Enlisted ..... Discharged .....
Rank Pvt Rank Pvt	Rank ..... Rank .....
Organization Marine Corps Organization Marine Corps	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
Columbia Pacific Shipping & Porter Building Portland Ore	Fireman + Oiler	One year
J A Hanify Transportation Co 2 San Francisco Calif	Oiler	3 month
Shell O & S Co Signal Hill Calif	Labor in oil fields	7 Month
General Petroleum Co Long Beach Calif	" " " "	7 "
Quaker S S Co Porter Bld Portland	Oiler	3 "
States S.S. Co Porter Bld Portland	Fireman	6 "

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 Howard W. West

Relationship Wife Post office address Friday Harbor Wash.

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

Howard W. West
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Copy of this form not sent to Department

75

U. S. COAST GUARD
RECD MAR 11 1940

75

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF
THE DIVISION COMMANDER
SEATTLE DIVISION

SEATTLE, WASH.
6 March, 1940

From: Commander, Seattle District
To : Commandant.

Subject: Service record, Howard W. West, Keeper, Tillamook Rock Light Station.

Reference: (a) Headquarters letter of 29 February, 1940
Inclosure: (1) Copy of reference (a)
(2) Form 2806.

1. Replying to reference (a), inclosure (2) is forwarded herewith showing Mr. West's service in this district.

W. H. MUNTER
M. P. Jensen
M. P. JENSEN
Personnel Officer

CP-75

29 February, 1940.

From: Commandant.
To: Commander, Seattle District.

Subject: Service record, Howard W. West, Keeper, Tillamook Rock Light Station.

Inclosure: (1) Form 2806 for Howard W. West.

Attached is copy of certified form 2806 in the case of Howard W. West showing his service in the War Department. In order that Headquarters may complete its form 2806 it is requested that a copy of his service in your district be furnished.

By direction,

C.H. Jones,
Chief Personnel Officer.

E-K

MAILED
FEB 29 1940
MAIL DIV.

RS

CP 75

NOV 30 1939

From: Commandant
To: Commander, Seattle District

Subject: Howard W. West, keeper; transfer

Reference: (a) Nomination Form 73 of 30 October, 1939

Reference (a) proposes the transfer of the subject employee from Tillamook Rock Light Station at $1560 plus quarters valued at $60 per annum to Lime Kiln Light Station at $1260 plus quarters valued at $240 per annum.

On account of the difference in valuation of quarters at the two stations, the rate of cash pay at Lime Kiln has been amended to $1380 per annum which, plus the $240 allowance for quarters, makes the gross pay the same as at the former station. Therefore, the transfer may be effected without limitation and the employee given the new rate of cash pay indicated.

By direction,

C. H. JONES,
Captain, U. S. Coast Guard,
Chief Personnel Officer.

MAILED
DEC 2 - 1939
MAIL DEPT

hlm/see

UNITED STATES TREASURY DEPARTMENT

WASHINGTON, D. C.

PREPARED: 20 November, 1939

BUREAU NO. Lt. #386

PERSONNEL ACTION

JOURNAL PAGE: B 216

Name: West, Howard W.

DATE OF BIRTH: 9-30-03

From: U. S. Coast Guard

LEGAL RESIDENCE: Washington

Nature of Action:

Transfer

VETERANS' PREFERENCE:

	FROM	TO
Position	Keeper	Keeper
Grade	Field (Range $1560-1920)	Field (Range $1260-1620)*
Salary	$1560 p.a. plus $60 p.a. Qtrs.	$1380 p.a. plus $240 p.a. Qtrs.*
Bureau	U. S. Coast Guard	U. S. Coast Guard
Office	Portland, Oregon	Portland, Oregon
Unit		
Division		
Section		
Sub-Section		
Headquarters	Seattle, Washington	Seattle, Washington
Post of Duty	Tillamook Rock Lt. Sta., Oregon	Lime Kiln Lt. Sta., Wash.
Appropriation	Sal., Kprs. of Lhs., Coast Guard	Sal., Kprs. of Lhs., Coast Guard
Allotment		

NATURE OF POSITION NEW:

ADDITIONAL IDENTICAL:

VICE VACANCY:

VICE: William J. Anderson

CIVIL SERVICE AUTHORITY:

FIELD ☒ DEPRTMTL. ☐ FIELD ☒ DEPRTMTL. ☐

EFFECTIVE: E.O.D.

Remarks: * Section 10b of the Reorganization Act of 1939 prohibits changes in gross compensation or grade during the present fiscal year. The action in this case does not involve a change in gross compensation since the gross pay at the new station is the same as the gross pay at the former station.

DATE OF OATH:

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

Justification:

DATE APPROVED 11-24-39 DATE

PERSONNEL FILES

Form 73

NOMINATION

~~TREASURY DEPARTMENT~~

~~DEPARTMENT OF COMMERCE~~

U. S. Coast Guard LIGHTHOUSE SERVICE

U. S. COAST GUARD REC'D NOV 4 1939

OCT 31 1939 U. S. COAST GUARD

75

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, Seattle DISTRICT.

Portland, Oregon (City), 30 October (Date), 1939

~~COMMISSIONER OF LIGHTHOUSES~~ Commandant, U. S. Coast Guard, Washington, D. C.

Action Recommended, Transfer ~~and change in pay~~ Legal residence, Washington

Name, Howard W. West

Proposed salary, ~~$1260~~ 1380 per annum plus quarters valued at $240 per annum

Position, ~~Assistant~~ Keeper

Proposed range, $1260-1620 per annum plus quarters valued at $240 p.a.

Location, Lime Kiln Light Station W

Appropriation, Salaries, Keepers of Lighthouses

Effective, November 1, 1939 [1] ~~the actual date of entrance on duty,~~ or as soon thereafter as he enters on duty.

Former position, ~~3d Assistant~~ Keeper

Former salary, $1560 per annum plus quarters valued at $60 per annum

Location, Tillamook Rock Light Station Gre

Former range, $1560-1920 per annum ~~plus quarters valued at $240 p.a.~~

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

#386

Previous incumbent and his pay, William J. Anderson Services terminated, Close October 31, 1939
$1260 per annum plus quarters valued at $240 p.a.

Reason, Recommended for disability retirement

Members of immediate family in Government service, None

Are they living under the same roof?

Date of birth, 30 September, 1903

OCT 31 1939
Seattle, Washington
APPROVED

Chief of Staff, Seattle District

Remarks: This transfer is agreeable to Mr. West and is not in violation of Section 2, Rule 1, Civil Service Rule regarding political and religious affiliations and opinions.

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

Manager, Civil Service District.

Superintendent of Lighthouses.

F. C. HINGSBURG, By Direction

BUREAU OF LIGHTHOUSES

WASHINGTON

Submitted to the Secretary of Commerce, approved.

I

Acting Commissioner of Lighthouses.

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

11—2314

CP-75

26 September, 1939.

From: Commandant
To: Commander, Seattle District

Subject: Proposed transfer, Keeper Howard West.

Reference: Your indorsement of September 21 on Portland Offices letter of September 20, 1939.

1. Attention is invited to Headquarter's Circular Letter dated 30 August, 1939, with regard to the procedure in submitting nominations for the transfer of former Lighthouse Service personnel, nomination in the case of Keeper Howard West should be submitted accordingly. Attention is also invited to Headquarter's dispatch dated September 25, with regard to authorizing the payment of the transportation costs of certain transferred keepers as referred to in the Portland Office's letter dated September 20, above referred to.

By direction,

CHAS. W. DEAN,
Acting Chief Personnel Officer.

RG-hjm

MAILED
SEP 27 1939
MAIL DESK

RS

75

75

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD 3

Portland, Oregon

REC'D SEP 25 1939 Gv

SEATTLE DISTRICT SEP 21 1939 U. S. COAST GUARD

20 September, 1939

From: Superintendent of Lighthouses, Portland, Oregon.
To: Commandant.
(Thru Commander, Seattle District)

Subject: Keeper personnel; transfer of.

Reference: (a) Letter from this office dated 15 September, 1939.
(b) Letter from this office dated 30 August, 1939 on subject: Transfer keepers, Seattle District.

1. In paragraph 6, reference (a), report was made that Howard West, 3rd Assistant Keeper at Tillamook Rock Light station, has been detailed to act as Assistant Keeper at Lime Kiln Light Station. If this detail is approved by Headquarters, authority is requested for moving the household effects of Assistant Keeper West from his present residence at Marysville, Washington to Lime Kiln Light Station. It is proposed to do this by use of depot truck involving a small amount for the purchase of gasoline and oil, the goods to be loaded aboard the Tender HEATHER probably at Everett, Washington and transported thence by tender to the Station. It is believed that any necessary expenditure thus involved for gasoline and oil could be taken care of out of the $200 requested in paragraphs 4 and 5, reference (b) in connection with the transfer of other keepers and authority therefor is requested.

F. C. HINGSBURG
By direction

---

75 1st Indorsement Seattle, Washington,
SEATTLE DISTRICT 21 September, 1939.

1. Forwarded.

W. H. MUNTER,

M. J. RYAN,
Chief of Staff.

75

D-82

TREASURY DEPARTMENT
U. S. COAST GUARD
~~DEPARTMENT~~
Lighthouse Service

SEATTLE DISTRICT AUG 9 1939 U. S. COAST GUARD

Office of the Superintendent, ~~12th~~ Seattle District
Portland, Oregon, 8 August, 1939.

U. S. COAST GUARD (TG)
REC'D AUG 14 1939 By
ANS.

CHANGE IN STATUS OF EMPLOYEE

Name: HOWARD W. WEST

Nature of action Transfer, Change in designation and pay.

Effective Date June 29, 1939

	FROM	TO
Position	Oiler	3rd Assistant Keeper
Pay	$1020 p.a. plus lodging and subsistence	$1560 p.a. plus quarters valued at $60 per annum.
Station	Swiftsure Bank Lightship 113	Tillamook Rock Light Station

Remarks:
This change is reported in accordance with Department letter dated June 29, 1939

F. C. Hingsburg
~~E. F. Merrill~~
Superintendent of Lighthouses

Bureau of Lighthouses
Washington

file

SUPT. OF LIGHTHOUSES
PORTLAND, OREGON

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

AUG 14 1939

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment U. S. Coast Guard Lighthouse Service Date Aug 11-1939

1. Name in full (Mr., Miss, or Mrs.) Mr West (Surname) Howard (Given name) William (Middle name)
2. Present address Route one (Number) Box 275 (Street) Marysville (City) Washington (State)
3. Legal (voting) residence Oregon 4403d (State and Congressional District) Multnomah (County) Portland (City or town)
4. Where born Michigan (State or foreign country) Lansing (City or town) When born Sept 30 1903 (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 31 Daughter 11 Boy 2 Yr.
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. Eng. Dept	San Francisco Calif	Oiler	$80.00	March	10	1930	May	11	1930
U. S. Lighthouse Service	Portland Oregon	Oiler	$80.00	June	20	1930	June	29	1939

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: no

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below: no

(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service? no

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

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

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

Enlisted Sept 18 1922 Discharged Sept 18 1925
Rank Pvt Rank Pvt
Organization U.S. Marine Corps Organization U.S. Marine Corps

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
Columbia Pacific S.S. Co. Porter Bldg Portland Oregon	Fireman & Oiler	one year
J. R. Hanify transportation Co San Francisco Calif.	Oiler	3 Month
Shell Oil Co. Signal Hill Calif	Laborer in oil fields	7 Month
General Petroleum Co Long Beach Calif	Laborer in oil fields	7 Month
Ocean S.S. Co. Porter Bldg Portland Oregon	Oiler	3 Month
State S.S. Co. Porter Bldg Portland Oregon	Fireman	6 Month

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 Howard W. West

Relationship Wife Post office address Route one Box 275 Marysville Wash

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

Howard W. West
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Office of Superintendent of Lighthouses, U. S. Coast Guard, Seattle District, Portland, Oregon, 2 September, 1939.

From: Superintendent of Lighthouses, Portland, Oregon.
To: Commandant, U. S. Coast Guard, Washington, D. C.
(Through Commander, U. S. Coast Guard, Seattle, Wash.)

Subject: Transfer Howard W. West.from Oiler to 2d Assistant Keeper.
Reference: Department letter dated 29 June, 1939.

Following is a record of Mr. West's previous Government service:

Oiler @ $120 M, U. S. Engineers, San Francisco 3- -30 to 5- -30
Enlisted as Private, U. S. Marine Corps 9-18-22 to9-17-25.
Oiler @ $75 M. on Swiftsure Bank Lightship #113 (17th Lighthouse District)
6-16-33 to 3-10-38
Increase in pay as oiler to $80 effective 3-11-38
do 85 " 6-16-38 (longevity)

F. C. HINGSBURG,
Superintendent of Lighthouses

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

U. S. COAST GUARD (6) 75
REC'D AUG 2 1939 By
ANS'D

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment U.S. Coast Guard and Lighthouse Service Date July 27. 1939

1. Name in full (Mr., Miss, or Mrs.) Mrs. Hurst (Surname) Howard (Given name) William (Middle name)
2. Present address R. 1. Box 275 (Number) Marysville (Street) (City) Wash. (State)
3. Legal (voting) residence Portland 3 dis (State and Congressional District) Multnomah (County) Oregon (City or town)
4. Where born Langding (State or foreign country) Michigan (City or town) When born Sept 30 1903 (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 3 Wife 33. Girl 11 Boy 2½
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. Eng Dep	San Francisco Cal	Oiler	120.00	March	25	1930	May	11	1930

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: no

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

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

(Title) no (Location) (Date appointment expires)

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

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

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

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

Enlisted Sept 18 1922 Discharged Sept 18 1925
Rank Pvt Rank Pvt
Organization Marine Corps Organization Marine Corps

Enlisted ____ Discharged ____
Rank ____ Rank ____
Organization ____ Organization ____

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) .....

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Columbia Pacific Oil Co Porter Building Portland Ore	Fireing & Oiler	9 months
As above	Oiler	3 months
J R Hanify transportation San Pedro Calif	Oiler	3 months
Shell Oil Co Signal Hill Calif	Laborer in Oil fields	7 months
General Petroleum Co Long Beach Calif	" " " "	7 months
Ogden Oil Co Porter Bldg Portland Ore	Oiler	3 months

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 H. W. West

Relationship Wife Post office address Marysville Wash, Box 276 R1

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

Howard William West
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Office of Superintendent, U. S. Coast Guard, Lighthouse Service, Seattle District, Portland, Oregon, 27 July 1939

From: Commander, Seattle District.
To: Commandant, U. S. Coast Guard, Washington, D. C.

Subject: Howard W. West, transfer.
Reference: Department letter dated June 29, 1939.

Forwarded.

F. C. HINGSBURG
Superintendent of Lighthouses

End June 29, 1939

Form A-30

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

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

June 29, 1939.

Mr. Howard W. West,

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 Fifteen Hundred and Sixty dollars per annum

effective upon entrance on duty.

Nature of appointment: Change from Oiler at $1020 per annum in the non-appointed service.

Civil Service authority: Manager, Eleventh Civil Service District.

Service and grade:

By direction of the Secretary:

1560
240
1800

Respectfully,

Oliver C. Short

OLIVER C. SHORT,
~~Chief, Division of Personnel.~~
Director of Personnel.

K
17

Appropriation unit: Field.

Vice: Nels A. Howe.

JUL 12 1939

Legal residence: Washington.

*Oaths of office are required only for original appointments, inter-departmental transfers, and reinstatements.

U. S. GOVERNMENT PRINTING OFFICE 11—12150

Form 78
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
Approved Sept. 1, 1938

NOMINATION

17th LIGHTHOUSE DISTRICT Portland, Oregon (City) June 14, 1939 (Date), 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended Transfer, Change in Designation, Increase in Pay.

Name HOWARD W. WEST Date of birth Sept. 30, 1903 Legal residence Wash.

	From—	To—
Position,	Oiler	3rd Assistant Keeper
Pay and grade	$1020 p.a. - 960-1020 p.a.	$1560 p.a. - $1560-1920 p.a. plus quarters valued at $240 p.a.
Station	Swiftsure Bank Lightship No. 113	Tillamook Rock Light Station
Appropriation	Salaries, Lighthouse Vessels	Salaries, Keepers of Lighthouses

Effective June 16, 1939 [1] ~~the actual date of entrance on duty~~ or as soon thereafter as he enters on duty.

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

6/30 eligs corp OK

Vice Nels A. Howe (#417) Pay $1560 pa. Services terminated to be close June 15, 1939 or as soon thereafter transfer approved.

Reason Recommended for transfer to 2nd Asst. Keeper, North Head Light Station.

REMARKS: [2] Mr. West is on the existing register of eligibles for the position of Asst. Lighthouse Keeper with an average percentage of 90.75 preference. He has therefore qualified for appointment as Asst. Lighthouse Keeper and on this basis Form 375 is not considered necessary. Examination papers prepared by Mr. West and under which he was rated for Asst. Lighthouse Keeper are being furnished to the Manager, 11th US Civil Service District for his information in approving this nomination.

TELEGRAPHIC REPLY AS DESIRED

Selection regular, Seattle, Wn., 6-15-1939

James P. Cooley
Manager, 11th Civil Service District.

C. F. Ganong
Assistant *Superintendent of Lighthouses.*

~~NOTE: Classified Sec.6, Rule II, 6-19-39 as OILER, 900 no., 18 #118; has rating claimed on ASSISTANT KEEPER register established for 17th LH District 6-20-39--McK~~

BUREAU OF LIGHTHOUSES, WASHINGTON, , 19 June 21, 1939

Submitted to the Secretary of Commerce, approved. **This employee was given a classified status in his present position effective as of March 29, 1938. He has also passed the examination for lighthouse keeper, as stated by the Superintendent under "remarks" above.**

W. P. HARMAN
Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.
[2] In case of vessel officer, state license held.

11—2314

DEPARTMENT OF COMMERCE
BUREAU OF LIGHTHOUSES

September 13, 1938

Superintendent of Lighthouses: **Portland, Oregon**

Executive Order No. 7852 dated March 29, 1938, returned the positions of boatswain, quartermaster, oiler, winchman, and light attendant to the classified civil service. In accordance with subsequent Bureau and Department recommendations, the Civil Service Commission has approved the classification under section 6 of civil service rule II of the following-named personnel of the Lighthouse Service.

Name	Position	Dist.	Salary	Date of Authority
Robert M. Langos	**Oiler**	**17**	**$80.00 p.m.**	**8-19-38**
Arthur H. Stromberg	**Oiler**	**17**	**85.00**	**8-26-38**
Howard W. West	**Oiler**	**17**	**80.00**	**8-19-38**

For the Commissioner:

R. J. GROSS
Chief of Personnel Division

hlm/see

CT

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, OREG.

IN REPLYING REFER TO
DATE OF THIS LETTER AND
FILE No.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 17TH DISTRICT
PORTLAND, OREG.
May 13, 1938.

SERVICE RECORD

NAME: Howard W. West PLACE of birth: Lansing, Michigan DATE of birth: 9/30/03

DATE E.O.D.	NATURE OF ACTION	POSITION	SALARY
6/16/33	Employed	Oiler, 17th Dist. L.S. #113	$75.00
3/11/38	Inc. pay	Oiler, 17th Dist. L.S. #113	$80.00

Certified correct.

E. C. Merrill
Superintendent Lighthouses

Form 375
Feb. 1938

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

Any false statement in an application, or alteration of a voucher or certificate, or presentation to the Commission of any such paper, is a violation of the law and punishable as such. All answers must be in ink or typewriting. If more space is required, an additional sheet securely fastened to this form may be used. Answers on such sheet should be numbered to correspond to questions.

GIVE DATES AND PERIODS OF TIME REQUIRED IN YEARS AND MONTHS AS ACCURATELY AS POSSIBLE

1. (a) Give your name Howard William West (b) Are you a citizen of the United States? Yes (Yes or No)

2. Give (a) the date of your birth September 30, 1903 (b) the place of your birth Lansing, Michigan

3. Give in the blanks below a detailed statement of your education, including dates: Childrens' Home to 1917.

(a) Grammar school: Attended from Sept. 1915 to June 1922 Highest grade completed 7

(b) High school: Name and location None

Attended from ____, 1____, to ____, 1____ Highest grade completed ____ Were you graduated? ____

(c) College or university (Give both graduate and undergraduate work)		Dates of attendance (Give month and year)		Semester-hours credit received	Major subject		Degree conferred	Date of degree
Name	Location	From	To		Name	Sem. hrs. in major		

(d) Specify here any specialized courses which you have completed in high school, college, or elsewhere, and indicate the credits received for each course

(e) Have you ever been admitted to the bar? ____ Of what State? ____ When? ____

4. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including your present employment, and accounting for all periods of unemployment.

	Place of employment	Dates of employment (Month and year)	NAME AND ADDRESS OF EMPLOYER (Give street address and city and State. If unemployed, give own address at that time)	Yearly salary or net earnings	NAME OF POSITION AND DESCRIPTION OF DUTIES
1	City State	From 9/18/ 19 22 To 9/18/ 19 25	U.S. Marine Corps		Guard Duty at various stations
2	City Ships State	From Apr. 19 26 To Jan. 19 27	Columbia Pac. SS Co. Porter Bldg. Portland, Ore.	$72.50 mo.	Fireman & Oiler, SS "Oakridge"
3	City " State "	From Apr. 19 27 To July 19 27	As above	$57.50 mo.	Wiper, SS "West Nixton"
4	City " State	From June 19 27 To Sept. 19 27	As above	$72.50 mo.	Oiler, "West Coyote"
5	City " State	From Nov. 19 27 To Dec. 19 27	J. R. Hanify Tpn Co. San Francisco Calif.	$70.00 mo.	Oiler, SS "Ryder Hanify"
6	City " State	From May 19 28 To July 19 28	As above	do.	do. do.
7	City Sig. Hill State Calif.	From Aug. 19 28 To Mar. 19 29	Shell Oil Co. Signal Hill, Calif.	$200.00 mo.	Laborer on oil well.
8	City Long Beach State Calif.	From May 19 29 To Nov. 19 29	Gen. Petroleum Co. Long Beach, Calif.	$183.00 mo.	Do. Do.
9	City Ships State	From Dec. 19 29 To Mar. 19 30	Quaker SS Line Porter Bg., Portland, Ore.	$72.50 mo.	Oiler, SS "San Rafael"

IF MORE SPACE IS REQUIRED, CONTINUE YOUR ENTRIES ON A SEPARATE SHEET ARRANGED AS ABOVE

16—497

Form 375
Feb. 1936

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.
(NONCOMPETITIVE)

Rating _____

Application No. _____

The applicant will carefully fill ALL blank spaces

Position sought Oiler
(Give exact title of position or examination)

Salary $75.00 per Month

in the 17th Lighthouse Dist.
(Office in which the position exists)

Present position (if now employed) { Oiler / DEPT. Comm. / BU. Lighthouses
(Department and bureau or office)

N. B.—Applicant will write plainly full name (if a woman, stating whether Miss or Mrs.) and post-office address in the blanks below. The address here given will be treated as the applicant's post-office address until notification of change is made to the Commission in writing.

Name of Applicant { Howard William West

Number and Street R.F.D. #1

Post Office Everett

County Snohomish

State or Territory Washington

Applicant will not fill the following blanks

Kind of examination _____

Place _____

Date _____

Application _____ approved _____, 19____

By whom _____ approved _____

U.S. GOVERNMENT PRINTING OFFICE 16—497

5. If you have any practical knowledge of a mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.)

None

6. If not now employed, state how long you have been unemployed Employed

7. If ever in the United States military or naval service, give dates of enlistment and discharge
U. S. Marine Corp. Sept. 18, 1922 to Sept. 18, 1925

8. (a) Have you ever filed an application with this Commission or its representative for any branch of the United States Government service? Yes

(b) If so, give information indicated regarding each examination.

Name each position for which examined, or for which application was filed	In what city were you, or are you to be, examined?	Give the date of each examination (Month and year)	Did you pass? (Answer "Yes" or "No")
Fireman (Marine)	San Francisci, Cal.	1930	Yes
Marine Fireman	Portland, Ore.	1933	Yes
Asst. L.H. Keeper	Portland, Ore.	Feb., 1938	Papers not back yet.

I, the undersigned, do solemnly swear (or affirm) that the statements made by me in answer to each and all of the foregoing questions are full and true to the best of my knowledge and belief. SO HELP ME GOD.

If female, prefix "Miss" or "Mrs."

(*Signature of Applicant*) Howard W. West
(Sign your first name in full, your middle initial or initials, if you have any, and your surname in full)

THIS APPLICATION WILL NOT BE ACCEPTED IF THE JURAT OR OATH IS OMITTED

JURAT OR OATH

[The following oath must be taken before a NOTARY PUBLIC, or other officer authorized to administer oaths for general purposes, *before whom the applicant must appear in person.*]

Subscribed and duly sworn to before me according to law by the above-named applicant, this 23d day of April, 1938, at city [or town] of Port Angeles, county of Clallam, and State [or Territory or District] of Wash.

(*Signature of officer*) F. G. Hayes

(*Official title*) Sec. Local Civil Service Board

SUPERINTENDENT OF LIGHT HOUSES 13TH DIST. PORTLAND, OREGON

10. San Fran. Mar.1930 U.S. [illegible]ineers Dept. $80.00
Calif. May 1930 San [illegible]ncisco, Cal. mo. Fireman & [illegible]r, U.S. Dredge SanPablo

11. LongBeach May,1930
Calif. Aug.1931 Var. jobs: Relief work, etc.

12. SHIP Aug.1931 States SS Co. SS "Kentucky"
Nov.1931 Porter Bg., Portland, Ore. $69.50, Fireman, & Water tender

13. " Nov.1931
Feb.1932 Same do. do. do. do. SS "Kentucky"

14. Portland Feb.1932
Ore. June1932 Odd jobs, Portland, Ore.

15. SHIP June1932 States SS Co.
Aug.1932 Porter Bg., Portland, Ore. $$55 mo. Oiler, SS "Oregon"

16. " Sept1932 Quaker Line
Sept1932 Porter Bg., Portland, Ore. $55 mo. Oiler, SS "San Angelo"

17. " Nov.1932 Admiral Line
Jan.1933 SanFrancisco, Cal. $45 mo. Wiper, SS "Adml Farragut"

18. " Jan.1933 Wiper, $30
Feb.1933 As above Fireman $45 SS "Adml Farragut"

19. Portland Mar1933 Relief Work
Ore. June1933 Portland, Ore.

20. Ships June1933
(present time) U.S. Lighthouse Service
Portland, Ore. Oiler $80 SWIFTSURE L.S. #113

Feb 3-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3867 (Rev. 8-60)

CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE: 30 July 1968

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	ESTAB'D. DATE OF DEATH
WEST, Howard W.	221 071	MM1, Retired	(Death Certificate) 31 May 1968

EACH PERSON LISTED BELOW IS:

XX DESIGNATED BENEFICIARY ☐ UNDESIGNATED BENEFICIARY ☐ CLAIMANT

NAME OF BENEFICIARY OR CLAIMANT	RELATIONSHIP	ADDRESS
Anna Mae West 100%	widow	Box 996 Bridgeport, Washington 98813

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

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

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

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

ENCLOSURE(S):

(1) Form No. SF-1174
(2) Form No. CGHQ-3646

30 July 1968 JLJACKSON:jlj

TYPED NAME AND GRADE OF CHIEF, SPECIAL SERVICES DIV.: AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch

SIGNATURE

PREVIOUS EDITIONS ARE OBSOLETE

STATE DEPARTMENT OF HEALTH
VITAL STATISTICS
OLYMPIA, WASHINGTON



THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY (PHOTOGRAPHIC) OF THE RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS, WASHINGTON STATE DEPARTMENT OF HEALTH, OLYMPIA, WASHINGTON.

GEORGE H. ORROD
STATE REGISTRAR OF VITAL STATISTICS

No. 48961

Certificate of Marriage

STATE OF WASHINGTON } ss. COUNTY OF King

THIS IS TO CERTIFY that the undersigned, a Justice of the Peace,

by authority of a License therefor, dated the OCT 14 1949 day of A.D. 19

duly issued by the Auditor of SNOHOMISH COUNTY, did on the OCT 14 1949 day of A.D. 19

at Seattle, County of King, State of Washington, join in

LAWFUL WEDLOCK Howard Ho West,

of the City of Bellingham, County of Whatcom, State of

and Anna Lammers,

of the City of Spokane, County of Washington, State of

with their mutual assent, in the presence of

Jack Whalen, and Margaret Whalen, Witnesses.

IN TESTIMONY WHEREOF, witness the signatures of the parties to said ceremony, the witnesses and myself

this OCT 14 1949 day of A.D. 19

WITNESS

WITNESS

Howard Ho West
GROOM

Anna Lammers
BRIDE

Officiating Minister or Officer

H. W. Locke
H. W. LOCKE
JUSTICE OF THE PEACE

P.O. ADDRESS

TELEPHONE NUMBER

CITY OR TOWN IN WASHINGTON

SEATTLE-KING COUNTY

DEPARTMENT OF PUBLIC HEALTH

VITAL STATISTICS SECTION

1100 Public Safety Building, Seattle 4, Washington

CERTIFIED COPY OF DEATH CERTIFICATE

WASHINGTON STATE DEPARTMENT OF HEALTH

PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. 210 STATE FILE NO. 2330

REGISTRAR'S NO.

1. PLACE OF DEATH
a. COUNTY: King
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Marine Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon
b. COUNTY: N/A
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): The Dalles 41 S
d. STREET ADDRESS (If rural, give location): 307 West 8th Street

3. NAME OF DECEASED (Type or print): a. (First) Fay b. (Middle) Vaughn c. (Last) West

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 6, 1906

9. AGE (In years last birthday): 43

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Vaughn

14. MOTHER'S MAIDEN NAME: Lettie Winchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records, U.S. Marine Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism, bilateral, massive

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b)
Due to (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Obesity, marked

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 28, 1949, *to* May 6, 1949, *that I last saw the deceased alive on* May 6, 1949, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: U.S. Marine Hosp. Seattle, Wash.

23c. DATE SIGNED: May 9, 1949

24a. BURIAL, CREMATION, REMOVAL: Cremation

24b. DATE: 5/10/49

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): The Dalles, Oregon

DATE REC'D BY LOCAL REG.: MAY 9 1949

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: B. L. Kaggard ADDRESS: 372

Punch Micro Query Number

I HEREBY CERTIFY, That the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

E. P. Lehman M.D.

Seattle-King County Registrar

By C. Hart

JUL 22 1968

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ -3826 (12-55)

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY
(See instructions on reverse side)

3-12

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until cancelled by me in writing.

RETIRED MEMBERS NAME (Last, First, Middle)	SERVICE NO.	GRADE OR RATE
West Howard W.	221-071	M.M.1.

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
ALL $	Mrs Anna Mae West	Pt Townsend Wash. Hudson Point	WIFE
$	Howard W. West Jr	Seattle Wash. USCG. 13th Naval Dis.	SON
no 1/2.	only in case any thing happened to wife		

SIGNATURE AND ADDRESS OF WITNESS

Mrs Howard W. West
Hudson Point
Pt Townsend
Wn.

SIGNATURE AND ADDRESS OF RETIRED MEMBER

Howard W West RET. USCG.
Hudson Point
Poimt Townsend, Wash.

DATE SIGNED

3/1/56