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

Date: 11/25/2024

REQUESTER INFORMATION

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

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

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Wilson, Myron, L.		1891 ME

MILITARY SERVICE

Branch of Service:

- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:

- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):

- ☑ 1939 & Prior
- ☑ 1940 - 1950
- ☐ 1950 & After

Date & Place of Death: 1956 ME

State of Residence (upon entry into service):

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

Researcher Signature: Kylie

CIVILIAN SERVICE

(Agency & Location)		
000 227262		
From:	To:	
(Agency & Location)		
From:	To:	
(Agency & Location)		
From:	To:	

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

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: 2-3031692 1138

CMRS Search Request Number(s): CG 2-DXDWW3Z

Attendant Signature:

Remarks:

'24 DEC 13 AM11:46:57

SCREENING NOTES

☐ Reviewed and Nothing Removed Smtt ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

SR# 2-30316921138

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

Source: Research Room Walk-ins

Complexity: Others

Search Type: 1st Search

2-DXDWU3Z

Non-Registry Block:

Registry Number: ***00000 426 425***

Facility & Floor/Level: ***STL2*** Module/Bay: ***5*** Row: ***15W***

Reg Veteran's Name: *WILSON MYRON L*

SR Veteran's Name: *WILSON, MYRON L*

SSN:

DOB:

POB:

SVN/SSN: *000227262*

Service Code: *CG*

Service Number:

SR Number: 2-30316921138

Search Section: 5

Record Charged to:

Name: Kevin Wuthrich

Room#: 158

Phone#:

Core: Archival
Team: Public Research Room

Searcher Name: ABRUNSON

Initials: _____

Date: _____

Notes:

2-DXDWU3Z

All Records Ordered for this Service Request:
2-DXDWU3Z

Service Request Received in Center Date:		12/04/2024 00:00:00
Search Request Created By:	KRWUTHRICH	12/04/2024 11:50:48
Search Request Printed By:	CCOLEMAN	12/05/2024 09:12:58

UNITED STATES COAST GUARD

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

• OIN
5 December 1956

Mrs. Bernice H. Wilson
Jonesport, Maine

My dear Mrs. Wilson:

You having certified that you are the unremarried widow of the below named deceased Coast Guard person, you are authorized to receive medical benefits provided persons of your category by Public Law 569. This letter will serve as interim identification for authorization for medical care benefits in medical facilities of the uniformed services (Army, Navy, Air Force, and Public Health Service) under the provisions of section B, paragraph 7.a, "Medical Service, Dependents' Medical Care", Public Health Service GENERAL CIRCULAR NO. 6, 5 November 1956.

Name Myron L. Wilson

Rank or rating BMI

Date of death 29 July 1956

You will retain this interim authorization pending the issuance to you of DD Form 1173, Dependents Authorization for Medical Care, identity card, which will be issued you under the instructions contained in section B, paragraph 6.b., Public Health Service GENERAL CIRCULAR NO. 6, prior to 1 July 1957.

Very truly yours,

J. R. STEWART
Captain, U.S. Coast Guard
Chief, Intelligence Division
By direction of the Commandant

File 3-13

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

CERTIFICATION BY UNIFORMED SERVICES AS TO RETIREMENT OF VETERAN

In connection with an application for social security benefits based at least in part on military or naval service in the Armed Forces of the United States during the period September 16, 1940, through June 30, 1955, of the veteran described below, please complete this form and return one copy immediately to the Social Security Administration at the address shown. Please see reverse of this form for further instructions.

DISTRICT OFFICE ADDRESS
96 Harlow Street
Bangor, Maine

9/5/56
(Date)

Name of Veteran		Social Security Account No.
Myron L. Wilson		007-28-0799

Branch of Service	Serial No.	Rate or Rank	Date of Birth
U. S. Coast Guard	227-262	Boatswain's Mate First Class	8/26/91

Date of Death	Period(s) of Military or Naval Service
7/29/56	4/29/41 to 5/1/46

Certification by Uniformed Service

If a determination is still pending, check here ☐ and return the form. Please fill in items 1 and 2 of the duplicate copy of this form when the pending (or any subsequent) determination is made and forward it to the Social Security Administration.

ANSWER ITEMS 1 AND 2

1. (*a*) Was this veteran an enlisted member of the Army, Air Force, Navy, or Marine Corps/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, necessary to establish eligibility to receive retirement or retainer pay? . . . . . ☐ Yes ☒ No

   (*d*) Was active service after July 24, 1947, and before July 1, 1955, necessary to establish eligibility to receive retirement or retainer pay? . . . Not applicable . . . . . ☐ Yes ☐ No

2. (*a*) Has the retirement (or retainer pay) of this individual ever been fixed under a formula which includes a multiple of active service? . . . . . ☒ Yes ☐ No

   If answer is "Yes," answer (*b*) and (*c*).

   (*b*) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? . . . . . ☒ Yes ☐ No

   (*c*) Was this multiple increased because of active service occurring after July 24, 1947, and before July 1, 1955? . . . . . Not Applicable . . . . . ☐ Yes ☐ No

REMARKS:

RECEIVED
SEP 27 1956
SURVIVORS BENEFITS SECTION
U. S. COAST GUARD

PE-71

U. S. Coast Guard
(Organization)

27 September 1956
(Date)

(Signature)
R. R. CURRY, CAPTAIN, USCG
Chief, Special Services Division
By direction of the Commandant

Form OA-C654
(1-54)

16—69983-2

MJM:jpw return to room 2111 Sta 2-4

File 3-13

PS
21 September 1956
P6-4
SN 227-262

From: Commandant
To: Office of the Quartermaster General, Department of the Army, Memorial Division, Washington 25, D. C.

Subj: WILSON, Myron Loyce (227-262) Boatswain's Mate, first class, United States Coast Guard, ~~Retired,~~ deceased; verification of service.

Ref: (a) QMC Form 646, 16 August 1956

1. Records at Coast Guard Headquarters show that WILSON served in the former Lighthouse Service, now United States Coast Guard, from 2 February 1921 to 15 September 1923 and from 1 May 1924 to 29 May 1941. He enlisted in the United States Coast Guard on 29 May 1941 at West Jonesport, Maine and served on active duty to 1 May 1946, date of retirement by reason of physical disability.

2. The records further show that he was born 26 August 1891 at Jonesport, Maine.

3. At the time of his retirement he was a resident of the state of Maine.

O. R. SMEDER
Commander, USCG
Acting Chief, Special Services Division
By direction of the Commandant

Encl:
(1) QMC Form 646

PE-71

MJM:rar return to room 2111, sta 2-4

HH Cisne

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9964 (Rev. 3-55)

SUPPLEMENTAL

File
3-13

REPORT OF DEATH

OF PERSONS OTHER THAN THOSE CARRIED AS MISSING

To: Chief, Payment and Claims Division.

DATE 29 August 1956

NAME	SERVICE NO.	GRADE OR RATING
WILSON, Byron Loyce	227-262	BM1 RETIRED
DATE OF RECEIPT OF EVIDENCE OF DEATH	ESTABLISHED DATE OF DEATH	
1 August 1956	29 July 1956	

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

Chief, Special Services Division

(OVER)

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9885 (Rev. 4-54)

REPORT OF DEATH OF SERVICE PERSONNEL

Title 3-13

From: Commandant, U. S. Coast Guard
Special Services Division

To: Veterans Administration
Washington, D. C.

NAME	SERVICE NUMBER	GRADE OR RATE
WILSON, Myron Loyce CORRECTED COPY	227-262	BM1 Retired

DATE OF BIRTH	PLACE OF BIRTH
26 August 1891	Jonesport, Maine

CITIZENSHIP *(Check and Complete)*

		CERTIFICATE NUMBER	PLACE NATURALIZED
X	NATIVE OF U. S.		
	NATURALIZED	DATE	

MILITARY SERVICE DATA *(Check and Complete)*

		PLACE OF ENLISTMENT OR REENLISTMENT
	ENLISTMENT	
	REENLISTMENT	Retired 1 May 1946-Physical Disability

PRIOR SERVICE

NAME OF SERVICE	FROM *(Date)*	TO *(Date)*
USCG - West Jonesport, Maine	29 May 1941	1 May 1946
FLHS	2 February 1921	15 September 1923
FLHS	1 May 1924	29 May 1941

HOME ADDRESS AT TIME OF ENLISTMENT, REENLISTMENT OR RETIREMENT	DATE
Jonesport, Maine	1 May 1946

DATE OF DEATH	PLACE OF DEATH
29 July 1956	Not Available

CAUSE OF DEATH	NAME AND ADDRESS OF NEXT OF KIN
Not Available	Mrs. Bernice Higgins Wilson (Widow) P.O. Box 7, Jonesport, Maine

ALLOTMENT FOR SUPPORT OF DEPENDENTS PAYABLE TO	RELATIONSHIP	AMOUNT OF ALLOTMENT	MONTH OF LAST PAYMENT
Not applicable	----	-----	-----

INSURANCE DATA

TYPE OF INSURANCE	AMOUNT OF ALLOTMENT	MONTH OF LAST PAYMENT	BENEFICIARY INDEMNITY UNDER PUBLIC LAW 23, 82ND CONGRESS
None	---	---	Not applicable

REMARKS

Determination as to settlement of final retired pay has not been made.
Rate of Pay - $288.60
Cumulative Years of Service - 24 years 6 months 25 days

DATE	TYPED NAME AND GRADE	SIGNATURE *(By direction of the Commandant)*
12 September 1956	R. R. CURRY, CAPTAIN, USCG	

PE-71

5820 Treasury CGHQ Wash., D.C.

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised April 1938

Former Lighthouse employees
Enlisted pursuant to the Act of
August [illegible]

68

Lighthouse Retirement 19-7-24

MYRON

WILSON, Myron Loyce—

227 262

6680
04154

SINGLE
MARRIED X
WIDOWED
DIVORCED

Other creditable service—

YRS.	MOS.	DAYS
19	7	24

LIGHTHOUSE

Verified By 45672

RETIRED

10—11203

7-26-50

Birth, date of August 26, 1891,

Birth, place of Jonesport, Maine,

Citizenship N. 7-16-48

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
WEST JONESPORT STA(BD)	5-29-41	B.M.1c.				Orig.enl. 3 years, Regular. Auth.: Form 2525-B, 5/17/'41. (Moosabec)
W.Jonesport Sta(BD)	5-28-44	B.M1C				Enl. ext. 3 yrs.
Eastland Open B(01)	8-26-45	BM1C				Lv C.G. Base
N. Jonesport Gr(01)	11-20-45	BM1C				TR. Fr. (WSNH Portland)
W. JONESPORT GROUP(01)	5-1-46	BM1c	4	11	2	RETIRED: HL - 4-30-46
						$89.77 Retired for Physical Disability
		DIED 29 JULY 1956				
						AGE: 54 Yrs. 8 Mos.
						Retired pay $156.18 per month.
						MTP

(FOR HOME ADDRESS SEE ~~other SIDE~~)

ABSENCE [illegible] CREDITABLE

UNIT	RATE	REASON	FROM—	TO—	YRS.	MOS.	DAYS	REMARKS

CONVICTIONS BY COAST GUARD COURTS

KIND	DATE	KIND	DATE	KIND	DATE	KIND	DATE

Dec 1937

ADDRESS: Box No. 7, Jonesport, Maine

U. S. GOVERNMENT PRINTING OFFICE 16—11203

COAST GUARD.
Form 9545.
REGISTER ENLISTED FORCE.

111 225 RETIRED

WOODS, James

45719.

Other creditable service—	Yrs.	Mos.	Days.
U S NAVY	4	10	26 HD. 3-7-24.

Birth, date of, June 15, 1887.
Birth, place of, Paterson, N.J.
Citizenship, N.

GOVERNMENT PRINTING OFFICE 2—8095

VESSEL OR STATION.	DATE.	RATE.	SERVICE. YRS.	SERVICE. MOS.	SERVICE. DAYS.	REMARKS.
N.Y. Division	7-14-24	M.M. 1c.				~~SPECIAL-TEMPORARY~~ Orig Enl.
" " "	7-14-24	C. M.M. (a)				auth HL. 6-2-24.
R.U. Phila.	7-18-24	" " " "				Tr.
PORTER	12-1-24	" " " "				Tr.
"	1-14-25	C.M.M.				rating issued 2-17-25.
PORTER	7-13-26	C.M.M.				HD.
PORTER	7-14-26	C. M. M.				Re.To Regular ✓ ~~416(3)~~-Regs
PORTER	7-20-27	C. M. M.				HD.Enl.ext.7 days.Vessel at sea.
PORTER	7-21-27	C. M. M.				Re.NEW DATE ENLISTMENT ✓
PORTER	5-2-28	C.M.M.	3	9	18	RETIRED:DL.5-4-28 ✓ Retired for Physical Disability.
*DIED ON 31 JULY 1957						
						3-9-18

ADDRESS:

U. S. Marine Hospital, Ellis Island, N. Y. - Letter May 26, 1928.

St. Elizabeth's Hospital, Washington, D. C.

c/o Anna M. Wood, Conservatrix, Spruce St., Southport, Conn. - F.12-31-36.

" " " 184 Spruce St., Southport, Conn. - F.8-31-38.

" " " 207 Ruane St., Fairfield, Conn. - F.8-31-39.

" " " 929 High St., Fairfield, Conn. - F.5-31-41

" " " Green Farms Road, Green Farms, Conn. - F.6-30-42.

" " " Long Lots Road, Southport, Conn. - F.11-30-42

8 August 1956

My dear Mrs. Wilson:

It is with regret that I learn of the death of your husband, Myron Loyce Wilson, Boatswain's Mate, first class, United States Coast Guard, Retired.

While he was an active member of the Coast Guard he attained an enviable record of honorable service to his country.

I trust that the memory of the esteem in which he is held will help to sustain you in this sad hour. Please permit me to extend my sympathy to you and your family.

Sincerely yours,

A. C. RICHMOND
Vice Admiral, U. S. Coast Guard
Commandant

Mrs. Myron Loyce Wilson
P. O. Box 7
Jonesport, Maine

DATE PREPARED: 6 August 1956

P.S.

MJM:jpw return to room 2111 Sta 2-4

B RAW A

675

HH

PS
7 August 1956
P6-2
SN 227-262

Mrs. Bernice Higgins Wilson
P. O. Box 7
Jonesport, Maine

My dear Mrs. Wilson:

Receipt is acknowledged of your letter advising Coast Guard Headquarters of the death of your husband, Myron Loyce Wilson, Boatswain's Mate, first class, United States Coast Guard, Retired. Please accept my sincere sympathy.

At the time of death there was due your husband retired pay for the period 1 - 29 July 1956. This retired pay ceases at death and there is no law providing for the continued payment of any part thereof to surviving dependents. Three forms no. SF-1174 "Claim of Designated Beneficiary for Unpaid Pay and Allowances of Deceased Member of the Uniformed Services" are enclosed to aid you in making application for the final retired pay. This form is to be completed in the presence of two witnesses. The original and one copy of the claim with a copy of this letter, should be returned to Commandant (PS).

If you have any uncashed retired pay checks in your possession, these should be forwarded to Coast Guard Headquarters with the completed form SF-1174 for inclusion with the claim for the final retired pay due. Any other uncashed Government checks should be returned to the issuing agency.

Veterans Administration Forms No. 8-530 "Application for Burial Allowance", and No. 8-534 "Application for the Compensation or Pension" are enclosed for your convenience in filing claim for these benefits. It is requested that a certified copy of the certificate of death issued as proof of your husband's death, and a certified copy of the public record of your marriage be forwarded to complete records at Headquarters. It is also requested that an itemized funeral bill be forwarded to substantiate your claim for the burial allowance.

When the enclosed forms have been completed, return them to Commandant (PS) in the enclosed pre-addressed envelope which requires no postage.

Very truly yours,

Encl:
(1) Form No. SF-1174
(2) Form No. 8-530
(3) Form No. 8-534
(4) Envelope

R. V. BALL
Commander, USCGR
Special Services Division
By direction of the Commandant

MJM:jpw return to room 2111 Sta 2-4

"TENTATIVE"

RESTRICTED

UNITED STATES COAST GUARD

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

p

P14-3

From: Commander, 1st CG District
To: WILSON, Myron L. (227-262)BM1, USCG-RET., Box 7, Jonesport, Maine

Subj: Assignment to Active Duty in Event of Mobilization

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

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

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

4. Travel is authorized, mileage chargeable to _____.

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

E. H. LEAVITT
By direction

RESTRICTED
SECURITY INFORMATION

PE-64

MAY 13 1952

REQUEST FOR INFORMATION FROM

NAVY ☐ MARINE ☐ COAST GUARD ☒

FORMS ON RECORD		DATA REQUESTED	
553	78	MEDICAL	SERVICE
☐	☐	☒	☒

1. C-No. 16 769 208

2. ORIGINATING UNIT: 4002-8/BLG:drl Adjudication Division

3. LOCATION OF REQUESTING OFFICE: VAC, Togus, Maine

4. TYPE OF CLAIM: ~~XXXXX~~ DISABILITY

5. LAST NAME—FIRST NAME—MIDDLE INITIAL (UNDER WHICH SERVED): WILSON, Myron L.

6. SERIAL OR FILE No.: 227 262

7. DATE: 5-2-52

8. HOME ADDRESS (STREET, CITY, STATE): Jonesport, Maine

9. DATE OF BIRTH: 8-26-91

10. PLACE OF BIRTH: Jonesport, Me.

11. CONVERTED INSURANCE No.: K-

12. NAT'L SERV. LIFE INSURANCE No.: N-

13. DATE OF DEATH:

14. DATE(S) OF ENROLLMENT(S) OR ENLISTMENT(S): 6-?-41

15. DATE(S) AND PLACE(S) OF ENTRY INTO ACTIVE SERVICE: --------

16. DATE(S) AND STATION(S) OF ACTUAL DISCHARGE FROM SERVICE: 5-1-46

17. IF NOT DISCHARGED, INDICATE DATE(S) AND STATION(S) FROM WHICH RELEASED FROM ACTIVE DUTY:

18. CHARACTER OF DISCHARGE: Honorable

19. LAST RANK OR RATING: BM 1/c

DO NOT WRITE OR TYPE IN MARGIN

ALLEGED DISEASE OR INJURY, DATE OF INCURRENCE, DATE(S) AND STATION(S) OF TREATMENT

Asthma, fall of 1941
Jaundice; diabetes; hernia, right side --spring 1944.
Pneumonia, March 1944.

Dr. C. W. Milliken, Public Health Service, Jonesport, Maine; fall 1941
U.S. Marine Hosp., Portland, Maine; spring 1944 and Oct. 1945.
U.S.Naval Hosp., Brighton, Mass.; Nov. 1945 to 5-1-46.

ADDITIONAL

BY WM. H. GOBRON, Adj. Officer
(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:

PE-3

FILE

WILSON, Myron Loyce (227-262) ex-Boatswain's Mate, first class

(14-15) 29 May, 1941, enlisted in U. S. Coast Guard, West Jonesport, Maine, for three years and assigned to active duty.
28 May, 1944, enlistment extended for three days

Corres:md:mda 15 May, 1952
(DATE FORWARDED)

BY W. H. BUXTON, Commander, USCG
Assistant Chief, Enlisted Personnel Div.
(see reverse side)
(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 T. LE BLANC
(NAME AND TITLE) CDR. USCG.

VA FORM JAN 1946 3102 SUPERSEDES FORMS 3103 AND 3104, PREVIOUS EDITIONS MAY BE USED.

10—47305-1 U. S. GOVERNMENT PRINTING OFFICE

Freeport, Ill.
Feb 11 1942

Dear Sirs: —

Rec'd Check

O.K. Thanks.

Respectfully

Raymond Tilson
(227-263)
U.S.C.G. Lt.

File
Feb

FILE
B.A.S.J.

UNITED STATES COAST GUARD
Washington 25, D. C.

19 Dec. 1950

From: Commandant
To: BM1c Myron L. Wilson, USCG, Retired
Box 7, Jonesport, Maine
Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 04154 that will be issued to you.

2. Place your signature in the space provided on the face of the card and the fingerprints of both index fingers in the spaces provided on the back of the card. (NOTE: If an index finger is missing, use the next finger on the same hand and indicate on the card the finger actually used.) PUT NO OTHER DATA ON THE CARD ITSELF.

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

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

IND-1

From: BM1c Myron L. Wilson, USCG, Retired
To: Commandant

Card returned for validating and completion.

Myron L. Wilson
Signature

IND-2

12 Jan. 1951

From: Commandant
To: BM1c Myron L. Wilson, USCG, Retired

Your completed Identification Card bearing the number indicated in Paragraph 1 of basic letter is inclosed. Acknowledge receipt thereof by signing IND-3 and returning this letter to the Commandant together with the Retired Identification Card previously issued you. (NOTE: In the event the old card is not returned a satisfactory written explanation must be furnished as to why it cannot be returned.)

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

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

IND-3

From: Myron L. Wilson
To: Commandant

Receipt is acknowledged of the Armed Forces Identification Card referred to in basic correspondence. My old Retired Identification Card is returned herewith /or/ See explanation attached. (STRIKE ONE).

Myron L. Wilson
Signature

GPO DSO 3-258

FROM:
TO: Commandant

file 2nd

Subject: Armed Forces Identification Card, application for

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:

Wilson	Myron	Loyce	227262	BM1c USCG (Ret)
LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NUMBER	GRADE

Date of Birth 26 August 1891 Weight 150 lbs Height 5 ft 2 inches

Color Hair Lt Grey Color Eyes Blue Blood Type T 5/42 O
(Optional)

Myron L. Wilson
SIGNATURE

GPO DSO 3-257

ID 041154

UNITED STATES COAST GUARD
Washington 25, D. C.

Address Reply To
THE COMMANDANT (PO)
Refer To File: CG-71-72

9 JAN 1948

From: Commandant
To: Myron L. Wilson BMlc Ret.

Subj: Retired identification card; completion of 6801

1. There is inclosed herewith retired identification card No. ~~6680~~ that will be issued to you.

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

3. Fill in the following blanks on this sheet only, not on card:
Color of Hair Light Brown Color of Eyes Blue
Height 5' 7" Weight 150 lbs.
Date of Birth 8-26-1891
Permanent address Jonesport, Maine

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

B. A. Shaw
B.A.Shaw
By direction

Incls
1. Ident. card
2. Franked envelope

Ind-1

From:
To: Commandant (PO)

Card returned for validating and completion.

Myron L. Wilson
Signature

Ind-2
Commandant (PO).

FEB 9 1948

From: Commandant
To: Myron L. Wilson BMlc Ret.

6801

Please acknowledge receipt of the completed identification card No. ~~6680~~ by signing Ind-3 and return to the Commandant (PO).

B. A. Shaw
B.A.Shaw
By direction

Incls
1. Ident. card
2. Franked envelope

Ind-3

From:
To: Commandant (PO)

Receipt is acknowledged.

Myron L. Wilson
Signature

A-6051

STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME WILSON (Surname) Byron (First) L (Initial)

SERVICE NUMBER 227-202 Retired RANK OR RATE Dilc

RETIREMENT DATE 5-1-46 REASON FOR RETIREMENT Physical Disability

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

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

TYPE OF SERVICE	FOR RETIREMENT (ACTIVE) YRS.	MO.	DAYS	FOR PAY PURPOSES (ACTIVE & INACT.) YRS.	MO.	DAYS
COAST GUARD	4	11	2	4	11	2
LIGHTHOUSE	19	7	24	19	7	24
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	24	6	26	24	6	26

SIGNATURE: B. A. SHAW

DATE 7-26-50

B 5647

CG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-6) ~~OFFICERS~~
REFER TO FILE: CG-73

16 July, 1948

To: Chief, Pay and Audit Section

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 30 April, 1946
of WILSON, Myron Loyce (227-262) BM1c, USCG (Retired)

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—
5-29-41		None		None		None	
Enl. ext. 3 yrs. from							
5-29-44	5-1-46 Retired	None		None		None	

JUL 16 1948

	Yr.	Mo.	Days
Coast Guard Service	4	11	2
Navy service			
Lighthouse service	19	7	24
Total	24	6	26

Completed 24 years prior to retirement, 1 May, 1946

B. A. SHAW
By direction

16—36636-2 U. S. GOVERNMENT PRINTING OFFICE

Return to 3-13

F.J.

3-14
Apr
Jet.

Jonesport, Maine
Nov 21/46

Dear Sir:

I received my monthly check the 5th of the month. There was no Identification Card for retirement pay.

Please send me a card so I can send it the last of the month.

Respectfully

Answered by form letter 11/22/46

M. L. Wilson B. M. C R.E.T.

Jonesport, Maine

NAVCG 2533
U. S. COAST GUARD
October 1937

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

FILED
J. LeB

Wilson, Myron L.

Loo
(Unit)

Jonesport, Maine
(Place)

Oct. 28th, 1946

Upon being retired from active duty on 1 May, 1946, 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)
Bernice H Wilson 55 wife	Bernice H. Wilson

I hereby certify that the above signatures were signed in my presence this _____, 19____

Surgeon USPHS.
(Signature of certifying officer and title)

Myron L. Wilson
(Signature of retired person)

B.M.1c
(Rank or rating)

HEADQUARTERS

First Endorsement, Washington 5 November, 1946

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.

U.S. COAST GUARD
MAIL SECTION (2)
MAILED NOV 8 1946

By direction,

T. LE BLANC
Lt. Commander, USCG
(Rank)
~~Assistant Commandant~~

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

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

UNITED STATES COAST GUARD

ADDRESS REPLY TO
CG GROUP
West Jonesport, Maine
AND REFER TO

File No. 73

3-14
File

28 February, 1946

To: The Commandant

Via: District Coast Guard Officer, First Naval District

Subj: WILSON, Myron L. (227-262) BM1/c; Service Record; forwarding of

1. As directed by The Commandants'/L of 18 February, 1946(CG-73-706-531) to subject named man, srevice record of subject named man is forwarded herewith as inclosure (1). Health record is at the U. S. Marine Hospital, Brighton, Mass.

DONALD C. COFFIN

Incl. (1) Service Record of Wilson, Myron L.
(227-262) BM1/c

Ind-1
DCGO, 1ND
5 March, 1946

To: The Commandant

Forwarded. Health record is inclosed herewith.

D. V. HANMER
By direction

Incl. (1) Service Record of Wilson, MyronL.
(227-262) BM1c
(2) Health Record of Wilson,

3-16

File

MLW

Ind-1
DCGO,1ND
pra-73-531
21 February, 1946

To: WILSON, Myron L. (227-262) BM1c, USCG

Via: Commanding Officer, CG Group, West Jonesport, Maine

Subj: Orders pending retirement; travel

Forwarded for compliance. It is requested that this office be advised of the permanent home address of Wilson.

F. N. Martin

F. N. MARTIN
By direction

Ind-2
CG GROUP,
West Jonesport, Maine

pra-735531

28 February, 1946

To: WILSON, Myron L. (227-262) BM1/c, USCG

Subj: Orders pending retirement; trravel

Forwarded for compliance.

Donald C. Coffin

Ind-3
Jonesport, Maine
2 March, 1946

To: The Commandant

Via: DCGO, 1ND

In accordance with basic communication the following information is furnished.
Date of arrival at my home February, 1946.
Permanent home address. Jonesport, Maine.

Myron L. Wilson

Myron L. Wilson

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PEA-C)
REFER TO FILE: CG-73-706-531

WASHINGTON 25, D. C.

18 February, 1946

To: WILSON, Myron Loyce (227-262) BM1c, United States Coast Guard

Via: DCGO, 1ND, and Commanding Officer, CG Group, West Jonesport Maine

Subj: Orders pending retirement; travel

1. You are detached from all duties previously assigned you, and will await orders pending action on the proceedings of the retiring board held in your case. You will proceed to your home, and will complete all travel within one year from the date of your detachment or the date of your retirement, whichever may be earlier. Selection of your permanent home may be made any time within the one year period; however, once you have notified Headquarters of your arrival at your permanent home, action is final and no further designation can be made.

2. The travel necessary to the execution of these orders is required by the public interests. Mileage is allowed, chargeable to HQ allotment, symbol No. 051-20. Travel by privately owned conveyance is authorized.

3. Notify HQ the date you arrive at your home and your complete address. Travel of your dependents and transportation of your household effects must be made in accordance with Articles 471-475-465(2), Pay and Supply Instructions.

4. During the period you are awaiting retirement, you are entitled to accept civilian employment and wear civilian clothes at your option.

5. Your pay records will be forwarded to the Disbursing Officer, CG Headquarters and you will keep him informed as to your temporary mailing address until you arrive at your home. These orders should be fully indorsed, showing the date and place they were received and the date you arrived at your home. **Your service and health records will be forwarded to HQ (PEA-C) pending retirement.**

E. ZOOLE
By direction

U.S. COAST GUARD
MAIL SECTION
MAILED FEB 19 1946

CC: General Accounting Office
Audit and Retired Pay Section

BEABES:mc Return to 3-14

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WILSON, Myron L.	227-262	BM1/c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, West Jonesport, Maine	Moose Peak Light Station	Jonesport, Maine
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
01-033		18 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)

Detached from duty at this unit, effective above date. Attached Headquarters (PEA-C) while in status "pending retirement".

DUTY CODE NO.
30

AUTH:
THE COMMANDANTS/L dated 18 February, 1946, (CG-73-706-531)

Donald C. Coffin, CSM
(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

RECORD OF PROCEEDINGS

of a

COAST GUARD RETIRING BOARD

Case No. 2490

Convened at

UNITED STATES MARINE HOSPITAL
Brighton, Massachusetts

Case of

Myron Loyce WILSON (227-262), B.M.,1c, USCG

Friday, 25 January, 1946

COURTS & BOARDS SECTION
FEB 18 1946
RECEIVED

The Commandant
CG Headquarters

CG-71-781

DEC 13 1945

From: The Secretary of the Navy
To: Captain Thomas Y. Awalt, USCG - Office of the District Coast Guard Officer, First Naval District, Boston, Massachusetts

Subj: Precept for Coast Guard Retiring Board

Ref: (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: Captain Joseph D. Conway, United States Coast Guard; Commander Raymond W. Blouin, United States Coast Guard; Lieutenant Commander Charles A. Shea, United States Coast Guard Reserve; Lieutenant Commander Roy G. Whittemore, United States Coast Guard Reserve; Lieutenant Commander James F. Brady, United States Coast Guard Reserve; and Lieutenant Commander Charles T. Scott, United States Coast Guard Reserve; also any two of the following medical officers: Senior Surgeon Lee C. Watkins; Passed Assistant Surgeon (R) Joseph J. Pendola; Passed Assistant Surgeon (R) Harry Sackren; Passed Assistant Surgeon (R) Dominick P. Scagnelli; and Assistant Surgeon (R) Raymond A. Horan, or any two of such medical officers of the United States Public Health Service as may be later designated for duty with this board by proper authority, is ordered to convene at the United States Marine Hospital, Brighton, Massachusetts, 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. In the event other duties prevent your acting as president of the Board for the consideration of some particular case, you may designate Captain Joseph D. Conway, United States Coast Guard, to act as president of the Board for that case.

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

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

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

5. This board is authorized to consider such cases as were pending before the board convened by the precept dated 4 January, 1944 and of which Captain Frank M. Meals, United States Coast Guard, was president.

By direction of the President.

A TRUE COPY
Attest:
C. T. Scott

C. T. SCOTT
Lieut. Commander, U.S.C.G.R.
Recorder.
JJH, YOUNG, rm 3112 3-5

JAMES FORRESTAL
Secretary of the Navy

"A"

1-706

23 January, 1946

COPY

To: Captain Joseph D. Conway, U. S. Coast Guard

Subj: Precept for Coast Guard Retiring Board, modification of

Ref: (a) Precept dated 13 Dec., 1945, to Captain Thomas Y. Awalt, USCG, from the Sec. of the Navy.

Reference is made to precept for Coast Guard Retiring Board, dated 13 December, 1945, to Captain Thomas Y. Awalt, U. S. Coast Guard, from the Secretary of the Navy. In accordance with paragraph 1 of reference (a), a copy of which is inclosed, I hereby designate you to act as president of the Coast Guard Retiring Board for such cases as may be ready for hearing on Friday, 25 January, 1946, and Wednesday, 30 January, 1946.

THOMAS Y. AWALT
Captain, U. S. Coast Guard
President, C.G. Retiring Board

A TRUE COPY
Attest:
C. T. Scott
C. T. SCOTT
Lieut. Commander, U.S.C.G.R.
Recorder

A-1

FEDERAL SECURITY AGENCY
WASHINGTON

January 5, 1946.

Sir:

The Coast Guard Retiring Board convened under Navy Department letter of January 4, 1944 to meet at the U. S. Marine Hospital, Boston, Massachusetts from time to time as may be necessary, for the purpose of examining such persons of the U.S. Coast Guard as may be ordered to appear before it, has been dissolved and the officers appointed on said board are hereby relieved from any further duty on it.

The following medical officers are hereby appointed as members of the Coast Guard Retiring Board convened by the Navy Department order of December 13, 1945.

Medical Director Walter C. Teufel
Medical Director Richey L. Waugh
Medical Director Gleason C. Lake
Surgeon Thomas R. Dawber
Surgeon Fortunat Troie
Surgeon William F. Powell
S. A. Surgeon Lewis C. Floyd
S. A. Surgeon William S. Hotchkiss
S. A. Surgeon Anthony Lund
S. A. Surgeon (R) Howard A. Bjork
S. A. Surgeon (R) Julius Cohen
S. A. Surgeon (R) James L. Elliott
S. A. Surgeon (R) H. N. Goldman
S. A. Surgeon (R) Robert Isenman
S. A. Surgeon (R) Walter J. McDonough
S. A. Surgeon (R) John Nickerson
S. A. Surgeon (R) E. J. Twigg

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

By direction of the President.

Very truly yours,

/s/ Maurice Collins
Acting Administrator

A TRUE COPY
Attest: C. T. Scott

C. T. SCOTT
Lieut. Commander, U.S.C.G.R.
Recorder

"B"

Medical Officer in Charge
U. S. Marine Hospital
Boston, Massachusetts

(PEA-C)
CG-73
706

9 January, 1946

To: WILSON, Myron Loyce (227-262) EM1c, United States Coast Guard

Via: Commanding Officer, CG Group, West Jonesport, Maine

Subj: Examination before retiring board

1. Upon receipt of instructions from Captain Thomas Y. Awalt, USCG, present yourself before the retiring board of which that officer is president to be convened at the U. S. Marine Hospital, Boston, Massachusetts, at such time as shall be indicated in said instructions.

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

3. If your retirement is directed you will be entitled to travel to your permanent home. Travel may be performed at own expense if desired and you will be entitled, in lieu of government transportation by the shortest usual traveled route, to payment, upon completion of your travel, of a money allowance of 3 cents per mile for the same distance, regardless of the mode of travel. Government Transportation Requests may be obtained and used whenever available in order to procure transportation at lowest first-class rate. Written authority must be obtained from your unit before any travel is performed.

E. ZODLE
By direction

CC: DCGO, 1ND
USMH, Boston, Mass.

A TRUE COPY
Attest:

C. T. Scott

C. T. SCOTT
Lieut. Commander, U.S.C.G.R.
Recorder

UNITED STATES MARINE HOSPITAL
Brighton, Massachusetts
Friday, 25 January, 1946

The board met at 235 p.m.

Present:
Captain Joseph D. Conway, U. S. Coast Guard, president;
Lieutenant Commander James F. Brady, U.S.C.G.R., member;
Lieutenant Commander Charles T. Scott, U.S.C.G.R., member and recorder;
Surgeon Thomas R. Dawber, U.S.P.H.S., member; and
P. A. Surgeon (R) Robert Isenman, U.S.P.H.S., member.

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

The board decided to sit with open doors.

Myron Loyce Wilson (227-262), Boatswain's Mate, first class, U. S. Coast Guard, the party under examination, entered and stated that he did not desire counsel.

The recorder read the precepts and the modification thereto, and the order to the party under examination, hereto prefixed marked "A", "A-1", "B", and "C".

The party under examination was informed of his rights.

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

The board and the recorder were duly sworn.

No witnesses not otherwise connected with the inquiry were present.

A letter appended marked "D" was received from Headquarters transmitting papers which are marked "D-1" through "D-6", inclusive. These papers were examined and read by the board.

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

The party under examination was asked if he wished to be retired and he replied in the affirmative.

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

Examined by the recorder:

1. Q. State your name, rate, and whether regular or reserve.
   A. Myron Loyce Wilson, Boatswain's Mate, first class, U. S. Coast Guard.

2. Q. I want you to tell the members of the board the nature of your disability, its cause, and how long you have suffered from it.
   A. Well, I had this asthma, bronchial, I never noticed anything about it until I had to have those shots after I came into the Coast Guard, and since then its gradually become worse.

3. Q. When was this? How long have you suffered from this asthma after the shots?
   A. Well, it was, I should say 1943, I began to show signs of asthma.

4. Q. Any particular month or time of year?
   A. Especially in the winter.

5. Q. It would be around September, October, 1943, when you first noticed?
   A. Yes, sir. It bothered me so that I couldn't rest nights. Through the day time I was up and around I could clear my throat out. At night time when I lie down for a rest, I'd stand watches, I couldn't sleep, so I was worn out like, and needed medical attention, so I was sent to the hospital in Portland, and then here. I couldn't sleep more than a couple of hours at a time. I'd have to get up. I used adrenalin and capsules that the doctor prescribed. I can't go away unless I take fedren with meals. Last night I stayed in the city and I had to take some of that. Some nights I keep away from that and use the capsules. Along about four o'clock my throat feels as if I was taking a cold. If I take a capsule at four o'clock and then one at eight, and one at twelve, then I can lie down and get three or four hours sleep. If I don't, I don't get no rest at all.

6. Q. What is your real disability, the fact that you loose your sleep and are unable to continue your duty due to the asthma you complain of?
   A. Yes, sir.

Examined by the board:

7. Q. When did you come into the Coast Guard?
   A. 1941, 8th or 9th of May.

8. Q. When were you given the shots that you say caused your condition?
A. Well, my health record would show. I can't tell you. I was ordered ashore from the light station to appear before the medical doctor and took the shots when they desired for me to have them.

9. Q. Do you know what shots were given you?
A. Well, sir, I had tetanus. I can't just remember, Mister. Another one I think. I only took two.

10. Q. How long after you took the shots did this condition become apparent to you?
A. I didn't notice it that year. It was not until along about '43 in the fall that I commenced to have that condition and it kept getting worse. I should say probably a year and a half or two years after I took the shots that it interfered with me to any great extent.

11. Q. Were you on the same station all during this period of time?
A. Seventeen years in that one place.

12. Q. What makes you think the shots caused your condition?
A. Well, Mister, I enjoyed good health. I never used nothing, alcohol or anything like that in my life, and I never have. I can't lay it to nothing else. I lived the same, had my wife with me most of the years to do the cooking like, so I had the same care and diet, and everything, and I don't know, I should think, course I can't prove it, it was the poison from them, might have infected my throat or something. I can't definitely prove it.

13. Q. This hearing defect that you have is that due to the same thing?
A. No, sir. I had that before. It gradually came on.

Examined by the recorder:

14. Q. This station to which you refer, where was that station situated?
A. Jonesport, Maine, halfway between Bar Harbor and Eastport.

15. Q. That is your home?
A. Yes, sir.

16. Q. You've been in Maine most of your life?
A. Yes, sir.

17. Q. Do you find the cold effects your disability one way or the other?
A. Not this last year, no, sir.

Examined by the board:

18. Q. You don't honestly believe that the shots that you took, caused your asthmatic condition do you?
A. Well, I don't know what I can lay it to.

19. Q. However you do lay it to that?
A. I would rather lay it to that.

20. Q. Do you know there are hundreds of thousands who have taken those shots that didn't develop asthma from them? Do you know that?
A. I should think so, yes, sir.

21. Q. Then why are you of the opinion that the shots caused you to develop asthma?
A. Well, I haven't taken anything outside of that, other than what I needed to live on. I don't smoke no more than I did then, and I just felt it might be that. I can't prove it.

22. Q. Is your condition staying the same or getting worse?
A. Mister, its no better. As long as I'm home, almost thirty days sick leave, as long as I stay in the house like where its warm and don't exert myself, I do pretty well. I breathe pretty good. But if I get out and move around, I stuff up, and have difficulty breathing, and so forth, short breath.

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

Passed Assistant Surgeon (R) Robert Isenman, U. S. Public Health Service, junior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Doctor Isenman, from what cause does Myron L. Wilson's disability proceed?
A. Myron L. Wilson's disability proceeds from attacks of bronchial asthma.

2. Q. Is his disability permanent?
A. Yes, sir. I believe it is.

3. Q. Is Wilson's disability such as to incapacitate him for active service?
A. Yes, sir. I believe it is.

4. Q. Have all reasonable measures for the amelioration of the disabling condition been tried?
   A. Yes. I believe they have. Occasionally some patients of this type improve if transferred to a warm dry climate, such as Colorado, or New Mexico, or Arizona, but probably even out there he would continue to have mild attacks of asthma.

5. Q. Is the disability the result of incident of service?
   A. Yes, sir. I believe it is.

6. Q. Was there any information before the medical members of the board which would lead you to believe his condition might be due to vicious practices of his own?
   A. No.

7. Q. Doctor Isenman, will you tell the board when you think that his disability became such as to incapacitate him from general service?
   A. I believe that his disability became severe enough to totally incapacitate him when he was admitted to the Portland Marine Hospital in August of 1945.

Examined by the board:

8. Q. Doctor Isenman, as I understand it there is something the matter with the man's chest expansion?
   A. Yes, sir.

9. Q. Was this asthma brought on due to that abnormal condition of his chest?
   A. No, I think his chest expansion, called emphysema, is due to his attacks of asthma. Of course this lack of chest expansion is due to the fact the lung loses its ability to expand and contract, that after the patient has a lot of attacks of coughing and breathing, the heart and lungs become rather fixed and sort of stretched out so they can't breathe well any more.

10. Q. Then you would say the lack of chest expansion was brought on by asthma?
    A. Yes, sir.

11. Q. Is it your opinion that the man had normal chest expansion before he suffered asthma attacks?
    A. Yes, sir, I should think so. Of course we don't have a record of his examination at that time. In the ordinary person who has attacks of asthma, that is the usual course of events.

12. Q. Would you say that there is reason to believe that a man who does not have normal chest expansion is subject to asthma?
A. No, sir. Of course the thing is a man who does not have a lack of chest expansion shouldn't unless he had some reason for it first of all, and the reason for it is either severe attacks of bronchial trouble or severe attacks of asthma that's all.

13. Q. In your opinion, Doctor, did his immunization shots have anything to do with his present condition?
A. Well as a whole I should say not, although it would be hard to prove. From his past history he had previous attacks of what they call bronchitis. It is a very common thing for a man with severe attacks of bronchitis to show later on attacks of asthma, however the fact remains also that occasionally people who are inclined to be allergic to certain drugs and inocculations also get attacks of asthma from injections, but he only had a small pox vaccination and tetanus which doesn't seem to me to be enough to cause him to have asthma.

14. Q. In your opinion then his disability is due to something incident to service?
A. Yes, sir. I believe it is. I believe that he would probably have shown the asthma whether he had injections or not.

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

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

Surgeon Thomas R. Dawber, U. S. Public Health Service, the senior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Will you tell the members of the board from what cause Myron L. Wilson's disability proceeds?
A. His disability proceeds from bronchial asthma and emphysema.

2. Q. Is his disability such as to incapacitate him for active service?
A. Yes, I believe it is.

3. Q. Have all reasonable measures for the amelioration of the disabling condition been tried?
   A. I believe they have.

4. Q. Is his disability the result of incident of service?
   A. In my opinion it is. That is including the lighthouse service time if I'm correct in assuming his lighthouse service time is part of his whole service. I think it is the result of something that has been going on a number of years.

5. Q. Was there any information before the medical members of the board which would lead you to believe his condition might be due to vicious practices of his own?
   A. No such information.

6. Q. Doctor Dawber, will you tell the members of the board the date that you consider that his disability started whereby he was unable to perform general duty?
   A. I think that he was disabled for general duty at the time he entered the Portland Marine Hospital in August, 1945.

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

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

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

The party under examination stated that he had nothing further to say.

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

Myron Loyce Wilson, Boatswain's Mate, first class, U. S. Coast Guard, desired neither to submit a statement nor to make an argument.

The recorder desired to make no argument.

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

After full and mature deliberation, the board finds as follows:

FINDING OF FACTS

1. Myron Loyce Wilson, Boatswain's Mate, first class, U. S. Coast Guard, the party under examination, is incapacitated for active Coast Guard service for the following reason:
   (a) Bronchial Asthma and Emphysema

2. His incapacity is permanent.

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

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

Joseph D. Conway
JOSEPH D. CONWAY
Captain, U.S.C.G.
President

James F. Brady
JAMES F. BRADY
Lieut. Commander, U.S.C.G.R.
Member

Charles T. Scott
CHARLES T. SCOTT
Lieut. Commander, U.S.C.G.R.
Member and Recorder

Thomas R. Dawber
THOMAS R. DAWBER
Surgeon, U.S.P.H.S.
Member

Robert Isenman
ROBERT ISENMAN
P. A. Surgeon (R), U.S.P.H.S.
Member

The board then, at 3:10 p.m., adjourned to await the action of the convening authority.

Joseph D Conway

JOSEPH D. CONWAY
Captain, U.S.C.G.
President

Charles T Scott

CHARLES T. SCOTT
Lieut. Commander, U.S.C.G.R.
Member and Recorder

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

BOSTON DISTRICT RECEIVED JAN 14 1946 U.S. COAST GUARD

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

9 January, 1946

To: Captain Thomas Y. Awalt, USCG, President, Coast Guard Retiring Board, First Naval District, Boston, Mass.

Subj: WILSON, Myron Loyce (227-262) BM1c; examination before retiring board

There are inclosed such papers from the medical record of above-named man as are considered of interest to the board. Wilson 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, Boston, Massachusetts. Return inclosure (2) with report of the board in this case to Headquarters.

E. ZOOLE
By direction

JAN 15 '46 AM

CAPTAIN OF THE PORT
BOSTON, MASSACHUSETTS

Incls
1. Copy of Headquarters letter CG-73-706 (PEA-C) 9 January, 1946, to Wilson
2. Medical record of Wilson

C D

RE-EVALUATION OF PHYSICAL DISABILITY UPON RETIREMENT

1. Name: WILSON, Myron Loyse 227-262

2. Retired rank or rating: BM1

3. Retirement date: 1 May, 1946

4. Retired for: Bronchial Asthma Code No. 6602 60 %

(a)

(b)

(c)

(d)

(e)

(f)

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

6. Total combined percentage of physical disability(s) in accordance with current Schedule for Rating Disabilities of Veterans' Administration. 60 %

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

PAUL M. STEWART
RADM., USPHS

THEODORE LE BLANC
LCDR., USCG

GERARD A. HEARN
PHAR., USCG

B 5645

STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME WILSON (Surname) Lyron (First) L (Initial)

SERVICE NUMBER 227-262 Retired RANK OR RATE Bilc

RETIREMENT DATE 5-1-46 REASON FOR RETIREMENT Physical Disability

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

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

TYPE OF SERVICE	FOR RETIREMENT (ACTIVE) YRS.	MO.	DAYS	FOR PAY PURPOSES (ACTIVE & INACT.) YRS.	MO.	DAYS
COAST GUARD	4	11	2	4	11	2
LIGHTHOUSE	19	7	24	19	7	24
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	24	6	26	24	6	26

SIGNATURE: D. A. SHAW

DATE 7-26-50

B 5647

CG-73 (PE-C)
706

RETIRED

30 April, 1946

To: Boatswain's Mate, first class, Myron Loyce Wilson (227-262)
United States Coast Guard

Via: Commander, 1st CGD, and Commanding Officer, CG Group
West Jonesport, Maine

Subj: Retirement

1. On 30 April, 1946 the President approved the proceedings and finding of facts of the retiring board in your case. You are therefore retired from active service effective 1 May, 1946, in accordance with the Provisions of U.S.C., title 14, Sec.169, and U.S.C., title 5, Sec. 47a.

2. In accordance with the Provisions of Section 7 of the Act approved August 5, 1939 (53 Stat. 1217), your monthly retired pay effective on and after 1 May, 1946, will be $89.77, which is seventy-five per centum of $119.70.

3. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return inclosure (1), Form 2533, properly executed in duplicate to Headquarters. Signatures of children twelve years of age, or under, will not be required.

E - Mailed
5-17-46

J. F. FARLEY
Admiral, U. S. Coast Guard

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

CC: General Accounting Office
Allotment and Retired Pay Section
Central Pay Records
Enlisted Assignments

BEABES:me Return to 3-12

PE WCC

RETIRED PAY OF: Myron Loyce WILSON, 227 262

RATING: BOATSWAIN'S MATE, first class

UNIT: CG GROUP, West Jonesport, Maine - 1st

RETIRED FOR: PHYSICAL DISABILITY

3/4 OF $ 119.70 OR $ 89.77 PER MONTH

Retired rate of pay under Lighthouse Service "saved rate" would be 24.5694248 times $130.00 per month, divided by 40, or $79.85 per month.

Retired rate of pay under Military rate would be 75 per cent of $119.70 per month, or $89.77 per month.

Accordingly, he will receive military rate of retired pay, namely, $89.77 per month.

James Galante

JAMES GALANTE, Lieut. Comdr., USCG
Chief, Central Pay Records Section

SERVICE: Up to and including 29 April, 1946
(Department approval 30 April, 1946)

✓ 4 Yrs. 11 Mos. 1 Da. CG
✓ 19 Yrs. 7 Mos. 24 Das. LIGHTHOUSE

RECORD OF PROCEEDINGS OF THE UNITED STATES COAST GUARD RETIRING BOARD

Convened at

U. S. Marine Hospital, Brighton, Mass., Jan. 25, 1946

In the case of

Myron Loyce Wilson (227-262) boatswain's mate, 1c, USCG

TREASURY DEPARTMENT

U. S. COAST GUARD

OFFICE OF THE CHIEF COUNSEL

3 May, 1946

The record of proceedings of the Coast Guard Retiring Board in the case of Myron Loyce Wilson (227-262) boatswain's mate, U. S. Coast Guard, was transmitted to the Secretary of the Treasury, and by him laid before the President for his approval or disapproval, or orders in the case, with the recommendation that the findings of the board be approved and that Myron Loyce Wilson (227-262) boatswain's mate, first class, U. S. Coast Guard, be retired from active service and placed on the retired list in conformity with 14 U. S. Code 169.

On 30 April, 1946, the President approved the proceedings and findings of the Coast Guard Retiring Board and the recommendations of the Secretary of the Treasury in this case.

K. L. Harrison

Chief Counsel, U. S. Coast Guard

A1979

CASE NO. 2490
26 March, 1946

RETIRING BOARD RECOMMENDATIONS
UNITED STATES COAST GUARD
NAVCG-9959 (REV. 2-45)

11 March, 1946

CASE OF (Name)	SERVICE NUMBER	RANK, RATE
WILSON, Myron Loyce	227-262	BM1c, USCG

FINDINGS OF BOARD

The above named man is incapacitated for active Coast Guard service for the following reason:

(a) Bronchial Asthma and Emphysema

That his incapacity is permanent; that his incapacity is the result of an incident of service; that his incapacity is not the result of his own vicious habits.

COMMENTS BY LEGAL DIVISION

PROCEEDINGS

are in due form and technically correct.

FINDINGS

There is evidence in the record to support the findings.

K. L. Harrison

K. S. HARRISON
(Signature, Chief Counsel)

AFM AR

OPINION OF MEDICAL DIRECTOR

CHECK

(1.)	DISABILITY EXISTED PRIOR TO ORIGINAL ENTRY IN THE COAST GUARD	☐ YES	☑ NO	
(2.)	INCAPACITY CONSIDERED DUE TO HIS OWN VICIOUS HABITS	☐ YES	☑ NO	
(3.)	DISABILITY IS CONSIDERED PERMANENT	☑ YES	☐ NO	

Paul M. Stewart

(Signature, Medical Director)

COMMENTS BY PERSONNEL

		YEARS	MONTHS	DAYS
AGE		54	7	3
SERVICE	COAST GUARD	4	10	0
	NAVY			
	ARMY			
	OTHER LIGHTHOUSE	19	7	24
	TOTAL	24	5	24

DEPENDENTS 3.

3-28-46

RECOMMENDATION that Myron Loyce WILSON (227-262) Boatswain's Mate, first class, BE RETIRED

MB
WCC

R. C. Ramey

(Signature, Chief Personnel Officer)

RECOMMENDATIONS OF COMMANDANT

TO: Secretary of the ~~Navy (Office of the Judge Advocate General)~~ Treasury APR 1 1946

1. FORWARDED. It is recommended that the Proceedings and Findings be approved, that the subject man named above be retired, and that this record be presented to the President during the month of April 1946

J. F. Farley

(Signature of Commandant)

(P)

3-12

Ind-4
Washington, D. C.
27 December, 1945

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

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

By direction.

CARL MICHEL
Ass't. Surgeon General

WILSON, Lyron Loyce
(227-262) BMlc

DATE: 1-4-46
AGE: 54 Yrs. 4 Mos. 8 Das.
SERVICE: 4 Yrs. 7 Mos. 5 Das. CG
19 Yrs. 7 Mos. 24 Das. LIGHTHOUSE
(Regular Enlistment)

C.V.R.
mb
7

4 January, 1946
APPROVED

Assistant Chief Personnel Officer

D-1

Ind-3
DCGO IND
pra-73
10 December, 1945

To: The Commandant

Subj: WILSON, Myron L. (227-262) BM1c; Report of Medical Survey, forwarding of

Forwarded. The District Coast Guard Officer concurs with the recommendation of the Board of Medical Survey and recommends that WILSON be ordered to report before a Retiring Board. There is no disciplinary action pending in this case.

W. N. DERBY

D-2

Ind-2
DCGO IND
m-73
29 November, 1945

To: DCGO, 1st Naval District

Subj: WILSON, Myron Loyce (227-262) BM1c; Report of Medical Survey, forwarding of

Forwarded. The Report of Medical Survey in the case of the subject named man dated 20 November, 1945 has been reviewed by the DCGMO. The Board found WILSON suffering from ASTHMA, a condition deemed by the Board to have been incurred in the line of duty, not having existed prior to enlistment. The Board recommended that WILSON appear before a Retiring Board. The District Medical Officer concurs with the recommendation of the Board.

L. C. Watkins

L. C. WATKINS, Sr.Surgeon, USPHS
District CG Medical Officer

D-3

Navmed-M (1044)

REPORT OF MEDICAL SURVEY

11

DISTRICT COAST GUARD RECEIVED NOV 29 1945 MEDICAL FIRST NAVAL DISTRICT

Place U. S. MARINE HOSPITAL - BOSTON, MASS. (Name of hospital, ship, or station where survey is held) Date 20 Nov 45

From: *Board of Medical Survey.*

To: *Commanding Officer.* District C.G.Office - 1 N D - Boston,Mass.
For Transmission to the Bureau of Medicine and Surgery

Name WIISON, Myron Loyce (In full, surname first) Number 227-262 (File or service No.) Rank or rate BM1cUSCG

Born: Place Jonesport, Me. (Name of place and State or county) Date 26 Aug 1891

Enlisted or appointed: Date Feb. 1921 (USCG) until " in USCG 29 June 1940 Place Moose Peak L S - W.Jonesport, Me. " " "

Reported for active duty, USNR: Date Per above. Place

Total service: ~~Navy~~ Per above. Marine Corps Army

PRESENT HISTORY OF CASE

Admitted from Moose Peak L S - W.Jonesport, Me. Date 10 Oct 45

Diagnosis Asthma 350-390 (From navy nomenclature, under which carried on sick list) Key letter Specialty letter

Summary of case history: Patient stated that he had been in relatively good health all his life until approximately five years ago, when, following prophylactic injections taken at the time he entered the U.S.Coast Guard, he began to develop attacks of wheezing, tightness in the chest and cough. These asthmatic attacks were particularly noted at night. There appears to have been no relation to sinuses, and from the history, it does not appear that any pollens or intrinsic factors could have been the cause in producing this condition. He has received relief in the past with adrenalin spray, injections of adrenalin,barbiturate sedatives, etc. He was hospitalized at the U. S. Marine Hospital, Portland, Me.,for this condition prior to entrance into this hospital, where it was believed that allergy studies might be indicated.

Examination at this hospital has shown that the patient has a rather emphysematous chest and that his chest expansion is limited. There have been numerous attacks of asthma particularly at night, but frequently in the daytime.

Examination of his chest has revealed numerous sibilant and sonorous rales, and it has been apparent that he has had some difficulty in getting his breath. He does have dyspnea on exertion, which appears to be related to his fixed chest and consequent emphysema.

Examination of the heart revealed no definite findings. X-ray of the chest showed some increase in the hilar markings. The sputum was negative for tubercle bacilli. Arm-to-tongue circulation time was normal. Electrocardiogram was normal. Urinalysis, blood count, Kahn and blood sugar were all within normal limits.

It appears to us that this patient is suffering from intrinsic asthma for which nothing specific can be done except the type of treatment now being taken by the patient. We also believe that he has a moderate degree of emphysema which makes the asthmatic attacks much more disabling than would be expected. It is believed this man *

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

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

Present condition Unfit for Service. Probable future duration permanent

Recommendation: The subject-named man appear before a Board of Retirement.

* is unfit for further duty and should be ordered to appear before a Retiring Board.

Physical complaints are not environmental and will not be alleviated by removal of provocative situations. The subject-named man is temperamentally suited for Service life. He will not be a menace to himself or to the public and may be released to his own custody. He has been informed of the Board's findings and does not desire to submit a statement.

Thos R Dawber, U. S. N., *Senior Member of Board.* (Thos. R. Dawber) Surgeon-USPHS

U. S. N., *Member.*

Robt Isenman, U. S. N., *Member.* (Robt. Isenman) P.A.Surg.(R) USPHS

D4

16—11583-2

TRD/gek

1st Endorsement Wilson 12

Date 26 Nov 45

From: *Commanding Officer.* - U.S.Marine Hospital - Boston,Mass.

To: District C.G.Office - 1 N D - Boston,Mass.
(Officer convening board)

(W.C.Teufel) Medical Officer in Charge

2d Endorsement

From: Date

To:

(Signature)

Endorsement

Date

From: *Bureau of Medicine and Surgery.*

To:

1. Forwarded: *Recommendation of Board Approved.*

(Signature)

Endorsement

Date

From:

To:

(Signature)

HEALTH RECORD

15E

WILSON, Myron Loyce	227-262	B.M.1c	USCG
(Name)	(Service No.)	(Rating)	(Unit)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
JONESPORT MAINE	Smallpox vacc.	6-6-41	6-16-41	OP
"	Acute bronchitis	10-6-41	10-20-41	OP
"	Anti-typhoid inocs.	3-25-42	6-1-42	OP
MH PORTLAND ME	Bronchitis, acute; Diabetes mellitus	6-7-42	6-25-42	IP
JONESPORT MAINE	Smallpox vacc.	9-10-42	9-10-42	OP
"	Cold and bronchitis	9-23-42	9-28-42	OP
"	Parotitis, temporary	11-18-42	11-22-42	OP
"	Cold and bronchitis	4-2-43	4-8-43	OP
"	Lumbago	10-3-43	10-20-43	OP
"	Asthmatic bronchitis; Grippe	5-20-44	5-24-44	OP
MH BOSTON MASS	Asthma	10-10-45	11-20-45	IP

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

T. LE BLANC
Commander, USCG

D-5

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

FEDERAL SECURITY AGENCY

U. S. PUBLIC HEALTH SERVICE

BOSTON, BRIGHTON 35, MASS.

FOR VICTORY
BUY UNITED STATES WAR BONDS AND STAMPS

January 25, 1946

13

From: Surgeon Thos. R. Dawber and P.A.Surgeon (R) Robt. Iserman

To: President - U.S.C.G.Retiring Board

Subject: Examination of Myron Loyce Wilson (227-262) Boatswain's Mate 1c, USCG

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

The subject-named man is 54 years, 4 months and 29 days old, having been born on August 26, 1891. He has served 4 years, 7 months and 26 days in the U. S. Coast Guard. He also served 19 years, 7 months and 24 days in the Lighthouse Service.

A review of his past record reveals that he has suffered from minor complaints, but that with the exception of attacks of Bronchitis, he was relatively well until approximately five years ago. At that time, following entrance into the U.S.Coast Guard, he began to develop attacks of asthma which he noted for the first time after a series of inoculations as given upon admission to the Service. The asthmatic attacks were noted particularly at night and caused him to become quite dyspneic. He also noted them during the day, and stated that if he attempted to exert himself he had wheezing and shortness of breath.

Because of these asthmatic attacks, patient was admitted to the U.S.Marine Hospital, Portland, Maine, on August 26, 1945, following which he was transferred to the U.S.Marine Hospital, Boston, Massachusetts. While at that hospital, he was studied and a Board of Medical Survey was convened on Nov. 24, 1945, recommending that he be ordered before a Retiring Board.

Since discharge from the U.S.Marine Hospital, Boston, Massachusetts, the subject-named man has continued to have wheezing and dyspnea as before, and noted considerable shortness of breath on any exertion.

F

Wilson 14

Physical examination is essentially as before. He has a markedly emphysematous chest with practically no respiratory excursion. There are some sibilant rales throughout both lung fields, otherwise he shows nothing remarkable.

We believe that Myron Loyce Wilson (227-262) Boatswain's Mate 1c, U.S.Coast Guard, is suffering from Bronchial Asthma and Emphysema. We believe these conditions are such as to disable him for active duty in the U.S.Coast Guard. We believe that all amenable measures have been taken for their improvement. We believe that his incapacity is not the result of his own vicious habits and is incident to Service.

Thomas R. Dawber

(Thos. R. Dawber) Surgeon - U.S.P.H.S.

Robert Isenman

(Robt. Isenman) P.A.Surg.(R) -U.S.P.H.S.

Sworn to and subscribed to before me this twenty-fifth day of January, 1946.

Charles L. Scott

CHARLES L. SCOTT
Lieut. Commander, U.S.C.G.R.
Authority Act of Congress of April 9,1943

TRD/gek

F-1

Ind-1
CG GROUP
West Jonesport, Maine

BOSTON DISTRICT
RECEIVED
DEC 10 1945
U.S. COAST GUARD

File No. 73

5 December, 1945

To: DCGO, 1st. Naval District

Subj: WILSON, Myron L. (227-262) B. M. 1/c attached MOOSE PEAK LIGHT STATION; Additional information to accompany Report of Medical Board of Survey.

1. As requested by your letter of reverse hereof the following information is forwarded.

(a) Subject named man is attached to Moose Peak Light station in the capicity of Officer-in-Charge. Since 4 October, 1945, this man has been absent at USMHS Brighton, Mass. undergoing treatment for Asthma.

(b) Subject named man is best qualified for Light station duty providing his physicial condition will permit.

(c) Yes

(d) Subject named man has served at Moose Peak Light Station since his induction into the U. S. Coast Guard from the former light house service on 21 May, 1941. No record of service while serving with the former Light House Service is available.

(e) None available

(f) None.

Donald C. Coffin
DONALD C. COFFIN

05

Ind-3
DCGO 1 ND
pre-73
10 December, 1945

To: The Commandant

Subj: WILSON, Myron L. (227-262) BM1c; Report of Medical Survey, forwarding of

Forwarded. The District Coast Guard Officer concurs with the recommendation of the Board of Medical Survey and recommends that WILSON be ordered to report before a Retiring Board. There is no disciplinary action pending in this case.

W. N. DERBY

D-2

Ind-2
DCGO IND
m-73
29 November, 1945

To: DCGO, 1st Naval District

Subj: WILSON, Myron Loyce (227-262) BM1c; Report of Medical Survey, forwarding of

Forwarded. The Report of Medical Survey in the case of the subject named man dated 20 November, 1945 has been reviewed by the DCGMO. The Board found WILSON suffering from ASTHMA, a condition deemed by the Board to have been incurred in the line of duty, not having existed prior to enlistment. The Board recommended that WILSON appear before a Retiring Board. The District Medical Officer concurs with the recommendation of the Board.

L. C. WATKINS, Sr.Surgeon, USPHS
District CG Medical Officer

D-3

Navmed—M
(1944)

REPORT OF MEDICAL SURVEY

Place U. S. MARINE HOSPITAL - BOSTON, MASS. Date 20 Nov 45
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.* District C.G.Office - 1 N D - Boston,Mass.
For Transmission to the Bureau of Medicine and Surgery

Name WILSON, Myron Loyce Number 227-262 Rank or rate BM1cUSCG
(In full, surname first) (File or service No.)

Born: Place Jonesport, Me. Date 26 Aug 1891
(Name of place and State or county)

Enlisted or appointed: Date Feb. 1921 L H S until Place Moose Peak L S - W.Jonesport, Me.
* in USCG 29 June 1940 " " "

Reported for active duty, USXXX USCG CG: Date Per above. Place

Total service: XXXX Per above. Marine Corps Army

PRESENT HISTORY OF CASE

Admitted from Moose Peak L S - W.Jonesport, Me. Date 10 Oct 45

Diagnosis Asthma 350-390 Key letter Specialty letter
(From navy nomenclature, under which carried on sick list)

Summary of case history: Patient stated that he had been in relatively good health all his life until approximately five years ago, when, following prophylactic injections taken at the time he entered the U.S.Coast Guard, he began to develop attacks of wheezing, tightness in the chest and cough. These asthmatic attacks were particularly noted at night. There appears to have been no relation to sinuses, and from the history, it does not appear that any pollens or intrinsic factors could have been the cause in producing this condition. He has received relief in the past with adrenalin spray, injections of adrenalin,barbiturate sedatives, etc. He was hospitalized at the U. S. Marine Hospital, Portland, Me.,for this condition prior to entrance into this hospital, where it was believed that allergy studies might be indicated.

Examination at this hospital has shown that the patient has a rather emphysematous chest and that his chest expansion is limited. There have been numerous attacks of asthma particularly at night, but frequently in the daytime.

Examination of his chest has revealed numerous sibilant and sonorous rales, and it has been apparent that he has had some difficulty in getting his breath. He does have dyspnea on exertion, which appears to be related to his fixed chest and consequent emphysema.

Examination of the heart revealed no definite findings. X-ray of the chest showed some increase in the hilar markings. The sputum was negative for tubercle bacilli. Arm-to-tongue circulation time was normal. Electrocardiogram was normal. Urinalysis, blood count, Kahn and blood sugar were all within normal limits.

It appears to us that this patient is suffering from intrinsic asthma for which nothing specific can be done except the type of treatment now being taken by the patient. We also believe that he has a moderate degree of emphysema which makes the asthmatic attacks much more disabling than would be expected. It is believed this man *

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

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

Present condition Unfit for Service. Probable future duration permanent

Recommendation: The subject-named man appear before a Board of Retirement.

* is unfit for further duty and should be ordered to appear before a Retiring Board.

Physical complaints are not environmental and will not be alleviated by removal of provocative situations. The subject-named man is temperamentally suited for Service life. He will not be a menace to himself or to the public and may be released to his own custody. He has been informed of the Board's findings and does not desire to submit a statement.

Thomas Dawber, U. S. N., *Senior Member of Board.* , U. S. N., *Member.* Robert Isenman, U. S. N., *Member.*

16—11583-2

TRD/gek (Thos. R. Dawber) Surgeon-USPHS (Robt. Isenman) P.A.Surg.(R) USPHS

D-4

DEC 12 1945

1st Endorsement

Date 26 Nov 45

From: *Commanding Officer.* - U.S.Marine Hospital - Boston,Mass.

To: District C.G.Office - 1 N D - Boston,Mass.
(Officer convening board)

(W.C.Teufel) Medical Officer in Charge

2d Endorsement

From: _____ Date _____

To: _____

_____
(Signature)

Endorsement

Date _____

From: *Bureau of Medicine and Surgery.*

To: _____

1. Forwarded: *Recommendation of Board Approved.*

_____
(Signature)

Endorsement

Date _____

From: _____

To: _____

_____
(Signature)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16—11583-3

1-73-706

17 January, 1946

To: Medical Officer in Charge, U. S. Marine Hospital, Brighton, Mass.

Subj: WILSON, Myron Boyce (227-262), Boatswain's Mate, first class; Convening order, Retirement Board

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

2. The president of the Coast Guard Retiring Board has called a meeting of the board for Friday, 25 January, 1946, at 1345. He is taking the necessary action to have the subject man report to the U. S. Marine Hospital, Brighton, Massachusetts, at 1000, 24 January, 1946.

3. Will you kindly direct two appropriate medical officers to make a careful examination into the past and present physical and mental condition of the subject man and to be ready to report on the capacity of Wilson to perform his duties; besides a personal examination, these medical officers should examine all matter submitted to the board, in this case in the files and records of Coast Guard Headquarters, which is inclosed as inclosure 1 of this letter. They should also endeavor to obtain from any authorized source within their reach, such information that will aid the board in the performance of its duties, and report the results of their examination and investigation in writing. It should be in the form of a sworn statement, the report covering the requirements of Article 957, Coast Guard Courts and Boards, 1935 (as amended).

4. The medical officers assigned should be from the list designated by the Federal Security Agency, Washington, D. C., addressed to the Medical Officer in Charge, U. S. Marine Hospital, Boston, Massachusetts, dated January 5, 1946.

THOMAS Y. AVALT
Captain, U. S. Coast Guard
President, C.G. Retiring Board

Incl:
Med. Record of Wilson

cc:
Each Member

A TRUE COPY
Attest:
C. T. Scott
C. T. SCOTT
Lieut. Commander, USCGR
Recorder

E

(PEA-C)
CG-73
706

9 January, 1946

To: Captain Thomas X. Awalt, USCG, President, Coast Guard Retiring Board, First Naval District, Boston, Mass.

Subj: WILSON, Myron Loyce (227-262) BM1c; examination before retiring board

There are inclosed such papers from the medical record of above-named man as are considered of interest to the board. Wilson 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, Boston, Massachusetts. Return inclosure (2) with report of the board in this case to Headquarters.

E. ZOOLE
By direction

Incls
1. Copy of Headquarters letter CG-73-706 (PEA-C) 9 January, 1946, to Wilson
2. Medical record of Wilson

U.S. COAST GUARD
MAIL SECTION (4)
MAILED JAN 10 1946

BEABES:me Return to 3-14

(PEA-C)
CG-73
706

9 January, 1946

To: WILSON, Myron Loyce (227-262) BMlc, United States Coast Guard

Via: Commanding Officer, CG Group, West Jonesport, Maine

Subj: Examination before retiring board

1. Upon receipt of instructions from Captain Thomas Y. Awalt, USCG, present yourself before the retiring board of which that officer is president to be convened at the U.S. Marine Hospital, Boston, Massachusetts, at such time as shall be indicated in said instructions.

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

3. If your retirement is directed you will be entitled to travel to your permanent home. Travel may be performed at own expense if desired and you will be entitled, in lieu of government transportation by the shortest usually traveled route, to payment, upon completion of your travel, of a money allowance of 3 cents per mile for the same distance, regardless of the mode of travel. Government Transportation Requests may be obtained and used whenever available in order to procure transportation at lowest first-class rate. Written authority must be obtained from your unit before any travel is performed.

U.S. COAST GUARD
MAIL SECTION (4)
MAILED JAN 10 1946

E. ZOOLE
By direction

CC: DCGO, 1ND
USMH, Boston, Mass.

BEABES:me Return to 3-14

mfg

NCG-2822

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L. (Name, surname first) 227-262 (Service number) BM1c (Rank or rating) Moose Peak, LS W. Jonesport, Me. (Unit) PTLD C.M.

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

FINAL MEDICAL CERTIFICATE

Place USMH, Brighton, Mass., Date 20 November, 1945, 19

U. S. Marine Hospital
77 Warren Street
Boston (Brighton), Mass.

To: Section Medical Officer
CG Section Base (Coast Guard unit)
Rockland, Maine
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Asthma	350-390	10/10/45	11/20/45
Emphysema, pulmonary	962-9x6	10/10/45	11/20/45

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

Recommend continuous convalexcent leave until ordered before Retiring Board as recommended in B.M.S.

CONDUCT REPORT:

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

Surgeon U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WILSON, Myron L.	227-262	BM 1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE	CG BARRACKS	ROCKLAND, ME.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
01-084	4 October, 1945

TIME 1500
DATE 4 October 1945 .

REPORTED FROM: CG GROUP, WEST JONESPORT, ME.
FOR assignment to temporary duty in connection with med. treat

DUTY CODE NO. 06 D AUTH: SCGO/VO 10/4/45

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

H. I. BARTLETT *H. I. Bartlett* (Commanding)
By direction

fmv

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

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

No. 2

REPORT OF CHANGE IN PERSONNEL

WILSON,	Myron	L.	(227-262)	BM 1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GREAT WASS ISLAND L/B STA.
WEST JONESPORT, MAINE (01-031) West Jonesport, Maine 4 October. 1945
(Major unit) (Unit Item No. or vessel's assigned district) (Place) (Date)

MOOSE PEAK LIGHT STATION
JONESPORT, MAINE (01-033)
(Minor unit)

1200, this date, departed MOOSE PEAK LIGHT STATION, for CG Operating Base, Rockland, Maine for furthur transportation to Brighton Marine Hospital.

DUTY CODE No.: 29
AUTHORITY: 30 Contract Physician,

Alan B. Watts
Alan B. Watts, BM 1c.
(Commanding)

Commanding Officer
(Acting) (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	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—29594-2

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

No. 1

REPORT OF CHANGE IN PERSONNEL

WILSON, [illegible] Myron L. (227-262) BM 1c.
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

GREAT WASS ISLAND L/B STA.
WEST JONESPORT, MAINE (01-031) West Jonesport, Maine 2 October, 1945
(Major unit) (Unit Item No. or vessel's assigned district) (Place) (Date)

MOOSE PEAK LIGHT STATION
JONESPORT, MAINE (01-033)
(Minor unit)

1200, this date, reported MOOSE PEAK LIGHT STATION, from ten (10) days sick leave.

DUTY CODE No.: 29 30[illegible]
AUTHORITY: Article 3006(1) Regulations.

Alan B. Watts, Bm 1c.
(Commanding)

Commanding Officer
(Acting) (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	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—29594-2

2599

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

66

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WILSON, Myron L.	(227-262)	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
SCGO		Portland, Maine

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
01-093	22 Sept., 1945

NO SURGEON REQUIRED FIRST AID

TIME 1145
DATE 20 Sept., 1945

REPORTED FROM: U. S. Marine Hospital, Portland, Maine
FOR further transfer.

DUTY CODE NO. 18 D AUTH: Art. 3002 Regs.

TIME 2330
DATE 20 Sept., 1945

TRANSFERRED TO: SCGO, Rockland, Maine
FOR disposition.

AUTH: SCGO, Portland, Me./L 9-20-45, 73-531

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

ORA DOYLE, Lieut. Comdr. USCG.
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

10 131

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

183

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WILSON, Myron L.	272-262	BM 1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE	CG BARRACKS	ROCKLAND, ME.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
01-084	26 August, 1945

TIME 1530
DATE 26 August, 1945

REPORTED FROM: CG GROUP, WEST JONESPORT, ME.

FOR assignment to temporary duty in connection with medical treatment

DUTY CODE NO. 06 D AUTH: SCGO/VO 8/26/45

TIME

DATE

TRANSFERRED TO:

FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-33

DUTY CODE NO.

AUTH: H. I. BARTLETT H I Bartlett
By direction (Commanding)

1mv

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201	2	01	2	06
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding
PEA-E 67	

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

Wilson	Myron	L.	227-262	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GREAT WASS ISLAND LIFEBOAT STATION	01-031	West Jonesport, Me.	26 August, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

MOOSE PEAK LIGHT STATION
(Minor unit)

1200 this date, departed for infirmary, Rockland, Maine

DUTY CODE No.: 29
30
AUTHORITY: SCGO/VO Rockland, Maine

Edgar L. Sommers
Edgar L. Sommers
(Commanding)

CBM
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding
NO POSTING REQUIRED-PEA-E-33	

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

BOSTON DISTRICT
RECEIVED
AUG 1 1944
U. S. COAST GUARD

REPORT OF CHANGE IN PERSONNEL

WILSON	Myron	L.	(227-262)	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COAST GUARD STATION
WEST JONESPORT, MAINE
(Major unit)

01-120
(Unit Item No. or vessel's assigned district)

West Jonesport, Maine
(Place)

30 July, 1944
(Date)

GREAT WASS ISLAND
LIFEBOAT STATION
(Minor unit)

1300, 30 July, 1944, reported for duty at Moose Peak Light Station, from Absence on Account of Sickness.
DIAGNOSIS: "Tonsillitis"

DUTY CODE No.: 30
AUTHORITY: Art. 508 (3) P.I.

James N. Alley,
(Commanding) Acting,

CBM
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

PEA-E
14

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

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REPORT OF CHANGE IN PERSONNEL

WILSON	Myron	L.	227-262	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COAST GUARD STATION	01-120	West Jonesport, Maine	28 May, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

GREAT WASS ISLAND
LIFEBOAT STATION
(Minor unit)

Enlistment extended this date for a period of three (3) years.

Place of acceptance for enlistment, West Jonesport Station, West Jonesport, Maine.

Place of discharge, Moose Peak Light Station, Jonesport, Maine.

Entitled to reenlistment allowance.

DUTY CODE No.: 30
AUTHORITY: ALCOAST #83, 18 December, 1941

James N. Alley.
James N. Alley.
(Commanding) Acting

C.B.M.(A)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	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—29504-2

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)

COAST GUARD STATION, WEST JONESPORT, MAINE
(Unit)

WILSON, Kyron Loyce — 28 May, 1944 (Date)
(Name in full—surname to the left)

227-262 — B.M.1c.
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	5	29
Enlistment extended (for 3 years from)	1944	5	28
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 (..... 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.

James N. Alley
James N. Alley

Date 28 May, 19 44 (Rank) Acting, C.B.M.(A), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 28 May, 19 44 COAST GUARD STATION, WEST JONESPORT, MAINE
(Unit and place)

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

a period of 3 years from this date.

James N. Alley.
James N. Alley.

(Rank) Acting, C.B.M.(A), U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

COAST GUARD STATION

WILSON, Myron L. (Name, surname first) | 227-262 (Service number) | B.M.1c. (Rank or rating) | WEST JONESPORT, MAINE (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Jonesport, Maine, Date 20 May, 19 44

F 1 1 4
C. M.

To: COAST GUARD STATION
(Coast Guard unit)
WEST JONESPORT, MAINE
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Asthmatic Bronchitis and Grippe		5-20-44	5-24-44

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

CONDUCT REPORT:

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

H. John Young A.A. Surg.
H. John Young, A. A. Surg.
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

FILE
C.M.

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L.	227-262	B.M.1c.	COAST GUARD STATION WEST JONESPORT, MAINE
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

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

Place West Jonesport, Maine, Date 20 May, 1944

To: H. John Young, A. A. Surgeon,

Jonesport, Maine.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer CG Station, West Jonesport, Maine.

Myron L. Wilson
(Signature of patient)

James N. Alley, CEM(A)
Acting. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Jonesport, Maine, Date 20 May, 1944

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

Asthmatic Bronchitis and Grippe
(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 Jonesport, Maine {*~~hospital~~ / *office} on 20 May, 1944

H. John Young, A.A. Surg.
U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L.	227-262	B.M.1c.	COAST GUARD STATION WEST JONESPORT, MAINE.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

~~REGULAR~~
~~RESERVE~~
XTEMPORARY
~~RESERVE~~
(Enlistment status)

Place West Jonesport, Maine., Date 3 October, 19 43

To: C. W. Milliken, A. A. Surgeon,

Jonesport, Maine.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, CG, Station, West Jonesport, Maine.

Myron L. Wilson
Myron L. Wilson
(Signature of patient)

James Urquhart
James Urquhart, Boatswain.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Jonesport, Maine., Date Oct. 3, 19 43

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

~~Lumbago~~ 0954
(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 Jonesport, Maine. {*~~hospital~~ / *office} on ____, 19

C.W.Milliken
C. W. Milliken
A.A.Surgeon, U. S. Public Health Service.

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

(Signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L. (Name, surname first) | 227-262 (Service number) | B.M.1c. (Rank or rating) | WEST JONESPORT STATION (Unit)

FINAL MEDICAL CERTIFICATE

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

Place Jonesport, Maine, Date April 9, 1943

To: WEST JONESPORT STATION, (Coast Guard unit)

West Jonesport, Maine. (Address)

FILE

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
Cold & Bronchitis	0331	April 2	8 1943

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.

C.W.Milliken
A.A.Surgeon,
U. S. Public Health Service.

16—27156-1

Absence of duty sick 4-2-43 to 4-8-43.

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L.	227-262	B.M.1c.	WEST JONESPORT STATION
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

*~~Regular~~
*~~Reserve~~
*~~Temporary~~
*~~Auxiliary~~
(Enlistment status)

Place West Jonesport, Maine., Date 2 April, 1943

To: C. W. Milliken, A. A. Surgeon,

Jonesport, Maine.

FILED

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, WEST JONESPORT STATION, West Jonesport, Maine.

Myron L. Wilson
Myron L. Wilson.
(Signature of patient)

James Urquhart,
~~C.B.M.~~
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Jonesport, Maine, Date April 3, 1943

I CERTIFY that I have examined the above-named person and find him suffering from
Cold 0331
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *~~More.~~} Treatment will require approximately 7 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Jonesport, Maine {*~~hospital~~ / *office} on April 3, 1943

C. W. Milliken
C.W.Milliken
A.A.Surgeon, U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L.	227-262	B.M.1c.	WEST JONESPORT STATION.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Jonesport, Maine, Date November 22, 1942

To: WEST JONESPORT STATION,
(Coast Guard unit)
West Jonesport, Maine.
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Parotitis Temporary		Nov. 18,	Nov. 22, 1942

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.}

C. W. Milliken, C W Milliken
A. A. Surgeon U. S. Public Health Service.

No absence of duty sick.

NOTICE OF MEDICAL TRANSFER

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

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

WILSON, Myron L. (227-262) B.M.1c. WEST JONESPORT 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
XSPECIALX
~~TEMPORARY~~
(Enlistment status)

Place West Jonesport, Maine., Date 18 November, 19 42.

To: C.W.Milliken, A.A.Surgeon,
Jonesport, Maine.

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, West Jonesport Station, West Jonesport, Maine.

Myron L Wilson
Myron L. Wilson
(Signature of patient)

James Urquhart,
C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Jonesport, Maine, Date Nov. 18, 19 42

I CERTIFY that I have examined the above-named person and find him suffering from
Parotitis Temporary
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at _____ {*~~hospital~~ / *office} on Nov. 18, 1942

C. W. Milliken, C.W.Milliken
A. A. Surgeon U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

NCG-[illegible]

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L. (Name, surname first) | 227-262 (Service number) | B.M.1c. (Rank or rating) | WEST JONESPORT STATION. (Unit)

FILE C.M.

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

FINAL MEDICAL CERTIFICATE

Place Jonesport, Maine, Date Oct. 23, 1942

To: WEST JONESPORT STATION, (Coast Guard unit)

West Jonesport, Maine. (Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Cold and Bronchitis	0191	Oct. 23	Oct. 28, 1942

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

Cold and Bronchitis, off duty sick from Oct. 23 to Oct. 28, 1942

CONDUCT REPORT:

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

Off duty sick from 23 October, to 28 October, 1942.

C. W. Milliken, C W Milliken

A. A. Surgeon U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L. (Name, surname first) 227-262 (Service number) B.M.1c. (Rank or rating) WEST JONESPORT STATION. (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 West Jonesport, Maine., Date 23 October, 1942.

To: C. W. Milliken, A.A. Surgeon,
Jonesport, Maine.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, WEST JONESPORT STATION, West Jonesport, Maine.

Myron L. Wilson
Myron L. Wilson, (Signature of patient)

James Urquhart, C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Jonesport, Maine, Date Oct. 23, 1942

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

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

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at _____ {*hospital / *office} on Oct. 23, 1942

C. W. Milliken, Lt. Milliken
C. W. Milliken, A. A. Surgeon U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NOG-2522

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L. (Name, surname first) | 227-262 (Service number) | B.M.1c. (Rank or rating) | WEST JONESPORT STATION. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Jonesport, Maine, Date October 10, 19 42

To: WEST JONESPORT STATION,
(Coast Guard unit)
West Jonesport, Maine.
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Smallpox Vaccination	0119	Oct. 10	Oct. 10, 1942

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.}

No absence off duty sick.

C. W. Milliken, C W Milliken
A. A. Surgeon U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L. (Name, surname first) | 227-262 (Service number) | B.M.1c. (Rank or rating) | WEST JONESPORT STATION. (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 West Jonesport, Maine., Date 10 October., 19 42.

To: C. W. Milliken, A. A. Surgeon,
Jonesport, Maine.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, WEST JONESPORT STATION, West Jonesport, Maine.

Myron L. Wilson
Myron L. Wilson
(Signature of patient)

James Urquhart,
C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Jonesport, Maine, Date Oct. 10, 1942

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

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

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at _____ {*hospital / *office} on October 10, 1942

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

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

WEST JONESPORT STATION.

WILSON, Myron L.	227-262	B.M.1c.	
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH, PORTLAND, MAINE, Date 25 JUNE, 1942

To: WEST JONESPORT STATION
(Coast Guard unit)

West Jonesport, Maine.
(Address)

U. S. COAST GUARD (16)
RECD JUL 1 1 1942

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
BRONCHITIS, ACUTE	0191	7 JUNE	25 JUNE
DIABETES MELLITUS	0451	17 JUNE	25 JUNE

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

CONDUCT REPORT:

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

E. Robinson

J. E. ROBINSON, P.A. SURGEON (R)
U. S. Public Health Service.

U. S. COAST GUARD (17)

REC'D JUN 13 1942

FILE

FOLLOW INSTRUCTIONS ON BACK

227-262 (Service number) B.M.1c. (Rank or rating) WEST JONESPORT STATION (Unit)

LIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

st Jonesport, Maine., Date 4 June, 19 42.

urgeon.

ne the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached
him such treatment as may be required. It is requested that the

TE be returned to Commanding Officer, West Jonesport Sta.
West Jonesport, Maine.

James Urquhart C.B.M.
U. S. Coast Guard.

URN MEDICAL CERTIFICATE

onesport,Me. June 6 42
, Date , 19

the above-named person and find him suffering from

Asthma.
nosis by number and name according to official nomenclature)

ase is expressed below for the information of the Coast Guard admin-
? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of
ed from injury, directly attributable to and immediately following his
or or habit-forming drug? {*Yes. / *No.} Absent from duty on account of
ase due to his own misconduct? {*Yes. / *No.} If "yes," did the initial
n one year ago? {*Less. / *More.} Treatment will require approximately
was admitted to {*inpatient / *outpatient} treatment at
tal} on June 4 42, 19

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

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

NOTICE OF MEDICAL TRANSFER

Wilson, Myron L227-262 B.M.1c West Jonesport Station
(Patient's name, service number, rank or rating, and unit)
treatment at Onesport, Maine {*office / *hospital} at
for Bronchitis, & Asthma
(Diagnosis)
transferred this date June 6, 19 42, to the U. S. Marine Hospital at Portland, Maine
for further treatment.

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

*Strike out words not applicable.

2—663

U. S. COAST GUARD (17)

REC'D JUN 13 1942

FILE

FOLLOW INSTRUCTIONS ON BACK

WILSON, Myron L. (Name, surname first) | 227-262 (Service number) | B.M.1c. (Rank or rating) | WEST JONESPORT STATION (Unit)

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

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

Place West Jonesport, Maine., Date 4 June, 19 42.

To: C. W. Milliken, A.A.Surgeon,

Jonesport, Maine.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, West Jonesport Sta. West Jonesport, Maine.

Myron L. Wilson
(Signature of patient)

James Urquhart, C.B.M.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Jonesport,Me., Date June 6 42, 19

I CERTIFY that I have examined the above-named person and find him suffering from Cold,Bronchitis , Asthma.
(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 Jonesport.Me. {*hospital / *office} on June 4 42, 19

C.W.Milliken

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

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (ZA)
RECD JUN 18 1942 WEST JONESPORT

WILSON, Myron L. (Name, surname first) | 227-262 (Service number) | B.M.1c (Rank or rating) | STATION. (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

FILE C.M.

Place Jonesport, Maine, Date June 1, 19 42

To: WEST JONESPORT STATION
(Coast Guard unit)

West Jonesport, Maine.
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Tetanus Toxoid	0119	March 21	June 1 1942

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.}

No absence off duty sick.

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

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

U. S. COAST GUARD (18)

FOLLOW INSTRUCTIONS ON BACK

FILE

... 13 1942

WEST JONESPORT STATION.

WILSON, Myron L. (Name, surname first) | 227-262 (Service number) | B.M.1c. (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 West Jonesport, Maine., Date 25 March, 19 42.

BOSTON DISTRICT RECEIVED APR 17 1942 U. S. COAST GUARD

To: C.W.Milliken, A.A.Surgeon,
Jonesport, Maine.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, West Jonesport Station, West Jonesport, Maine.

Myron L. Wilson
Myron L. Wilson.
(Signature of patient)

James Urquhart,
C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place ZZZZZZZZJonesport, Maine., Date March 25, 19 42

I CERTIFY that I have examined the above-named person and find him suffering from Vaccination , Tetanus Toxoid 0119
(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 00 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Jonesport, Me. {*hospital / *office} on March 25, 19 42

C.W.Milliken
C.W.Milliken
A.A.Surgeon, U. S. Public Health Service.

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

RECD APR 20 1942 MEDICAL SECTION

_____ (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

U. S. COAST GUARD (illegible)
REC'D NOV 10 1941

WILSON, Myron L.	227-262	B.M.1c.	WEST JONESPORT STATION
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
XXSPECIALXXXXXX
XXTEMPORARYXX
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Jonesport, Maine., Date Oct. 20, 19 41

To: WEST JONESPORT STATION
(Coast Guard unit)
West Jonesport, Maine.
(Address)

BOSTON DISTRICT NO. 6 U.S.C.G. 1941

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
Acute Bronchitis	0191	Oct. 6	20 41
		U. S. COAST GUARD	
		REC'D NOV 10 1941 BY	
		MEDICAL SECTION	

OFFICE NOV 14 1941 INSPECTOR IN CHIEF

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

CONDUCT REPORT:

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

No absence off duty sick.

C. W. Milliken
A. A. Surgeon, U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (10)
REC'D NOV 10 1941

WILSON, Myron L.	227-262	B.M.1c.	WEST JONESPORT 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
~~XXSPECIALXXXXXXX~~
~~XXTEMPORARYXXX~~
(Enlistment status) Place West Jonesport, Maine., Date 6 October, 19 41.

To: C. W. Milliken, A. A. Surgeon,
Jonesport, Maine.

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, WEST JONESPORT STATION, West Jonesport, Maine.

Myron L. Wilson.
Myron L. Wilson. (Signature of patient)

James Urquhart
James Urquhart, C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Jonesport, Maine, Date Oct. 6 41, 19

I CERTIFY that I have examined the above-named person and find him suffering from Acute Bronchitis 0191
(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 Jonesport, Maine {*hospital / *office} on Oct. 6, 19 41

C.W.Milliken
C. W. Milliken
A.A.Surgeon, U. S. Public Health Service.

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

U. S. COAST GUARD
REC'D NOV 10 1941 BY
MEDICAL SECTION

.....
(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

U. S. COAST GUARD (11)
FOLLOW INSTRUCTIONS ON BACK
REC'D JUL 17 1941

FILE CM

WILSON, Myron L. (Name, surname first) | 227-262 (Service number) | B.M.1c. (Rank or rating) | WEST JONESPORT STATION. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Jonesport, Maine, Date June 16, 1941

To: WEST JONESPORT STATION
(Coast Guard unit)
WEST JONESPORT, MAINE.
(Address)

The above-named patient was discharged from {*~~inpatient~~ XXXXX / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Inoculation for Small Pox	0119	June 6,1941	June 16,1941

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

CONDUCT REPORT:

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

No absence off duty, sick.

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

NOTICE OF MEDICAL TRANSFER

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

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE C

WILSON, Myron L.	227-262	B.M.1c.	WEST JONESPORT 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
XSPECIALXXXX
XTEMPORARYX
(Enlistment status)

Place West Jonesport, Maine., Date 6 June, 19 41.

To: C. W. Milliken, A. A. Surgeon,
Jonesport, Maine.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U.S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, WEST JONESPORT STATION, West Jonesport, Maine.

Myron L. Wilson.
(Signature of patient)

James Urquhart, C.B.M. U. S. Coast Guard.

RECEIVED JUL 15 1941 U.S. COAST GUARD

RETURN MEDICAL CERTIFICATE

Place Jonesport, Maine, Date June 6, 19 41

I CERTIFY that I have examined the above-named person and find him suffering from
Inoculation for Small Pox
(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. / *XXX} Fit for duty? {*XXX / *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? {*XXX / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*XXX / *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 {*XXXXXX / *outpatient} treatment at Jonesport, Maine {*hospital / *office} on June 6, 19 41

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

*Having been informed that I am suffering from XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(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.)

XXXXXXXXXXXXXXXXXXXX

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

West Jonesport Station (Unit) — West Jonesport, Maine (Place)

29 May, 1941. (Date)

FROM: WILSON, Myron Loyce., B.M.1c., (227-262)

TO: COMMANDANT (via Commander, Boston District.)

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

Bernice Higgins Wilson (Full name of wife; if not married, so state)	Jonesport, Maine (Address of wife)
Margaret Stevens (Full name of child; if none, so state)	Jonesport, Maine (Address of child)
Laura Lenfesty (Full name of child; if none, so state)	Jonesport, Maine (Address of child)
None. (Full name of child; if none, so state)	(Address of child)

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

Mrs, Edgar Wilson (Full name of relative)	Mother (Relationship)	Jonesport, Maine (Address of relative)

No dependency exists. (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:

Mr. Edgar Wilson (Full name of relative)	Father (Relationship)	Jonesport, Maine (Address of relative)

No dependency exists. (State briefly wherein dependency exists)

WITNESSED BY: James Urquhart
James Urquhart, C.B.M.

SIGNED: Myron Loyce Wilson
Myron Loyce Wilson

Rank Officer in Charge, West Jonesport Station *Rank or Rating* B.M.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

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

U. S. COAST GUARD
HEQ'D JUN 9 1941

REPORT OF CHANGE IN PERSONNEL

CR2

WILSON, Myron, I., 227-263, B.M.1c.
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

WEST JONESPORT STATION, West Jonesport, Maine, 29 May 1941.
(Unit) (Place) (Date)

West Jonesport Station.
Boston District.

Resigned from former Lighthouse Service to accept Enlistment in the Coast Guard as of the close of 28 May, 1941.
Enlisted this date for a period of three years as B.M.1c., in the Regular enlistment.
Entitled to clothing bounty of $112.75. PAFE: P.O. address: Jonesport, Maine. 1220, this date, transferred to Moose Peak Light Station for assignment to duty.
Position Held: Ass't Light Keeper. Salary: $125.00 per month.
Creditable service for retirement under Lighthouse retirement act computed to and including day prior to date of enlistment in the Coast Guard:
19 years, 7 months, 24 days.
Prior military service: None.

AUTHORITY: Headquarters' 3rd indorsement on Form 2525-B. Dated 17 May, 1941.

James Urquhart
(Commanding)
James Urquhart,
Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
	CHD		

U. S. GOVERNMENT PRINTING OFFICE

From: WILSON, Myron Loyce, Ass'nt. Keeper, Moose Peak Light.
To : Commander, Boston District.

Subject: Resignation.

1. I hereby submit my resignation to be effective at the close of 28th May, 1941. in order to accept enlistment in the U. S. Coast Guard, on 29th May, 1941.

Respectfully,

Myron L. Wilson

Myron L. Wilson

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 9

TO:

Date Prepared May 29, 1941

Name: Wilson, Myron L.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Boatswain's Mate, 1c.
Grade	Field (Range $1260-1620)	No change in pay and allow-
Salary	$1560 p.a. plus $240 p.a. Qtrs.	ances, Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Boston, Mass.	Boston, Mass.
Post of Duty	Moose Peak Lt. Sta., Maine	Moose Peak Lt. Sta., Maine
Appropriation	Civilian Employees, C. G.	Pay and allowances, C. G.
Allotment		

FIELD ☒ DEPRTMTL. ☐ FIELD ☒ DEPRTMTL. ☐

EFFECTIVE May 29, 1941.

Remarks:

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

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 8-26-91

LEGAL RESIDENCE: Maine

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-15

DATE OF OATH

DATE APPROVED BY THE SECRETARY: JUL 28 1941

BUREAU OR DIVISION PERSONNEL FILES

Item 23.

The vaporizer is a complicated article that consists of screen, a hollow barrel with four outlets and passage to hozzle which has a small outlet into the heating tube that contains another screen and upward into the mantle that is of asbestos construction. This is connected to the lamp.

7 hours. The lamp and vaporizer must be kept in perfect condition. Thoroughly cleaned by wiring and boiling out with potash. Then dried and blowed out with compressed air. Lamps cleaned monthly and vaporizer cleaned daily.

3 hrs. The lens consisting of prisms and bullseyes, set in such manner to throw the rays outward. These are cleaned daily and kept in perfect condition with alcohol and chamois cloth. These lens are of the revolving type, run by weights with clock attachment. The clock is cleaned and oiled weekly and timed every night. Cleaning ball and lock 5 hrs.

2 hrs. The signal of this station is a bell, run by fifteen, one hundred pound weights attached on wire cable connected with machine. The weights having to be cranked up every three hours while in operation. The machine consists of cog wheels, drum, hammer, levers, and is run by a tension clock. This signal is run during all kind of thick weather, and tried out daily to see it is in perfect operation. This also is thoroughly cleaned and oiled after each operation.

Our general work consists of painting, cleaning, repairing, and keeping the station in excellent condition. The tower is cleaned inside weekly and painted semi-annually. Swept and dusted down daily. The tower is scraped and painted yearly. The plate glass is cleaned daily inside and outside.

The dwelling house or houses are frequently cleaned inside and painted annually, the floors are scraped, then shellaced or varnished and are kept in the best condition possible. All other buildings, such as oil house, boat house, barn and slips are scraped, cleaned and painted as often as is needed to be kept in perfect condition.

All metal work is chipped, scraped and then covered with a composition called red lead paint consisting of linseed oil and pure red lead. After thoroughly dry painted again as specification permits. This takes considerable time being done annually and as often as needed. It requires several weeks to complete this work.

Most of our outside painting and repairing is done on ladders such as oiling chimneys, painting saddle boards, replacing shingles, etc. All painted surfaces are thoroughly scraped and covered with paint. This takes practically all summer as we only paint when weather permits.

2 days. Then out slips are scraped, white washed and any minor repairs that are needed.

Our boats are cleaned, paint and repaired. Engine overhauled new parts where needed as we consider they are a great help to use for mail and supplies, our winter supplies, etc.

Our watches and all work are evenly divided, in such manner that we can perform out duties to the best of our ability.

I consider that 90% of my time is used in the performing of my duties as a light keeper. The other 10% I use for mail and supplies, fishing such as clamming, handlelining to get fish for winter, a few lobsters traps and getting wood for fuel.

PERSONNEL CLASSIFICATION BOARD FORM NO. 14—FIELD QUESTIONNAIRE
(To be filled out in accordance with the instructions given in P. C. B. Forms Nos. 15 and 16)

CP

Bureau No. 14.1462 *Sheet No.* 2(b)-100

Space reserved for the use of the Board

1. Wilcox (Surname) Myron (Given name) L (Initial)
2. Department Commerce
3. Bureau Lighthouses
4. Field service Lighthouse Service
5. (a) Field station Two Bush Island Light Station
   (b) Subdivision First District
   (c) City or town Sprucehead State Maine
6. Pay roll title Light Keeper
7. Customary office title Assistant Keeper
8. Present administrative allocation $1200-$1500 1620
9. Present gross rate of pay $ 240
10. Deduction for allowances $ 130
11. Net rate paid in cash $

12. Indicate by an "X" in the proper box or boxes the kind of allowances, if any, received by the employee:
   [ ] House [ ] Room { [ ] Furnished [ ] Unfurnished } [ ] Heat [X] Light [X] Fuel [ ] Laundry [ ] Uniform [ ] Subsistence or rations in kind Meals per day: [ ] 1 [ ] 2 [ ] 3

13. Describe any other allowance, privilege, or perquisite of value None Uniform; its cost depending upon quality of material selected by employee; estimate $20 per annum.

14. If any special equipment or a bond is required by law or regulation to be furnished at the employee's expense, state kind and annual cost

15. (a) Regular hours of work: From not yet fixed m. to m. (b) How many hours per week excluding unusual or irregular overtime work? —
   Summer Irregular Winter Irregular (c) If not a full time and all-the-year-round position, state number of hours per day ;
   number of days per { week / month / year } (d) If certain hours of availability for duty, outside of regular working hours, are required, state hours and type of such duty Subject to duty at all times while on station

16. (a) Rate of pay for overtime none (b) Amount of overtime pay in last 12 months none

17. (a) Does the employee in any way direct or supervise other employees? No (b) If so, in what way? (See Form 16 before answering)

(c) How many?

18. If the employee supervises other persons through immediate contact, give the name and the sheet numbers of such persons. (For such of these as may not be covered by questionnaires, give number and kinds by occupations.) If the employee exercises supervision through section or division heads, give the title of such sections or divisions and the names and sheet numbers of their heads.

None

19. (a) Is the employee in any way directed, supervised, or instructed, or his work reviewed? Yes (b) If so, in what way? (See Form 16 before answering.)
By his principal keeper in the operation and upkeep of the station. In the absence of his principal keeper he assumes full charge.

20. What is the name, official position, and sheet number of the employee's immediate superior? Leland Mann, Keeper, Sheet No. 1(b)-99.

21. Employee's education: Strike an "X" over the number representing the highest grade or year completed in each type of school:

Elementary								High				Normal				College				Postgraduate or professional				
1	2	3	4	5	6	7	8	1	X 2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	(Kind)

Other education (describe):

22. What length and kind of experience or other training did the employee possess upon original entrance into this position which was most qualifying or pertinent?
Boatmen accustomed to handling skiff and rowboats in all weathers.

23. TO THE EMPLOYEE: Describe in detail the work you do. Put each distinct duty, task, or process in a separate paragraph. Explain first those that require most of your time. Explain occasional duties last. In the column at the left opposite each paragraph enter the approximate percentage of your time devoted to the work described in that paragraph. DO NOT ATTEMPT TO COMPOSE THIS STATEMENT WITHOUT FOLLOWING THE INSTRUCTIONS OF P. C. B. FORM NO. 15.

Percentage of working time

My duties as a light keeper are as follows;

I will go to light up 45 minutes before sundown, that giving me plenty of time to get the apparatus in perfect operation.

I open the pressure tank containing oil and then I prime the lamp 3 seconds which fills the same with cool oil. Then I connect the alcohol torch and regulate the feed and light same as it has to heat the oil to a vapor.

Then I take off lens cover and put up all curtains except the one that is in direct contact with the suns rays, as that will destroy the lens. It takes twenty to thirty minutes to get the light in operation according to the temperature.

As the oil is starting to vaporize I open the valve for three more seconds and continue so until the lamp can take the cool oil, heat it, hold its heat, and continue so without the aid of the alcohol torch.

The lamp is of brass, constructed in such manner that it has a hollow space for the circulation of oil that is forced through a vaporizer upward into the mantle. Another hollow space that is packed with asbestos wicking to help hold the head for the lamp, that sets inside of the lamp.

24. I hereby certify that the foregoing was composed by me after reading P. C. B. Form No. 15, and that it is a true statement of my duties.

(SGD) MYRON L WILSON
(Signature of Employee)

25. TO THE PREPARING OFFICER: Write your own description of the employee's work. If in describing the work of the position you would cover the same subject matter and use the same language and expressions, indicate your concurrence in the employee's statement and utilize the rest of the space below by giving further and broader information regarding the position, such as the kind and degree of responsibility involved, the ultimate purpose of the work, its place in your organization, its working conditions, etc. If more space is needed, attach a separate sheet. See instructions in Form No. 16.

I concur in the above.

26. How long have the employee's duties been substantially as described above? Since May 13, 1925

27. I hereby certify that to the best of my knowledge and belief the statements made by me on both sides of this sheet are accurate and complete.

OCT 12 1928, 1928 (Date) — JAMES C. WOOLLEY (Signature of Preparing Officer) — Chief Clerk (Title)

28. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief, the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ____ In my judgment the compensation of this position should be in a range from $1200 to $1500.

OCT 12 1928, 1928 (Date) — C. E. SHERMAN (Signature of head of field office or station) — Supt. of Lighthouses (Title)

29. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ____ In my judgment the compensation of this position should be in a range from $1200, to $1500

OCT 24 1928, 1928 (Date) — H. B. BOWERMAN (Signature of head of bureau or his representative) — Acting Commissioner of Lighthouses. (Title)

U. S. GOVERNMENT PRINTING OFFICE: 1928

Form 73

NOMINATION

JCW:GFL

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES 1928 SEP 25 PM 3-53

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine, September 24, 1928, 19
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER AND PROMOTION

Name, Myron L Wilson

Position, Assistant Keeper

Location, Moose Peak LH, Maine

Effective, Oct. 1, 1928

Legal residence, MAINE

Proposed salary, $1440. pa

Proposed range, $1260. to $1560.

Appropriation, Sals., Kyps.

{ the yearly rate of increase or next or as soon thereafter as he enters on duty.

Former position, Assistant Keeper

Location, Two-Bush Island LH, Me.

Former salary, $1380. pa

Former range, $1200 to $1500.

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

Previous incumbent, Frank Faulkingham

Services terminated, about Sept. 30, 1928.

Reason, Recommended promotion Keeper, Moose Peak.

Members of family in Government service, ---

Date of birth, ---

Remarks:

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

DIRECT.
Secretary, *Civil Service District.*

C E Sherman
C E SHERMAN
Superintendent of Lighthouses.

BUREAU OF LIGHTHOUSES
WASHINGTON

SEP 26 1928

Submitted to the Secretary of Commerce, approved.

Acting Commissioner of Lighthouses.

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

11—2314

STANDARD FORM No. 3
(Approved by the President 6/28/24)
Revised Dec. 5, 1927

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Dept. of Commerce Date Sept. 19, 1939

1. Name in full (Mr., Miss, or Mrs.) Mr. Wilson (Surname) Myron (Given name) Loyce (Middle name)
2. Present address (Number) (Street) Jonesport (City) Maine (State)
3. Legal (voting) residence Jonesport (State and Congressional District) Washington (County) Jonesport (City or town)
4. Where born Maine 3rd Cong. Dist. Jonesport When born Aug. 26 1891
   (State or foreign country) (City or town) (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

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

7. Number and ages of dependents domiciled with you
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
USLHS	Moose Peak	Additional K	$600.	Feb	2	1921	4 yrs		1921
" " " "	Mt. Desert Rock	2nd Asst. Keeper	780.	Apr	6	1921	June		1923
" " " "	Pt. Isl. Ledge	2 " " "		June		1923	Sept.	15	1923
" " " "	Boon Isl.	2 " " "		May	1st	1924	May		1925
" " " "	Two Bush	1 asst. Keeper	1380.	May		1925	Oct.	1	1928
" " " "	Moose Peak	1 " "	1440.	Oct.	1	1928			

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) (Location) No (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 ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) None

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Wm. Underwood Co. Boston Mass.	Can Maker & Die Setter	10 years.
Eastern S.S. Co. Metropolitan Pier N.Y.	Oiler	9 months
Boston Lock Port Block Co. Boston Mass.	Machine Operator	1 year.
General Electric Co. Lynn Mass.	Lathe Hand Bench Work	1 "
Barton S.S. Co. Boston	Oiler - Quartermaster	2 years.
E K Wilson Jonesport Maine	Painter & Paper Hanger	2 years.

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

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

16. In case of emergency, notify Mrs. M. L. Wilson

Relationship Wife Post office address Jonesport, Maine.

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

Myron L. Wilson
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE: 1939 10—1930

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

Copy of this form has not been sent to Dept.

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared: January 9, 1941

Name:

From: Wilson, Myron L.
U. S. Coast Guard

Bureau No:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

Promotion

	FROM	TO
Position		Keeper
Grade		
Salary	Field (Range $1260-1620) $1500 p.a. plus $240 p.a. (tra.	Field (Range $1380-1620) $1560 p.a. plus $240 p.a. (tra.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters Post of Duty		Boston, Mass.
Appropriation		Regular
Allotment		
Field or Deptl.		Field

APPROPRIATION: Regular

DATE OF BIRTH: 8-26-1891

LEGAL RESIDENCE: Maine

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

EFFECTIVE
Remarks: January 16, 1941

Moose Peak Lt. Sta., Me.
Civilian Employees, C.S.

Justification:

SUBJECT TO RETIREMENT ACT? Lighthouse Act

DATE OF OATH

No increase in pay since July 3, 1930.

S. P. WUHLMAN,
Lt. Commander, U. S. Coast Guard,
Acting Assistant Personnel Officer.

BUREAU SUSPENSE AND FILE COPY

n 93

married

U. S. COAST GUARD

REC'D JUN 18 1941

NOTICE OF RESIGNATION OR DEATH

TREASURY DEPARTMENT
~~DEPARTMENT OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
U. S. Coast Guard
OFFICE ~~SUPERINTENDENT OF LIGHTHOUSES~~ Commander Boston DISTRICT.

Commandant:
~~COMMISSIONER OF LIGHTHOUSES~~

Boston, Massachusetts, 16 June , 1941.

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

Name, Myron L. Wilson — Position, Assistant Keeper

Legal residence, Maine — Station, Moose Peak Light Station

Salary, $1560.00 per annum

The acceptance of this resignation { ~~without~~ / without } prejudice is recommended effective at the close of

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.)

Mr. Wilson's resignation was effective at the close of 5/28/41. He was inducted into the Coast Guard as a B.M.1c. and the oath was administered on 5/29/41.

O. A. LITTLEFIELD, Lieut. Comdr., U.S.C.G.,
~~Superintendent of Lighthouses~~
Personnel Officer, Boston District.

11—4623

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce,

U. S. COAST GUARD

REC'D JUN 18 1941

From: WIISON, Myron L.
To : Commander, Boston District.

Subject: Resignation.

1. I hereby submit my resignation to be effective at the close of 5/28/41 in order to accept enlistment in the U. S. Coast Guard.

Respectfully,

MYRON L. WILSON.

EDUCATIONAL AND SPECIAL QUALIFICATION

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.

WILSON, Myron Loyce (NAME) — 227-262 (SERVICE NUMBER) — Boatswains' Mate, First Class. (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: Graduated from Grade Schools. (Number of years attended, graduated) (Grade)

(b) High School: Completed two years High School. (Number of years attended, grade completed or graduated)

(c) College: Higgins Classical Institute, 1 year, General Course. (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	(x)	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )
Electrician (general)	( )	Engineer (steam)	( )
Engineer (diesel)	( )	Lathe operator	(X)
Machinist	(x)	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )
Sign painter	(x)	Stenographer	( )
School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

None.

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

Use reverse side of this form when necessary.

Myron Loyce Wilson

(SIGNATURE)

227-262

Name WILSON, M. L. (surname first) Age 48 Total service 18 yrs.

Present station Moose Peak L.H. Present civil grade Asst Kpr. Present pay 1500

Allowances (per annum)

Qualified ? Yes Acc. end 7 May 41

Disqualified ? (give reason)

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

Grade determined by Hdqrs Pay and allowances (per annum)

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

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

Increase

Decrease

Boston District

Service and age based on approximate date of December 31 1939

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

WILSON, MYRON L.

RETIRED
MAY 1 1946

Service Record

WILSON
(Surname)

Myron Loyce | 227-262 | NB.
(Christian names) | (Service No.) | (Citizenship)

Boatswains' Mate First Class. | 29 May, 1941. | Three (RE)
(Enlisted as) | (Date) | (Term of years)

West Jonesport Station | West Jonesport, Maine
(Ship or station) | (Place)

2—13678

WILSON, Myron Loyce (227-262) BM1c
RETIRED: 5-1-46
DISABILITY: "Incapacitated for active CG service by reason of Bronchial Asthma and Emphysema; incapacity is permanent"

706

30 April, 1946

To: Boatswain's Mate, first class, Myron Loyce Wilson (227-262)
United States Coast Guard

Via: Commander, 1st CGD, and Commanding Officer, CG Group
West Jonesport, Maine

Subj: Retirement

1. On 30 April, 1946 the President approved the proceedings and finding of facts of the retiring board in your case. You are therefore retired from active service effective 1 May, 1946, in accordance with the Provisions of U.S.C., title 14, Sec.169, and U.S.C., title 5, Sec. 47a.

2. In accordance with the Provisions of Section 7 of the Act approved August 5, 1939 (53 Stat. 1217), your monthly retired pay effective on and after 1 May, 1946, will be $89.77, which is seventy-five per centum of $119.70.

3. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return inclosure (1), Form 2533, properly executed in duplicate to Headquarters. Signatures of children twelve years of age, or under, will not be required.

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

CC: General Accounting Office
Allotment and Retired Pay Section
Central Pay Records
Enlisted Assignments

BEABES:me Return to 3-12

PE

UNITED STATES COAST GUARD

BOSTON, MASS.

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

DISTRICT COAST GUARD OFFICER
CUSTOMHOUSE
BOSTON, MASS.

AND REFER TO FILE NO. pra-701

6 March, 1946

To: The Commandant (PEA-c)

Subj: Enlisted Personnel Qualification Card, Form 2719; forwarding of

Inasmuch as the below listed personnel has been transferred to your command, Form 2719 is forwarded for your information.

WILSON, Myron L. (227-262)BM1c

D. V. HANMER
By direction



(1)-(B) NAME (PRINT CLEARLY) Wilson (LAST) Myron (FIRST) 4. (MIDDLE) B.M. 1/c

227-262 SERVICE NUMBER | 5 FT. | 3 IN. | 157 LBS. | W RACE

(2) HOME ADDRESS Jonesport, Me.

(3) BIRTHPLACE Jonesport, Me. (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-(R) DATE OF BIRTH 26 Aug. 1891 HOW LONG IN U. S. YEARS

(5) CITIZEN ✓ L-29 NON-CITIZEN L-28 TAKEN OUT FIRST PAPERS

(6)-(T) MARITAL STATUS Married (7)-(T) NUMBER OF DEPENDENTS 1

(8) EDUCATION NON-E. R-3 ILLITERATE R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	X		Jonesport		
HIGH SCHOOL	3		X	Jonesport	General	
COLLEGE OR UNIVERSITY						
Prep. School POST GRADUATE	1		X	Higgins Classical Inst.	General	
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-(R) TOTAL SCHOOL YEARS		X X X X X X X X X X X X				

(10)-(L) LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR N or S/C	SPANISH (L-23) S	R	W	FRENCH (L-24) S	R	W	GERMAN (L-25) S	R	W	OTHER LANGUAGES (L-26) S	R	W	S	R	W
FAIRLY WELL															
FLUENTLY (L-27)															

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION I N. D. DATE 5-29-41

(12)-(B) BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
✓				

(13)-(T) MAIN OCCUPATION Coast Guardsman | YEARS AT IT 22 | WKLY. WAGE $ —

D. O. T. CODE 2-68.40

JUST WHAT DID YOU DO? Transferred from Lighthouse Service.

LAST DATE OF EMPLOYMENT Presently Employed

EMPLOYER U. S. Government (FIRM NAME)

ADDRESS OF EMPLOYER Washington, D.C.

DEPT., SHOP OR BRANCH KIND OF BUSINESS Gov. Service

(14)-(T) SECOND BEST OCCUPATION | YEARS AT IT | WKLY. WAGE $

D. O. T. CODE

JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE				
GRADE —SCORE	(15)-(B)	(16)-(B)	(17)-(B)				

(18)-(L) SERVICE SCHOOLS QUALIFIED FOR

1. None
2.
3.

(19)-(L) SERVICE SCHOOLS DESIRED M. Sc. 2

1. None
2.
3.

(24) RATING

NON-ENGLISH SPEAKING 3

ILLITERATE N

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S	LAST DATE (YEAR)
None							

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. None			
2.			
3.			
4.			

(22) REMARKS:

I Present Assignment - In charge of Moose Peak Light Station.
II No Sea Duty

(23) NEXT OF KIN

NAME Bernice H. Wilson (Wife)
ADDRESS
CITY Jonesport STATE Me.

(24) - ® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
5-29-41	W. Jonesport Sta	B.M. 1/c	
3-1-'45	Moose Peak Lt. Sta.	"	5-9-45 pending retirement
2-18-46	Resigns (PEA-c)		

(25)

DATE OF INTERVIEW 13 Oct. 1943 UNIT Moose Peak Lt. Sta. Jonesport, Me.

SIGNATURES

INTERVIEWER D. Burke, Sk. 3/c (c)

ENLISTED PERSON ✓ Hyron L. Wilson B.M.1c

N.C.G. FORM NO. 2719
JANUARY 1943

IMPORTANT -- UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

MCBEE KEYSORT U. S. PAT. NO. 2,215,607

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WILSON, Myron L.	227-262	2c1/c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, West Jonesport, Maine	Moose Peak Light Station	Jonesport, Maine

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 01-033

DATE: 18 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)

Detached from duty at this unit, effective above date. Attached Headquarters (PEA-C) while in status "pending retirement".

DUTY CODE NO.: 30

AUTH: THE COMMANDANT/L dated 18 February, 1946, (CG-75-706-531)

Donald C. Coffin, CBM
(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

DCGO,1ND MEMORANDUM

WILSON Myron L. 227-262 BMlc.

DCGO,1ND (01-001) Boston, Mass. 21 December 1945.

1100, this date, rptd fm stat. "A1(S)" expiring this date. Had dptd this office, in above status for period of thirty (30) days at 1305, 11-20-45. Not AOL - ENTITLED TO LEAVE RATIONS.

1130, this date, dptd in stat. "A1(S)" extension of, for period of thirty (30) days, to expire prior to 1200, 21 January, 1945, at this office.

ADDRESS WHILE IN STATUS "A1(S)" - Box No. 7,
Jonesport, Maine.

Art.3006(1)CG Regs.
DCGO1ND/L 12-21-45.(pra-73).

COPY TO : CG GROUP, W.Jonesport, Me.
POST INDEX
FILE
MEDICAL
SERV.RECD.

afh

SERVICE RECORD

DCGO1ND - MEMORANDUM

WILSON Myron L. 227-262 BMlc.

DCGO,1ND (01-001) Boston, Mass. 20 November, 1945.

1205, this date, rptd fm inpat. tr. at USMH, Brighton, Mass.

DIAG: NDOM.

1305, this date, dptd in status "A1(S)" for period of thirty (30) days, to expire prior to 1200, 21 December, 1945, at this office.

Art.3002)1)Regs.
Art.3006)1)Regs.
DCGO1ND/L 11-20-45 (pra-73).

COPY TO - GRP, W.Jonesport, Me.
MOOSE PK ISL LIGHT STA.
POST INDEX
FILE
MEDICAL
SERV.RECD.

afh

SERVICE RECORD

WILSON, Myron L. 227-262 BM 1c

CG OPERATING BASE CG BARRACKS ROCKLAND, ME.

01-084 4 October, 1945

1500
4 October 1945

CG GROUP, WEST JONESPORT, ME.
assignment to temporary duty in connection with med. treat

06 D SCGO/VO 10/4/45

H. I. BARTLETT
By direction

fmv

SERVICE RECORD COPY

WILSON, Myron L. (227-262) HMlc

SCGO Portland, Maine

01-093 22 Sept., 1945

X145 U. S. Marine Hospital, Portland, Maine
20 Sept., 1945 further transfer.

18 D Art. 3002 Regs.

2330 SCGO, Rockland, Maine
20 Sept., 1945 disposition.

SCGO, Portland, Me./L 9-20-45, 73-531

ORA DOYLE, Lieut. Comdr. USCG.
By direction

SERVICE RECORD
COPY

NCG 2500-A
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. STATION, WEST JONESPORT, MAINE
(Unit)

West Jonesport, Maine
(Place)

28 May, 1944
(Date)

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

I, Myron Loyce Wilson (Name of applicant), 227-262 (Service number), B.M.1c. (Rating), having on 29 May, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is ALCOAST #83, 18 December, 1941

Myron Loyce Wilson
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 28 day of May

A. D., 19 44

James Urquhart, Boatswain
(Commanding officer or notary public)

U. S. C. G. STATION, WEST JONESPORT, MAINE
(Unit)

West Jonesport, Maine.
(Place)

28 May, 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.

James Urquhart, Boatswain
(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—21990-1 U. S. GOVERNMENT PRINTING OFFICE

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

ENLISTMENT CONTRACT

REENLISTMENT of WILSON, Myron Loyce. (Full name, surname to left) 227-262 (Service number) as Boatswains' Mate, First Class. (Rating)

U. S. Coast Guard ~~Station~~ WEST JONESPORT, BOSTON District, West Jonesport, Maine. (Location of ~~station~~ WEST JONESPORT STATION, West Jonesport, Maine.)

(Draw line through designation not applying)

Accepted for enlistment at West Jonesport, Maine. (Place)

1. I, Myron Loyce Wilson (Full name), this 29th day of May, 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: -

2. I was born in Jonesport, Maine., on 26th. August, 1891 Citizenship [a] NB

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

If intentions declared, place and date of declaration -

Home address Jonesport, Maine.

Full name and address of the following: Bernice Higgins Wilson, Jonesport, Maine. (Wife, if any) - - - - - - - - - - - - - - - -

(Children under 21 years of age. Specify ages of children)

Laura Jane Wilson, Jonesport, Maine. Widowed? No. (Mother, if living)

Edgar Wilson, Father. Jonesport, Maine. (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:

- - - - - - - - - - - - - - - - - - - -

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.

Myron Loyce Wilson

Myron Loyce Wilson
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By James Urquhart.

James Urquhart, C.B.M.
(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.

James Urquhart.

James Urquhart.

C.B.M., *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Myron Loyce Wilson, 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.

Myron Loyce Wilson

Myron Loyce Wilson
(Signature of enlisted person)

Subscribed and sworn to before me this 29 day of May, A. D. 1941

Maxwell J. Kelley

Notary Public
(Comdg. officer, officer in charge of a unit, or notary public)

My Commission expires Sept 18 1941

12. DESCRIPTIVE LIST

Age 19 years 9 months. Height 5 feet 3 inches. Weight 157 pounds. Eyes Blue

Hair Light brown. Complexion Light. Color White. Married Yes.

Distinguishing marks Appendix scar.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

where this enlistment is made.

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

SERVICE RECORD

RECORD OF WILSON, Myron Loyce (Full name, surname to the left) 227-262 (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			W.Jonesport Sta.	5/29/41	James Urquhart
CG GROUP,W.Jonesport	2/18/46	Harold Griffin, com'dg.			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

16—9676

Record of WILSON, Myron Loyce (Full name, surname to the left) 227-262 (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
9-30-41	B.M.1c.	3.4	3.3	3.3	3.3		4.0	
12-31-41	B.M.1c.	3.4	3.3	3.3	3.3		4.0	
3-31-42	B.M.1c	3.4	3.4	3.4	3.3		4.0	
6-30-42	B.M.1c	3.4	3.4	34	3.3		4.0	
9-30-42	BM1c	3.4	3.4	3.4	3.3		4.0	
12-31-42	B.M.1c.	3.4	3.4	3.4	3.3		4.0	
3-31-43	BM1c	3.4	3.4	3.4	3.3		4.0	
6-30-43	BM1c	3.4	3.4	3.4	3.3		4.0	
9-30-43	BM1c	3.4	3.4	3.4	3.3		4.0	
12-31-43	BM1c	3.4	3.4	3.4	3.3		4.0	
3-31-44	BM1c	3.4	3.4	3.4	3.4		4.0	
5-28-44	BM1c	3.4	3.4	3.4	3.4		4.0	
5-28-44	BM1c	ENLISTMENT EXTENDED FOR A PERIOD OF THREE YEARS AUTHORITY: ALCOAST #83, 18 December, 1941						
6-30-44	BM1c.	3.4	3.4	3.4	3.4	Moose Peak Lt. Station	4.0	
9-30-44	BM1c	3.4	3.4	3.4	3.4	Moose Peak Lt. Station	4.0	
12-31-44	BM1c.	3.5	3.5	3.5	3.4	Moose Peak Lt. Station	4.0	
3-31-45	BM1c	3.5	3.5	3.5	3.4	Moose Peak Light Station	4.0	
6-30-45	BM1c	3.5	3.5	3.5	3.4	Moose Peak Light Station	4.0	
12-31-45	BM 1c.	3.5	3.5	3.5	3.4	Moose Peak Light Station	4.0	
2-18-46	BM1/c	3/5	3/5	3/5	3/4	Detached	4/0	
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 WILSON, Myron Loyce. 227-262

(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—		
Moose Peak Light Station	5-29-41	2-18-46	Light Keeper	Harold C Gffn. USN Ret

U. S. GOVERNMENT PRINTING OFFICE 16—9676

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

RECORD OF WILSON, Myron Loyce. 227-262
(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
West Jonesport Sta.	5-29-41			30	10	James L. Wyman
West Jonesport Sta.	9-8-41	9-19-41	10	20	10	James L. Wyman
West Jonesport Sta.	1-16-42	1-27-42	10	10	10	James L. Wyman
WEST JONESPORT STA.	5-17-42	5-28-42	10	0	10	James L. Wyman
WEST JONESPORT STA.	5-29-42					James L. Wyman
WEST JONESPORT STA.	2-5-43	2-16-43	10	20	10	James L. Wyman
WEST JONESPORT STA.	5-10-43	5-21-43	10	10	10	James L. Wyman
WEST JONESPORT STA.	5-29-43					James L. Wyman
WEST JONESPORT STA.	11/4/43.	11/15/43	10	20	10	James L. Wyman
CG STA W.JNSPT, ME	2-23-44	3-5-44	10	10	10	James L. Wyman
CG STA W.JNSPT,ME.	5-10-44	5-21-44	10	0	10	James L. Wyman
CG STA.W.JONESPT,ME	5-29-44	1st Year	90	30	30	James L. Wyman
CG STA W.JONESPT,ME	11-2-44	11-9-44	6	24	30	James L. Wyman
CG STA W JONESPT, ME	6-23-45	6-27-45	3	21	30	James L. Wyman
CG Sta W. Jonespt Me.	5-29-45			30	30	Edgar I. Sommers C.B.M.

16—9676

RECORD OF WILSON, Myron Loyce. 22-262
(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
CG GROUP,W.Jonesport, Me.			NO UNATHORIZED	ABSENCE WHILE	ATTACHED THIS UNIT	[signature]

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
CG STA.W.JNSPT,ME	3 years	Expiration of full term three (3) Year enlistment	[signature]

12. ON DISCHARGE

Date _____, 19____ Place _____ Serial No. _____

Kind of discharge _____ Authority for _____

Discharged on account of _____

Is _____ recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE _____

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF WILSON, Myron Loyce. 227-262
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature
1st. CGD	5-1-46	PHYS. DIS.	(PE-C)CG-73-706 HL 4-30-46	M. K. HUTCHINSON, Lieut. Enlisted Assignments Division.

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.

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)

COAST GUARD STATION, WEST JONESPORT, MAINE
(Unit)

WILSON, Myron Loyan — 28 May, 1944
(Name in full—surname to the left) (Date)

227-262 — B.M.1c.
(Service number) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1941	5	29			
Enlistment extended (for 3 years from)	1944	5	28			
Date of discharge (Character of discharge)						
Total time of last enlistment period				3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (_____ 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.

James H. Alley.
James H. Alley

Date 28 May, 19 44 (Rank) C.B.M.(A) Acting, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 28 May, 19 44 COAST GUARD STATION, WEST JONESPORT, MAINE
(Unit and place)

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

a period of 3 years from this date.

James H. Alley.
James H. Alley.

(Rank) C.B.M.(A) Acting, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

West Jonesport Station (Unit) — West Jonesport, Maine (Place)

29 May, 1941. (Date)

FROM: WILSON, Myron Loyce., B.M.1c.,

TO: COMMANDANT (via Commander, Boston District.)

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

(Full name of wife; if not married, so state)	(Address of wife)
Bernice Higgins Wilson	Jonesport, Maine
Margaret Stevens	Jonesport, Maine
Laura Lenfesty	Jonesport, Maine
None.	

(Full name of child; if none, so state) — (Address of child)

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

(Full name of relative)	(Relationship)	(Address of relative)
Mrs. Edgar Wilson	Mother	Jonesport, Maine

No dependency exists.
(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)
Mr. Edgar Wilson	Father	Jonesport, Maine

No dependency exists.
(State briefly wherein dependency exists)

WITNESSED BY: James Urquhart

James Urquhart, Q.M.M.

SIGNED: Myron Loyce Wilson

Myron Loyce Wilson

Rank Officer in Charge, West Jonesport Station Rank or Rating B.M.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)-Ⓡ NAME (PRINT CLEARLY): Wilson (LAST) Myron (FIRST) 4. (MIDDLE) — R.M. 1/c
SERVICE NUMBER: 227-262 | HEIGHT: 5 ft 3 in | WEIGHT: 157 | RACE: W

(2) HOME ADDRESS: Jonesport, Me.

(3) BIRTHPLACE: Jonesport, Me.
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH: 26 Aug. 1891 — HOW LONG IN U. S.: YEARS

(5) CITIZEN ✓ L-29 — NON-CITIZEN L-28 — TAKEN OUT FIRST PAPERS

(6)-Ⓣ MARITAL STATUS: Married — (7)-Ⓣ NUMBER OF DEPENDENTS: 1

(8) EDUCATION — NON-E. R-3 — ILLITERATE R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	X		Jonesport		
HIGH SCHOOL	3		X	Jonesport	General	
COLLEGE OR UNIVERSITY						
POST GRADUATE	1 Prep. School		X	Higgins classical Inst.	General	
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-Ⓡ TOTAL SCHOOL YEARS		X X X X X X X X X X X X				

(10)-Ⓛ LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR SVE	SPANISH (L-23) S R W	FRENCH (L-24) S R W	GERMAN (L-25) S R W	OTHER LANGUAGES (L-26) S R W	S R W
FAIRLY WELL					
FLUENTLY (L-27)					

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: I N. D. — DATE: 5-29-41

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
✓				

(13)-Ⓣ MAIN OCCUPATION: Coast Guardsman — YEARS AT IT: 22 — WKLY. WAGE: $ —
D. O. T. CODE: 2-68.40
JUST WHAT DID YOU DO? Transferred from Lighthouse Service.

LAST DATE OF EMPLOYMENT: Presently Employed
EMPLOYER (FIRM NAME): U. S. Government
ADDRESS OF EMPLOYER: Washington, D.C.
DEPT., SHOP OR BRANCH — KIND OF BUSINESS: Gov. Service

(14)-Ⓣ SECOND BEST OCCUPATION — YEARS AT IT — WKLY. WAGE: $
D. O. T. CODE
JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE
GRADE —SCORE	(15)-Ⓑ	(16)-Ⓑ	(17)-Ⓑ

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. None
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1. None
2.
3.

NON-ENGLISH SPEAKING
ILLITERATE

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)
None							

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. None			
2.			
3.			
4.			

(22) REMARKS:

I Present Assignment - In charge of Moose Peak Light Station.
II No Sea Duty

(23) NEXT OF KIN

NAME Bernice H. Wilson (wife)
ADDRESS
CITY Jonesport STATE Me.

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
5-29-41	W. Jonesport Sta	B.M. 1/c	

May 24 1944

Dear Bernice,

Hold on to this letter; it will tell you a lot of things you may need to know while I'm away. The Coast Guard wants you to have this information so that you will know about, and be prepared to benefit from, the assistance and protection to which you are entitled.

First, there's my service number: 127 262 Always use it when writing the Navy Department (Coast Guard) or other official organizations on service matters concerning me. Give them my name, rating (or rank) and service number like this: Wilson Myron L. (127-262) S 2/c U.S.C.G.

I've applied for family allowance and you should receive each month $_____. In addition, I've allotted directly out of my pay $110.00 each month to Bernice H. Wilson Freeport, Maine if you change your address, the check is not received, or a mistake is made in the amount, write to the Field Branch, Bureau of Supplies and Accounts, (Family Allowance Division), Navy Department, Cleveland, Ohio.

I have authorized an allotment of $18.75 per month for war bonds, which are being mailed to Bernice H. Wilson Freeport, Maine. I have taken out $_____worth of National Service Life Insurance, Policy No._____(if known).....The premiums are being paid by (allotment from my pay) (direct payment to Veteran's Administration).

I also have $2000 worth of private company life insurance issued by U.S. Govt Comm. Life Ins. Co. of New York Policy No. 1,422,[illegible] The Premiums are being (paid by allotment from my pay) (paid directly to the company) (postponed under the provisions of the Soldier's and Sailor's Civil Relief Act).

On the back of this letter is a list of my valuable papers and where to find them. You may be asked to furnish certified or photostatic copies of my birth certificate and (in the case of wives) our marriage certificates, so be sure to have them available.

Now for all the "ifs" that might come up:

If you need advice on medical problems or hospital treatment, talk to your local Red Cross Chapter

If you can't meet any of your debts, or pay our commercial life insurance premiums when they are due, see our lawyer, _____, the legal assistance officer at any Naval or Coast Guard establishment, the Chairman of your State Bar Association, the American Red Cross, or a Veteran's Organization about the Soldiers' and Sailors' Civil Relief Act.

If you have urgent need for money, and need financial aid, go to the Navy Relief Society, if there is an auxiliary of the society near you; otherwise, to the American Red Cross. I would be able to repay a loan by allotment from my Service Account at the rate of (up to) $_____per month.

If you want to move back to our permanent home (if not there now), get information from the Supply Officer at any Navy or Coast Guard Station, for reimbursement by the Navy or Coast Guard for transportation of my family and household goods to our permanent home.

If you are unable to pay and Federal Income Tax I may owe, when it is due, go to any Office of Collector of Internal Revenue and fill out their form explaining the reason you can't pay, and request that payment be deferred until six months until my Naval Or Coast Guard Service ends.

If I am wounded, you may be notified, although of course, I will probably be writing you myself. If I am disabled, and entitled to disability benefits after my discharge, these will be arranged through the U. S. Veterans' Administration, Washington 25, D.C.

If I am reported missing, missing in action, or captured by the enemy, my pay and allowances will go right on. My insurance allotments will continue, and so will any allotment for the support of a dependent if designated as such. If the allotment should prove insufficient for your reasonable support, write to the Commandant, U. S. Coast Guard, Washington, 25, D.C., requesting that it be increased. If there is any change in my status, the Commandant will notify you as soon as possible. If my commercial life insurance premiums are not paid by allotment notify the Commandant immediately, giving them the name and address of the insurance company, the policy number, and the amount of the premium.

If I should die while on active duty, you are entitled to six month's pay in a lump sum. Claim blanks for this will be sent to you. If you do not receive them, write to the Commandant, U. S. Coast Guard Washington, 25, D.C.. Settlement will also be made of any pay remaining due me, and any savings on deposit with the Paymaster. Claims are paid by the Claims Division, General Accounting Office, Washington, 25, D.C. but the proper forms will be sent by the Commandant of the Coast Guard without request.

My National Service Life Insurance would be paid to the designated beneficiary in monthly installments. If my beneficiary were aged_____at that time, the monthly installments would be about$_____. In the event of my death, the Coast Guard Headquarters would notify the Veterans' Administration, which maintains the insurance records. They would forward you the necessary blanks on which to file demand for payment. Address U. S. Veterans' Administration, Washington, 25, D.C.

To see if you are entitled to a pension, go to the local American Red Cross or Veterans' Administration office, and make your application to Dependents' Claims Service, U. S. Veterans' Administration, Washington, 25, D.C. The pension is in addition to my government insurance, and would probably be, in your case, about $_____a month. (Also, pension of $45.00 a month is payable to a dependent parent, $25.00 each if there are two).

I have (have not) executed a power of attorney, naming_____ _____. You will find it (inclosed with this letter) (among my valuable papers). A copy of my will is (inclosed in this letter) (among my valuable papers).

If you need legal advice or assistance, see one of the following: our own attorney,_____, the Legal Assistance officer at any Coast Guard or naval establishment, a civilian attorney, a member of the Selective Service Advisory Board who is an attorney, a member of the local Bar Committee on War Work (an activity of the American Bar Association), or a member of the armed forces who is a licensed attorney.

Remember the agencies that can help you -- the Commandant of the Coast Guard, Navy Relief Society, the American Red Cross, the Veterans' Administration, and the welfare and recreation officer and chaplains at any Coast Guard or Naval Station, ready at all times to guide and assist you.

Signature Thyra L. Wilson

Rank or Rate B.M. 1c

Service No. (227-262) M.M.C.R.

List of my valuable papers and where they may be found:

1-24-45

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

RECEIVED
JAN 22 1945
U. S. COAST GUARD OPERATING BASE
ROCKLAND, MAINE

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
MOOSE PEAK LIGHT STATION	1 Dec. 1944	29 May 1941

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
WILSON	Myron	Loyce	227-262	B.M.1c.

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Bernice Higgins Wilson, Jonesport, Maine	Wife				
2							
3							
4							
5							
6							

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Jonesport, Maine	9-17-11	☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED?	IF SO, HOW WAS MARRIAGE DISSOLVED	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
☐ YES ☒ NO	☐ DEATH ☐ DIVORCE ☐ ANNULMENT	

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE	ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY ROCKLAND SECTION

DATE 20 JANUARY 1945

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (_____ Pay Number) A MONTHLY FAMILY ALLOWANCE

OF $22 (Strike Out ~~$27~~) EFFECTIVE JANUARY (Month) 1945

J. A. MASON, Ens., USCGR(W)
(Signature of Disbursing Officer) Sign Third Copy Only - (Pink)

(DISBURSING OFFICERS OF THE MARINE CORPS WILL NOT EXECUTE THIS PART OF THE FORM) E. D. CHILCOTE, SDA 55-197 DCGOIND

QUADRUPLICATE: To be retained and made a part of the man's service record after completion by the Disbursing Officer.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

From compensation of—

WILSON, Myron Loyce (227-262)

APPLICATION FOR ALLOTMENT

PAYABLE TO—

Monthly allotment in the amount of—

EIGHTEEN DOLLARS, SEVENTY-FIVE CENTS (Words) ($ 18.75 (Figures)) Dollars.

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

Name TREASURER OF THE UNITED STATES

Name

Street and number

Post office WASHINGTON *State* D. C.

Reason for allotment Purchase of War Saving Bonds under the Bond-A-Month Plan.

First payment: Month September, 19 43

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

Myron L. Wilson

Myron L. Wilson.

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

, 19

Approved, allotment granted.

Commanding

Commander, District.

Witnessed and registered , 19

Pay officer,

16—12642-1

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

(OVER)

DO NOT FOLD—MAIL FLAT

RECORD OF PAYMENTS

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

* Allotter or member immediate family

Form No. 2528-A
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
July 26, 1926

ALLOTMENT STOPPAGE

(Do not fold—Mail flat)

Stop allotment after payment for [illegible], 19[illegible] Amount, $[illegible]

From compensation of [illegible] Payable to [illegible]

Allotter's signature [illegible]

Rank or rate [illegible], *U. S. C. G.*

STOPPAGE APPROVED:

[illegible]

Commanding C. G. [illegible], *or*

Commander, [illegible] *District.*

Stoppage registered this _____ day of _____, 19_____

Last checkage was made for month of _____, 19_____

Reason for stoppage:

_____, *Pay Officer, or*

Officer in Charge, _____ *Station.*

(SEE INSTRUCTIONS ON BACK)

2—9234

NCG 2500-A
U. S. COAST GUARD

ISSUED
NO. 10

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. STATION, WEST JONESPORT, MAINE
(Unit)

West Jonesport, Maine
(Place)

28 May, 1944
(Date)

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

I, Myron Loyce Wilson (Name of applicant), 227-262 (Service number), B.M.1c. (Rating), having on 29 May, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is ALCOAST #83, 18 December, 1941

Myron Loyce Wilson.
Myron Loyce Wilson
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 28 day of May

A. D., 19 44

James Urquhart, Boatswain
(Commanding officer or notary public)

U. S. C. G. STATION, WEST JONESPORT, MAINE
(Unit)

West Jonesport, Maine.
(Place)

28 May, 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.

James Urquhart, Boatswain
(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—21990-1 U. S. GOVERNMENT PRINTING OFFICE

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

ENLISTMENT CONTRACT

7-8-41

ENLISTMENT of WILSON, Myron Loyce. 227-262 as Boatswains' Mate, First Class.
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard ~~Cutter~~ Station WEST JONESPORT, BOSTON District, West Jonesport, Maine.
(Draw line through designation not applying) (Location of station. Post office address of station)

Accepted for enlistment at WEST JONESPORT STATION, West Jonesport, Maine.
(Place)

1. I, Myron Loyce Wilson 227 262, this 29th day of May, 1941, desiring
(Full name)
to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: - - -

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.

Myron Loyce Wilson

Myron Loyce Wilson
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By James Urquhart, C.B.M.
(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.

James Urquhart

James Urquhart,
C.B.M., U. S. C. G., Enlisting Officer.

11. OATH OF ALLEGIANCE

X P.M.

I, Myron Loyce Wilson, 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.

Myron Loyce Wilson

Myron Loyce Wilson
(Signature of enlisted person)

Subscribed and sworn to before me this 29 day of May, A. D. 1941

Mabel E. Keeley

Notary Public
(Comdg. officer, officer in charge of a unit, or notary public)

My commission expires Sept. 18, 1941

12. DESCRIPTIVE LIST

Age 49 years 9 months. Height 5 feet 3 inches. Weight 157 pounds. Eyes Blue

Hair Light brown. Complexion Light. Color White. Married Yes.

Distinguishing marks Appendix scar.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

where this enlistment is made.

16—8420

Myron
Service
Eyes. Blu
Height, 63
Weight, 157.
Date of birth,
August, 1891.
Photograph taken.
5-26-41

WARNING



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

APPLICATION FOR ENLISTMENT

Boatswains' Mate, First Class.

WARNING

...n the Coast Guard, Army, ... Marine Corps and deny such service, 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.

West Jonesport Station,
West Jonesport, Maine.
29 May, 19 41.
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 49 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 Myron Loyce Wilson

Date of birth 26 August, 1891.

Place of birth Jonesport, Maine. Citizenship NB

Home address Jonesport, Maine.

Are you married? Yes Number and relationship of persons dependent on you for support? One Wife.

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

Are your parents living? Yes Are your parents dependent on you for support? No.

Name and address of next of kin (Wife). Bernice Higgins Wilson. Jonesport, Maine.

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

Employer's Name	His Address	His Business	Length of Employment		You were Employed as—
			From—	To—	
None.					

Do you drink intoxicating liquors? If so, to what extent? None.

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 sc... colleges attended, stating whether or not you graduated and the number of years you attended ea...

Graduated from grade schools. Completed two years high school.

Completed one year schooling at Higgins Classical Institute. General course.

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? No.

If so, state which - -

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

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

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

When did you apply? - - Where? - -

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

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

Myron Loyce Wilson

(Sign your full name here) Myron Loyce Wilson

Accepted ~~or rejected~~ xxxxxx Cause of rejection - -

Date 29 May, 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.

James Urquhart

James Urquhart

C.N.M.

U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

RD OF A BIRTH

rth Louisiana Mo

No.

ild's Name Myron L Wilson

Date of Birth May 26 1891

Sex M Color

Living ~~or Stillborn~~

No. of Child, 1st, 2nd, etc. 1

No. of children of this mother now living

Legitimate ~~or Illegitimate~~

Father's Name Edgar R. Wilson

" Color or Race W Age

" Birthplace Louisiana Mo

" Residence Louisiana 7

Street No.

Father's Occupation Painter

Mother's Maiden Name Laura Driko

" Color or Race W Age

" Residence Louisiana Mo

" Birthplace Louisiana Mo

" Occupation Housework

Name and address of Physician (or other person) reporting said birth.

Dr W. Nichols MD

Date when received by Town Clerk

State of Maine

I hereby certify that the above birth record is correct to the best of my knowledge and belief.

D D Kelley

Clerk of Louisiana Mo

True Copy Attest

D. D. Kelley Town Clerk

...MENT
...ARD
...939

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, West Jonesport Station (Place)
West Jonesport, Maine, May 26, 1941 (Date)

To Chief of Police, Jonesport, Maine.

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.

Myron Loyce Wilson.
(Name of applicant)

49 yrs + 9 mo's.	5 ft 3 in.	157 lbs.	white
(Age)	(Height)	(Weight)	(Color)

It is requested that you fill in the following from the records of your office:

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

James Urquhart.
James Urquhart, C.B.M.
Recruiting Officer.

May 26, 1941
(Date)

To Recruiting Officer, James Urquhart

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

Chester C. Gray
Chief of Police.
Deputy Sheriff

U. S. GOVERNMENT PRINTING OFFICE 16—9747

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

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



REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION West Jonesport Station
West Jonesport, Maine.
May 26, 1941
(Date)

From: U. S. COAST GUARD RECRUITING OFFICER.

To: R. L. Brown, Superintendent of Schools, Jonesport, Maine
(Name) (Address)

The man whose name appears below states he was ~~(employed)~~—(taught) by ~~you at~~ our teachers at Jonesport High School, Jonesport, Maine
(Firm)—(School) (Place)

Mr. Wilson having completed the 10th grade or sophomore year of high school.
(as)—(in grade)

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information. accurately.

The Government assumes that you will answer fully, carefully, and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

James Urquhart

James Urquhart, C.B.M.
Recruiting Officer.

(Name of applicant) Myron Loyce Wilson
(Filled in by recruiting officer)

Are you related to the applicant? No

(He was a student as given above from Sept 1907 to June 1909
Was the applicant ever in your ~~(employ)~~—(charge)? No / When? _____, 19____, to
(Yes—No)

_____, 19____ Where? _____ As _____

What was his (weekly wage)—(scholastic record)? 89% average for two years, all subjects

Why did he (leave)—(quit)? No reason given

How do you rate his—

	CHECK ONE		
	Good	*Average*	*Poor*
Trustworthiness?	X		
General intelligence?	X		
Ability?	X		
Skill as a student?	X		

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so, state particulars No, not to my knowledge

What was his reputation and standing when in your ~~(employ)~~—(charge)? Exeellent

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars No, not to my knowledge

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).

NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

BOARD OF EDUCATION * OFFICIAL SEAL * JONESPORT, ME.

R. L. Brown, Supt. of Schools.
(Signature of reference)

May 26, 1941
(Date)

Jonesport, Maine
(Post-office address)

U. S. GOVERNMENT PRINTING OFFICE 16—9746