'26 SEP 22 PM 4:15:15

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

Date: 09/21/2026

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

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
Wood, Roy, Vernon	123307549	1904 VA 2/4/04

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: 7/11/1978 ✓

State of Residence (upon entry into service):

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

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location) TY 26361

From: J To:

(Agency & Location)

From: To:

(Agency & Location) W300

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: C-0008214768

CMRS Search Request Number(s): ~~CG 5290285~~

Attendant Signature:

Remarks:

'26 OCT 2 AM 7:37

SCREENING NOTES

- ☐ Reviewed and Nothing Removed ✗
- ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG
WOOD, Roy Vernon	26361	BOSN	

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)* **Emily Okland Wood** — RELATIONSHIP *(If friend, so state)* **Wife**

ADDRESS *(Number, Street, City and State)*
199 Latimer Ave, Staten Island 14, New York

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*
Emily Okland Wood

ADDRESS *(Number, Street, City and State)*
199 Latimer Ave, Staten Island 14, New York

7. CHILDREN — FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Barbara Lee Anderson	199 Latimer Ave,SI 14,NY	married	Fem	18
EleanorHarriet MoorHead	164 Catherine St.SI,14,NY	"	"	17
Robert Vernon Wood * see	199 Latimer Ave,SI 14,NY	single	Male	4
Diane Mae Wood * remarks	199 Latimer Ave,SI 14,NY	"	Fem	4

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*
William Miles Wood (deceased)

ADDRESS *(Number, Street, City and State)*

9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*
Cora Martha Wood (deceased)

ADDRESS *(Number, Street, City and State)*

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME
None

RELATIONSHIP

ADDRESS *(Number, Street, City and State)*

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME

RELATIONSHIP

ADDRESS *(Number, Street, City and State)*

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
PRUDENTIAL INSURANCE COMPANY	NEWARK, NEW JERSEY	5665136 91667857 91667858

(Continue on reverse side)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME
Emily Okland Wood ** see remarks

RELATIONSHIP
Wife

ADDRESS *(Number, Street, City and State)*
199 Latimer Ave, Staten Island 14, New York

RECEIVE EACH MONTH
100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
AMBROSE L/S WAL-533, CG BASE, STATEN ISLAND, NEW YORK	12-18-51	Roy V. Wood

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

INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.

2. Disposition of signed copies will be as follows:

Army	- Original	- To The Adjutant General, Wash 25, D.C., *ATTN:* AGPI
	Duplicate	- File in service record or field 201 file.
Air Force	- Original	- To Headquarters USAF, Air Adjutant General, Wash 25, D.C.,
	Duplicate	- File in service record or field 201 file.
Navy	- Original	- To BuPers, Wash 25, D.C., *ATTN:* Casualty Section.
	Duplicate	- *(Same as original)*
	Triplicate	- File in service record or officer's qualification jacket at duty station.
Marine Corps	- Original	- File in service record book *(page 15)* or in officers' qualification record.
	Duplicate	- To CMC, Wash 25, D.C
Coast Guard	- Original	- To Commandant *(P)*, USCG Hq., Wash 25, D.C.
	Duplicate	- Place with individual service record.

3. This form will be accomplished upon initial entry into the service, upon reenlistment, and/or when a change in status occurs which affects information contained in Items 1, 2, 5, 6, or 10 of this form. The individual may file a revised form at any other time that he desires.

4. For the purpose of Items 10 and 11 of this form, fathers, mothers, brothers and sisters are automatically considered dependent relatives. If other relatives are listed, they must be related to the designator by blood or marriage and be able to prove dependency at time of death of designator.

5. With the exception of Item 6, only names of *LIVING* individuals will be entered on this form.

(Continuation of Item 7)

CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS

* Item 7; Iwould my two youngest children Robert And Diane to recieve all moneys or benefits due me in the event that I am not survived by my wife Emily O. Wood.

** Item;13 I would like My wife to have 100% of my pay after the present Allotments are taken out.

Roy V. Wood

ROY V. WOOD

GPO O - 50 - 895697 50 - 1349, AF

3-6. Retired 12-1-55 3-6

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CG-4011 (Rev. 4-67)

APPLICATION FOR ARMED FORCES IDENTIFICATION CARD, DD2CG

PART I - TO BE COMPLETED BY APPLICANT (Print or type)

NAME (Last, first, middle initial)	GRADE OR RATE			SERVICE NUMBER
WOOD, Roy V.	CWO 2	USCG / USCGR	XX	26361

DUTY ASSIGNMENT (Ship, Station, etc.)	MAILING ADDRESS (If not on active duty)	35 MM PHOTO ATTACHED	PHOTO BEING MADE BY ISSUING ACTIVITY
N/A	199 LATIMER AVE. Staten Island, N.Y. 10314		

REASON FOR REQUESTING CARD (Check appropriate box)

- ☐ INITIAL ISSUE
- ☐ ENTRY ON EXTENDED ACTIVE DUTY
- ☐ RELEASED TO INACTIVE DUTY
- ☐ RETIRED WITH PAY
- ☐ REPLACE MUTILATED CARD
- ☒ REPLACE (LOST.) STOLEN OR DESTROYED CARD (Explain on reverse)
- ☐ CHANGE IN GRADE
- ☐ PRESENT CARD EXPIRED
- ☐ OTHER (Specify)

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES	BLOOD TYPE
4 FEB 1904	165	5'9½"	GRAY	GRAY	"O"

DATE OF APPLICATION	SIGNATURE OF APPLICANT
21 OCT 68	ROY V. WOOD + Roy V. Wood

PART II - TO BE COMPLETED BY VERIFYING OFFICER

The data entered in the items above have been verified and corrected as noted in appropriate items.

TYPE OF DD 2CG TO BE ISSUED	RETIRED CARD ONLY	EXPIRATION DATE	SIGNATURE, TITLE, AND MAILING ADDRESS OF VERIFYING OFFICER
☐ ACTIVE ☐ RESERVE ☒ RETIRED	☒ MEDICARE AUTHORIZED ☐ MEDICARE NOT AUTHORIZED NOCIVMEDCARE AFTER	Indef. 2-3-69	W. S. SCHWOB, CDR USCG Assistant Chief, Officer Personnel Division, USCG Headquarters Washington, D. C. 20591

PART III - TO BE COMPLETED BY ISSUING OFFICER

CARD NO. ISSUED	DATE OF ISSUE	SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER
00190	28 Oct. 1968	Fred W. Alcock FRED W. ALCOCK, CHBOSN USCG, SECURITY OFFICER, USCG, HQ. WASH, D. C. 20591

ACES 50-10 PREV. EDITIONS, AND VARIOUS APPLICATION FORMS USED IN FIELD. ALL OF WHICH ARE OBSOLETE

GPO 957-641

IDGREENSPON:DDI

Commander
CG GROUP SANDY HOOK
Fort Hancock, N.J.

31 August 1955
P19-2/OI

From: Commander, CG GROUP Sandy Hook
To: Commandant (PO)
Via: Commander, Third CG District (p)

Subj: Chief Boatswain, W-2 Roy V WOOD (26361), USCG, Retirement Medical Examination; information concerning

Ref: (a) COMT's ltr PO-3, dtd 1 August 1955

1. In accordance with reference (a) subject Officer's report of medical examination, Standard Form 88 is hereby forwarded.

B. J. KOWALSKI

Copy to:
File
Ambrose L/V WAL-613

Form No. 2525 E
TREASURY DEPARTMENT
U.S. Coast Guard

TERMINATION OF HEALTH RECORD

Name WOOD, Roy Vernon

Rating CHBOSN, W-2 Service Number 26361

Place NEW YORK, N.Y. Date 8-25-55

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

Other defects noted

In my opinion those numbered X are incident of service.

In my opinion those numbered X are not incident of service.

To be Filled In Only When Physical Examination is Required by Article 434 (1) Regulations.

James P. Shortal
JAMES P. SHORTAL, SURG.
Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s) ✓

That I have the following defect(s)

To be Filled In Only When Physical Examination is Required by Article 434 (1) Regulations.

Roy V. Wood
Roy V. WOOD
CHBOSN W2 USCG
Rank or Rating, U.S. Coast Guard.

Service terminated 30 November 1955
(Date)

At CG GROUP SANDY HOOK, Ft. Hancock, N.J.
(Place)

By reason of Retirement
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

B. J. Kowalski
B. J. KOWALSKI, LCDR, USCG

LCDR, USCG, *Custodial Officer.*
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
Fire Island Light Station	7-10-41	4-13-43
Amagansett, New York	4-14-43	8/10/45
ODCGO 3RD ND	9-10-43	
Seamans Institute, New York, N. Y.	9-11-43	12-1-43
CGC-SPRUCE, 10th ND	1-22-44	7-1-46
CGC-OAK, 3rd CG DIST	7-17-46	11-22-46
NY GROUP L/V #78	11-23-46	5-17-49
CGB, ST. GEO. SINK	MAY 18 1949	SEP 7 1951
AMBROSE LIGHTSHIP HQ	7 1951	5-13-54
GROUP NEW LONDON, CT.	5-17-54	9-3-54
AMBROSE LJS 613	9-8-54	

U. S. GOVERNMENT PRINTING OFFICE 2—16144

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WOOD, Roy V. (Name, surname first) 26361 (Service number) CHBOSN (Rank or rating) AMBROSE L/S (Unit)

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

FINAL MEDICAL CERTIFICATE

Place USPHS Hospital, Stap., SI NY, Date 29 April, 1955

To: Commanding Officer (Coast Guard unit)
USCGC AMBROSE L/S
CG Base, St. Geo., SINY (Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Acute pharyngitis		2-28-55	3-4-55

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.}

A. L. Patrick IV

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

Standard Form 601
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX (*Number of previous vaccination scars*)

	DATE	ORIGIN	BATCH NUMBER	RESULT*		STATION	PHYSICIAN'S NAME
				2–3 DAYS	7–10 DAYS		
1	8-7-52				IR		CG-2525C
2							
3							
4							
5							
6							

*ENTER RESULTS AS: IMMEDIATE REACTION (*of immunity*); ACCELERATED REACTION (*Vaccinoid*); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	4-7-53	0.1cc		CG-2525C	7				
2					8				
3					9				
4					10				
5					11				
6					12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	4-7-53	0.1cc		CG-2525C	4				
2					5				
3					6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
	TEST					TEST			
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1					
2					
3					

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
MALE	C AU	CHBOSN	USCG	USCG	Treasury

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
WOOD Roy Vernon	2-4-04	26361

16—67730-1

IMMUNIZATION RECORD
Standard Form 601

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
27 January 1954	DISTRICT MEDICAL OFFICE: 3rd DCGO, New York, N.Y. Annual physical examination completed this date. Found to be physically qualified to perform all duties of rank, at sea, or foreign service, or ashore. DEFECTS NOTED: (1) Overweight--not sufficient to disqualify. (2) Defective vision, right 20/400, left 20/200; adequately corrected to 20/20 both eyes. RECOMMENDATIONS: None. James P. Shortal M.D. JAMES P. SHORTAL, S.A.SURG. USPHSR

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cau.	BOSN	AMBROSE	USCG	Treasury Dept.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
WOOD, Roy Vernon	2-4-04	25361

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
	U. S. PUBLIC HEALTH SERVICE MEDICAL EXAMINATION PROGRAM 45 Broadway New York 6, N.Y.
MAR 14 1955	Annual physical examination conducted this date in accordance with Article 3041 Regulations; found to be physically qualified for the performance of duty in rank at sea or ashore.
	Defects noted: Moderate varicose veins. Poor uncorrected vision, adequately corrected. Moderate hypertension James P. Shortal JAMES P. SHORTAL S.A.Surg.,USPHSR

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cau.	CHBOSN	AMBROSE LTSHP	U.S. Coast Guard	Treasury Dept.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
WOOD, Roy Vernon	2-4-04	26361

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name WOOD, Roy V. Service Number _____
(Surname first)

Age: Years 41 Months 4 Color white

For: Physical Exam. for Promotion
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Boatswain

Place San Juan, P. R. Date 6-5-45

Personal Medical History None since last Physical.

Vision: R.E. 20/60 L.E. 20/60 Corrected: R.E. 20/20 L.E. 20/20

Color blind? No Test used Psuedo Plates

Hearing: Conversational speech R.E. 30/30 L.E. 30/30

Eyes, eyelids, and reflexes normal

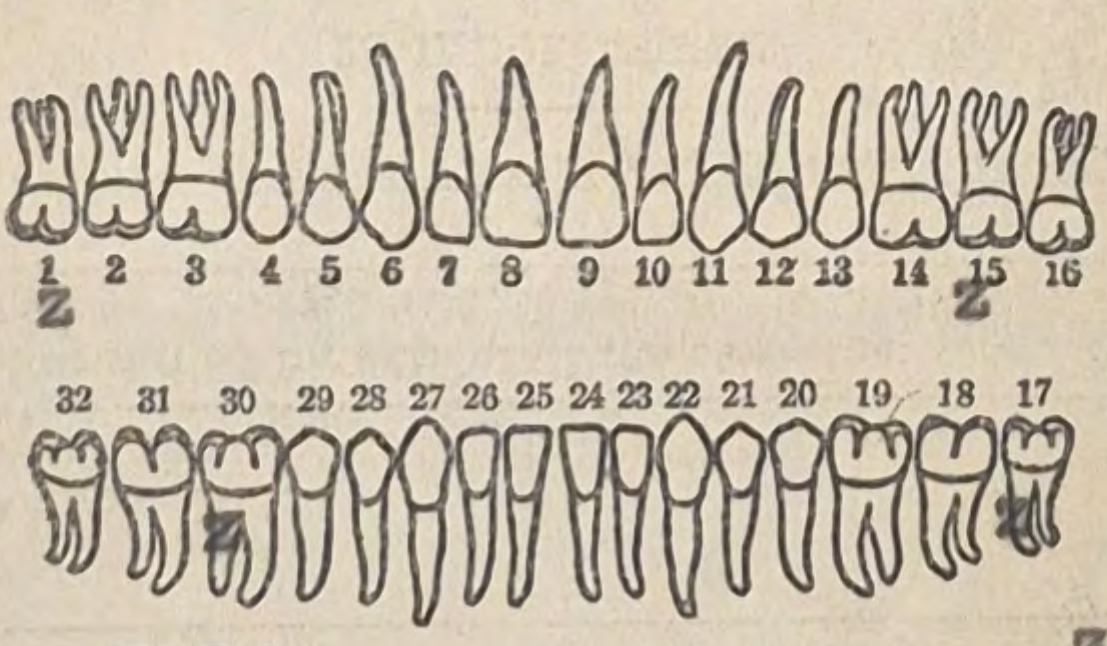
Ears: Right normal Left normal
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums none Temperature 37

Height 70 inches. Weight (stripped) 168 Lbs. Obesity _____

Skin clear

Lymph. glands normal

Chest: Inspiration 41 Expiration 38

Heart and blood vessels normal

Blood pressure: Systolic 140 Diastolic 88

Pulse before exercise 74, after exercise 108, after 2 min. 76

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions none

Urine: Albumin none Sugar none Shreds none

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1018

Blood cells _____ Pus cells _____ Casts _____

Blood (if indicated) Hb _____%. Reds _____ Whites _____

Wassermann or Kahn test: Date 6-5-45 Result Pending

16—27070-1

REMARKS: _____

_____

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that WOOD, Roy V.

He is physically qualified for Promotion
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Chief Boatswain
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

L. E. Lecks,

Ass't Surg. USPH (R
Surgeon, U. S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

_____

1. Forwarded for action. Present status:

_____

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Division.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

Date birth Feb 4 19[illegible]

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name WOOD, Roy V (Surname first) Service Number _____

Age: Years 40 Months 11 Color White

For: ANNUAL PHYSICAL EXAMINATION
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BOATSWAIN

Place San Juan P.R. Date 1-31-45

Personal Medical History Usual childhood diseases
No serious operations. One scar rt. leg. Gonorrhea 22 years ago.

Vision: R.E. 20/ 60 L.E. 20/ 60 Corrected: R.E. 20/ 20 L.E. 20/ 20

Color blind? No Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

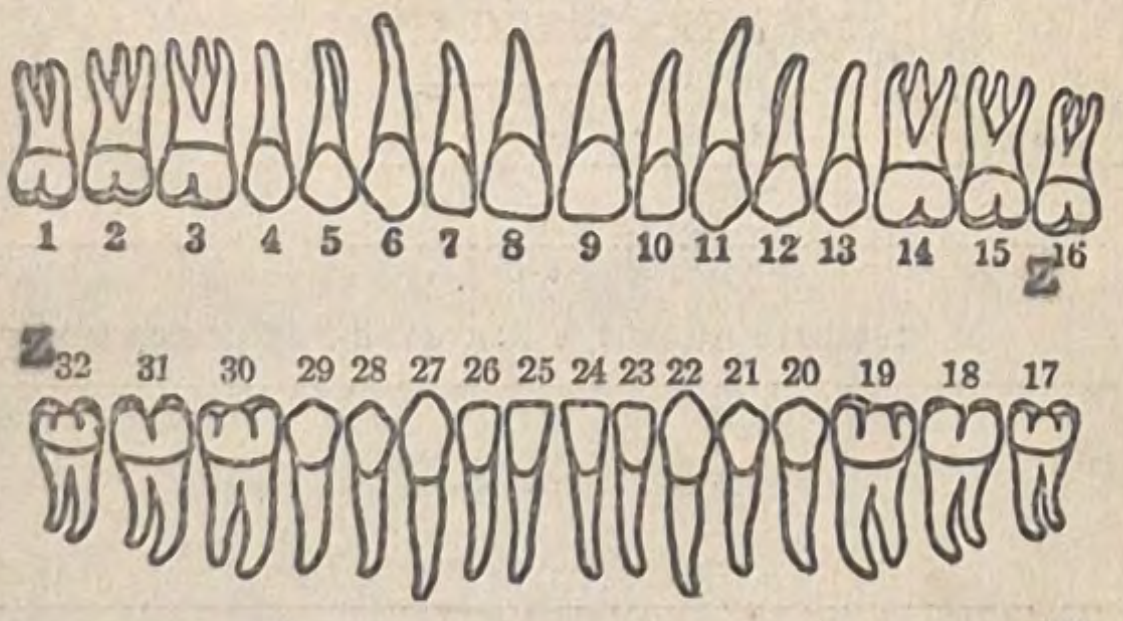
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums Normal Temperature 37

Height 70" inches. Weight (stripped) 174 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 41½ Expiration 38

Heart and blood vessels Normal

Blood pressure: Systolic 118 Diastolic 64

Pulse before exercise 72, after exercise 102, after 2 min. 76

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin 1.025 Sugar Neg. Shreds Neg

Microscopical exam. (if indicated) epithelia - Sp. Gr. Alb. 0

Blood cells - Pus cells - Casts -

Blood (if indicated) Hb - %. Reds - Whites -

Wassermann or Kahn test: Date 1-31-45 Result NEGATIVE

16—27070-1

REMARKS: _____

_____

_____

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that Roy V. Wood

He is physically qualified for _____
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Boatswai
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

_____

E J Golino

_____
Surgeon, U.S. Public Health Service.

H.F.GOLINO, Asst. Surg. (R) USPHS

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

_____

1. Forwarded for action. Present status:

_____

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE:
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name Wood, Roy W. Service Number

(Surname first)

Age: Years 39 Months 10 Color White

For:

(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Warrant Boatswain

Place New York, N.Y. Date 2 December, 1945.

Personal Medical History Negative since last exam.

Vision: R.E. 20/ 100 L.E. 20/ 100 Corrected: R.E. 20/ 20 L.E. 20/ 20

Color blind? No Test used I. Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal

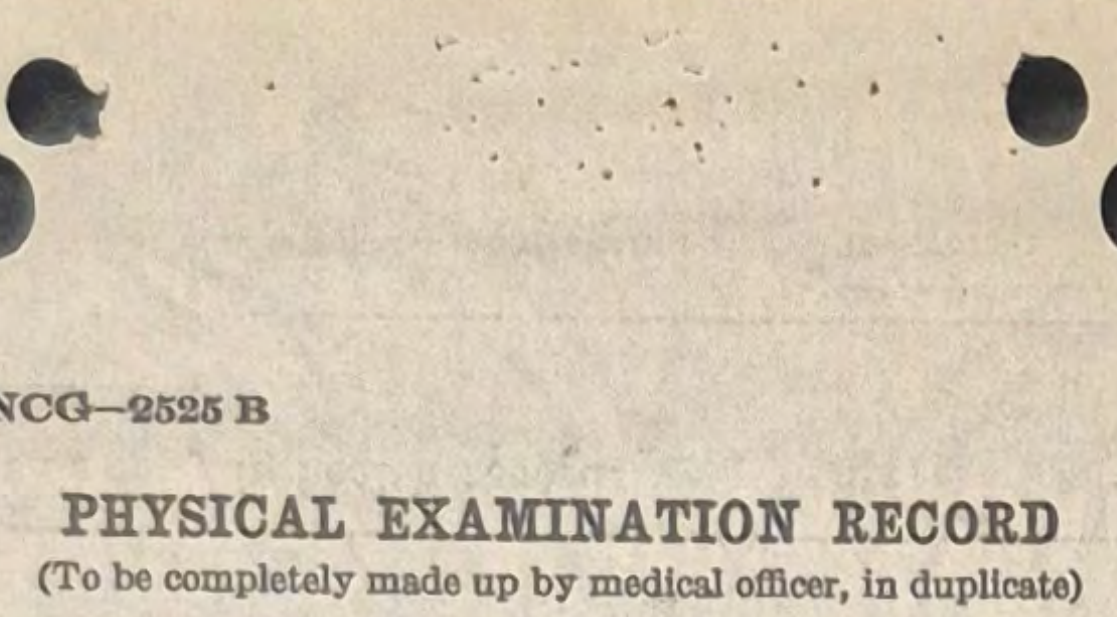
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums Normal Temperature 97°

Height 68 6/4 inches Weight (stripped) 160 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 40 Expiration 36½

Heart and blood vessels Normal

Blood pressure: Systolic 120 Diastolic 80

Pulse before exercise 72, after exercise 104, after 2 min. 76

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Negative Sugar Negative Shreds Negative

Microscopical exam. (if indicated) epithelia Sp. Gr.

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date Result

16—27070-1

REMARKS: Waivered on verbal authority of 1st Dec. 1943.

CERTIFICATE

John E. Sheedy
P. A. Surg (R)
By direction.

We / I } certify that { we / I } have personally made this examination and find that WOOD, Roy V.

He is physically qualified for ACTIVE DUTY
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

C.W. Hauck, Asst. Surg. (R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

2 December 1943
(Date)

Place New York, New York
From: ODCGO-3rdND
To: Commandant.

1. Forwarded for action. Present status:

C.B.M.(s)

R.N. Larson
Commanding—Dist. Comdr.-Off. in Chg.

R.N. LARSON,
Ensign, USCG

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.
To:
1.

Insert this copy in health record.
By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

U. S. COAST GUARD

MAY 20 1941

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name Wood, Roy V. (Surname first) Service Number 111-209

Age: Years 37 Months 3 Color White

For: Regular Enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B. M. 1. c

Place Bay Shore, N.Y. Date May 12. 1941.

Personal Medical History Gonorrhea, 21 yrs. ago

Vision: R.E. 20/ 60 L.E. 20/ 60 Corrected: R.E. 20/ 20 L.E. 20/ 30

Color blind? No Test used Book

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

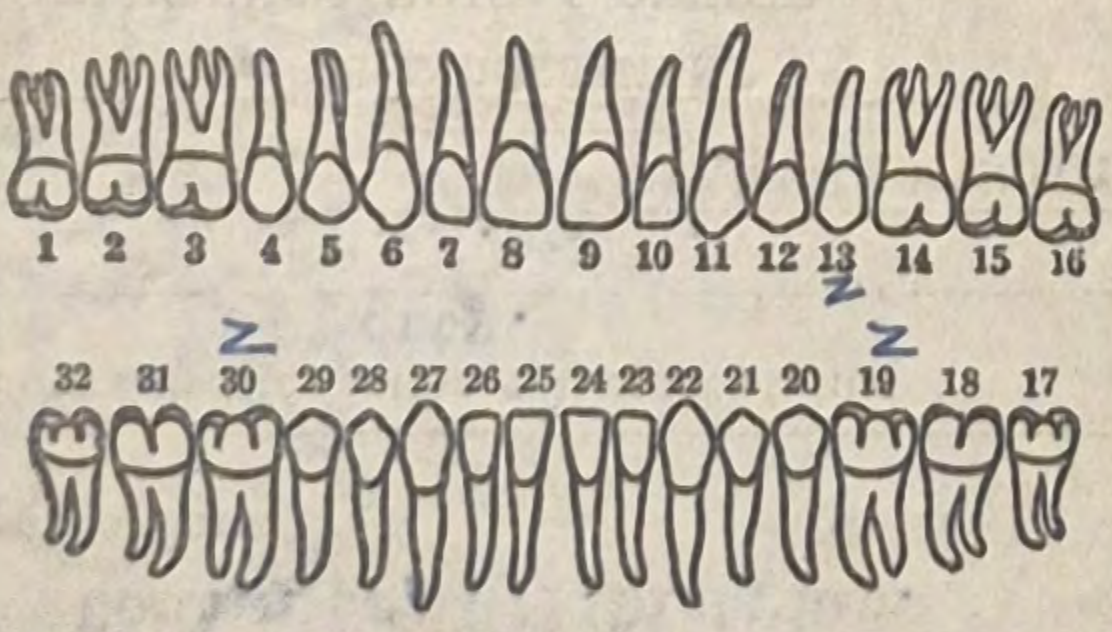
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums Normal Temperature Normal

Height 69" inches. Weight (stripped) 158 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39 1/4 Expiration 34

Heart and blood vessels Normal

Blood pressure: Systolic 118 Diastolic 78

Pulse before exercise 70, after exercise 96, after 2 min. 72

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds

Microscopical exam. (if indicated) epithelia Sp. Gr. 1024

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 5-12-41 Result Negative

2—16141

REMARKS: .....

.....

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that Wood, Roy V.

He is physically qualified for Regular Enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of B.M.1c
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for .....

on account of .....

.....

H. P. Barringer
a. a. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

19 May, 1941.
(Date)

Place New York, N.Y.

From: Commander, N.Y.District.

To: Commandant.

1. Forwarded for action. Present status:
duty.

P. E. SHAW,
Commanding ~~Dist. Coast Pt.~~ In Chg.
By direction.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

MAY 21 1941
(Date)

The findings of the certificate are ~~not~~ approved

Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

22 MAY 1941
(Date)

From: Commandant.

To: Commander, New York District

1.

ENLISTMENT AUTHORIZED AS B.M.1c R.E.

Insert this copy in health record.

By direction,

S. P. MEHLMAN
Chief, Personnel Section.
Chief, Training Section

U.S. GOVERNMENT PRINTING OFFICE

NAVCG 2525-A (Rev. 6-45)

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

WOOD
(Surname)

Roy V.
(Christian name(s))

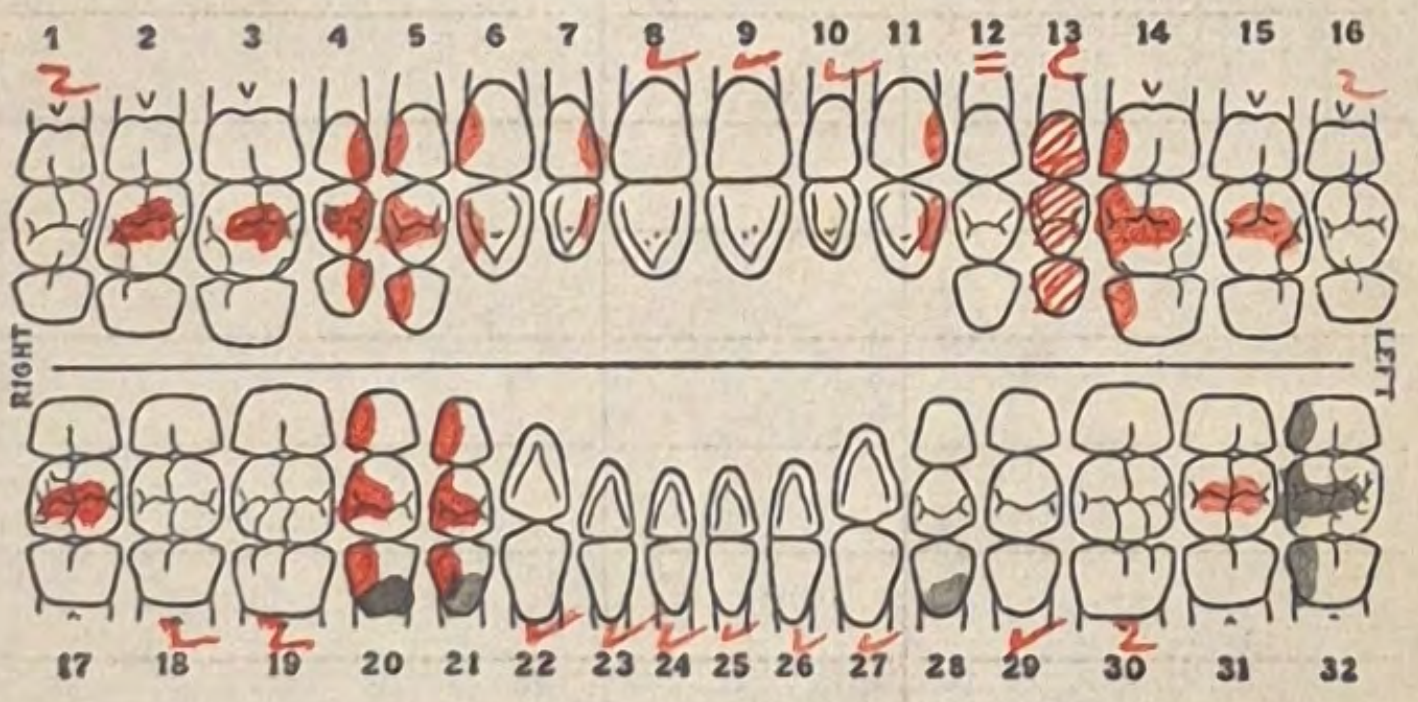
CBM
(Rank or rate)

(Service number)

INSTRUCTIONS

See Instructions for Dental Officers

RECORD OF FIRST DENTAL EXAMINATION

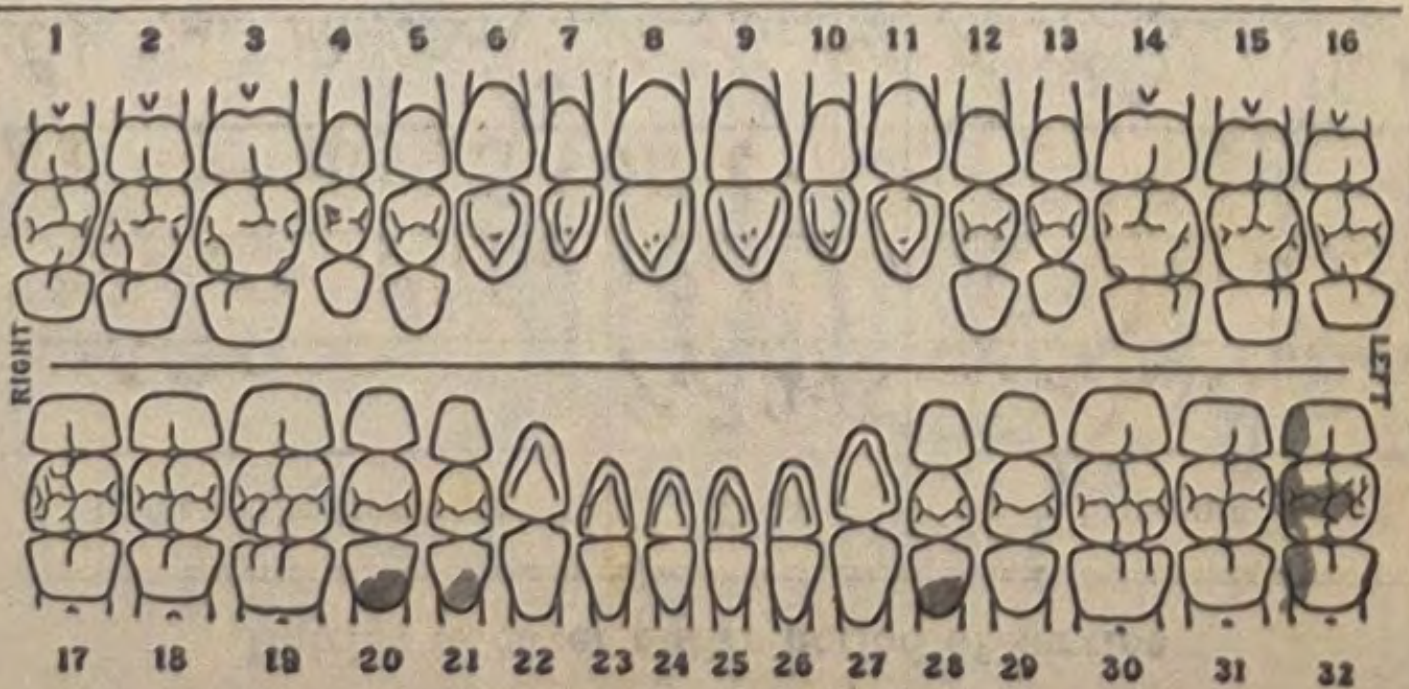


REMARKS: Partial Denture Lower

9-27-46
L. E. Mellowitz D.D.S.

(Date and signature of examining dental officer should follow remarks)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—44988-1

DENTAL RECORD

Entries to cover entire period of service

Operation or treatment	Date	Signature
Exam	9-27-46	L. E. Hallmark
#32-MO Alloy	12-11-46	L. E. Hallmark
20-B Alloy	12-16-46	L. E. Hallmark
21-B Alloy	12-16-46	L. E. Hallmark
22-B Alloy	12-16-46	L. E. Hallmark
Prophylaxis	12-16-46	L. E. Hallmark
Ethers	7-1-53	O R Leonard
Recall	4-11-52	OK L

16—44988-1 U. S. GOVERNMENT PRINTING OFFICE

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

(Surname)

(Given name-s)

(Rank or rate) (Service number)

INSTRUCTIONS

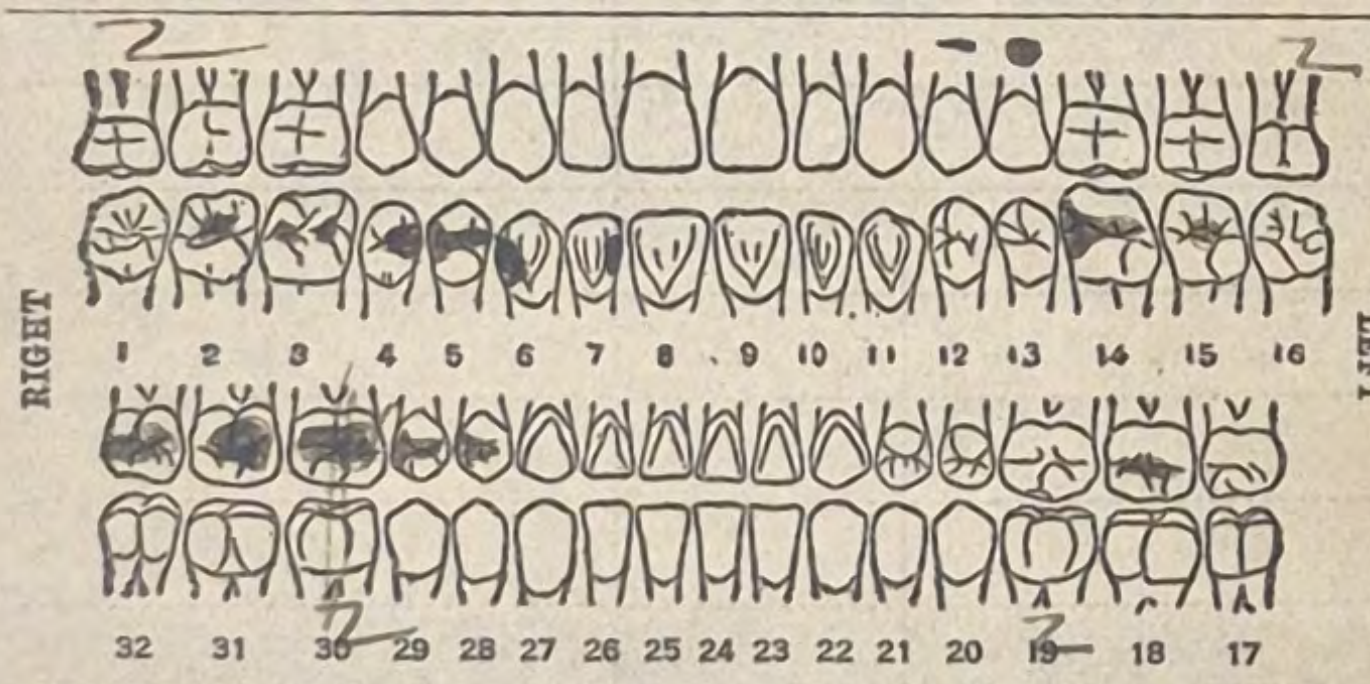
The Dental Record will be inserted as the top sheet in the Health Record.

This sheet will be prepared when an officer or man is first examined or treated by a dental officer, and subsequent entries will be made according to instructions.

The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

RECORD OF FIRST DENTAL EXAMINATION



REMARKS: ---

10-30-42 R. E. Stuart

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Exam	10/30/42	R.T. Stookey.
Exam	12/8/46	R.H. Mirick
Cpl. #18 X-Ray	"	L.L. Parkhurst
Exam	2/26/48	W. Dodd

U. S. GOVERNMENT PRINTING OFFICE 2—16140

Form No. 2525 C
TREASURY DEPARTMENT
U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name WOOD, Roy Vernon
(Surname first)

Rank or rating B.M.1c. Service number 111-209

SMALLPOX VACCINATION

Number of prior scars

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
7-21-41	H.R. Barringer	I.R.	H.R. Barringer
4-17-47	G.W. Griffin PhM1		
9/49		JR	Liberation
8-7-52	R.D. Jones HM2		

ENTER RESULT AS: "PR"; "AR"; "IR"; OR "F"
(See instructions on back)

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
7-21-41	7-28-41	8-4-41.	H.R. Barringer
4-13-44	Typhoid Booster		L.T.
Booster Tetanus			3-26-44 L.T.
5-27-45	Typhoid Booster		George C Rothwell
8/1/45	Typhoid Booster		P.L. Hinz C

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

9/49 1st Booster Liberation
4-7-53 Tetanus Booster RC Marathon
8-7-52 0.1 CC TYPHOID BOOSTER
4-7-53 0.1cc Typhoid Booster

(Signature of medical officer)

RC Marathon

2—16142

Form NCG-2525D

MEDICAL HISTORY

Surname WOOD Service No.

Christian name-s Roy

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S.P.H.S. Hospital, San Juan, P.R.

DATE: 12-24-45.

C.C. Fever

Incident of Service, Not misconduct.

HISTORY: For the past week he has felt weak, tired, and feverish. For past 3 days he has been taking his temperature and has always had a fever. At times he has felt chilly.

P.E. Negative, objectively.

LAB REPORT: Malaria Smear(12-24-45)---
Plasmodium Vivax seen.

Kahn and Kline--- Negative
BLOOD: 5,140,000 RBC
4700 WBC
Hemoglobin--- 102%
Small Mono- 36
L. Mono- 2
Eosinophiles- 3
Neutrophiles- 59

Malaria Smear(12-31-45)---
Plasmodium Vivax seen

Malaria Smear(1-4-46)----
Plasmodium Vivax seen.

CHEST X-RAY: Negative.

DIAGNOSIS: Malaria, tertian.

Discharged to duty. 12 days off duty.

E.L. SPRINGER
S.A. SURG. USPHS

USCG BASE, St. Geo., Staten Island, NY
1-9-52

FOLLOWING STATEMENT RECEIVED FROM
~~USPHS, San Juan, P.R.~~
2-11-46

This is to inform you that Roy V. WOOD Chief Bosn, USCG Base, San Juan, P.R. was admitted at this hospital on December ~~24, 1945 suffering from malaria.~~ On January 5, 1946 he was discharged improved.

Subsequent malaria smears made on January 11, 1946 and February 8, 1946 were ~~negative. He is finally being discharged~~ from outpatient department as of this date.

/S/ T. L. SHINNICK, Surg.
Med. Off. in Charge.

J. Grenley

J. GRENLEY, HMC(P)

U. S. GOVERNMENT PRINTING OFFICE 16—25058-1

Form NAVCG-2525D

MEDICAL HISTORY

Surname WOOD, Roys Service No. Bosn

Christian name-s

STATE NAME OF PLACE	DATE EACH NEW ENTRY

US MARINE HOSPITAL, Stapleton S.I. N.Y.
12-19-49 Admitted to inpatient status.
1-17-50 Discharged.
DIAGNOSIS: kk0-300.1 Dermatitis venenata; ~~757-400.8 Hydrocele of tunica vaginalis~~ due to trauma, left.
PERS & FAMILY HIST: Essentially neg.
DISCHARGE SUMMARY: ~~Admitted with history~~ of having one week's rash on hands and ~~arms. The skin was craking~~ and was of a pruritis nature. Exam: showed scaling, erythematous papular dermatitis in areas ~~of hands, arms, buttcoks and inguinal~~ regions. Treatment: Routine lotions and ointments used with good results.
Discharged as fit for duty to continue using calamine lotion and to return to ~~outpayient clinic in one week.~~
Routine b;ood test, urine and 70 mm chest x-ray negative.

B. L. STEINER
A. A. Surgeon

oal

US MARINE HOSPITAL, Stapleton S.I. NY
5-15-51 Admitted to inpatient status.
~~5-31-51 Discharged.~~
DIAGNOSIS: 530-100 Acute bronchitis.
NOT MISCONDUCT.
PERS & FAMILY HIST: See previous entries.
DISCHARGE SUMMARY: Admitted with chief ~~complaint of cough, nasal discharge~~ and anorexia. History that 5 days prior to admission he developed a chest cold with productive cough with progressive anorexia. At time of admission he had ~~a temperature of 102.4, pulse 104,~~ blood pressure of 130-80. There was some hyperemia of the mucus membranes. Lungs clear to percussion and auscultation. Heart normal. There was an asymptomatic

hydrocele on the left. Treatment: The patient was given one injection of crystacillin and was given symptomatic care. His temperature gradually fell to normal by the 2nd hospital day and remained normal thereafter. Symptomatically the patient gradually improved and he was asymptomatic by the time of discharge. X-ray of the chest was negative. Complete blood count on 5-16-51 was essentially normal. Routine lab data on urine and blood serology reported as negative. Now being discharged as fit for duty.

W. WEINGARTEN
S. A. Surgeon

oal

LOOSE LEAF TO BE PLACED IN HEALTH RECORD
USCG BASE, SINY

Form NAVCG-2525D

MEDICAL HISTORY

Page 5

Surname WOOD Service No. 111-209

Christian name-s Roy V.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

USPHS HOSPITAL STAPLETON, SINY

8-10-50 Admitted to outpatient status

8-10-50 Discharged.

DIAGNOSIS: Ulcer, roof of mouth

Patient complains of noticing a tender spot out the roof of mouth. Patient consulted a dentist who referred him to this hospital.

Exam: Shows 1 X 2 cm lesion in center of hard plate with raised hard border and a depressed ulcerated center.

Treatment: Patient given troches. Patient did not return.

Discharged: Fit for duty.

A. L. PATRICK
S. A. Surgeon

16—25653-2

Form NAVCG-2525D

MEDICAL HISTORY

Surname WOOD, Service No. 26361

Christian name-s Roy Vernon

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. PUBLIC HEALTH SERVICE
MEDICAL EXAMINATION PROGRAM
~~45 Broadway, New York 6, N.Y.~~
3 March, 1952.

Annual physical examination conducted this date.

Following defects noted:
(1) Moderate varicose veins.
(2) Small hydrocele.
Neither sufficient to disqualify.

This officer is considered to be fit for general duty.

James P Shortal
JAMES P, SHORTAL
S.A.Surg. USPHS(R)

USPHS HOSPITAL, Stapleton, SINY
8-10-53 Admitted to inpatient
~~8-19-53 Discharged~~
DIAGNOSIS: Hydrocele of tunica vaginal ~~is (left) due to unknown cuase 757-900.8~~ Spermatocele 756-600.8 (hydrocelectomy and spermatocelectomy)
~~NOT MISCONDUCT:~~
PERS & FAMILY HIST: See summ ary
~~DISCHARGE SUMMARY:~~ This 47 year old CG was admitted on 8-10-53 because of swelling of the left testicel, of 5 years duration. More recently it has given him much discomfort. Physical Exam:- revealed a large cystic swelling of the left scrotum which transilluminated. Serology and 70 mm. chest film negative. ~~On 8-12-53 left hydrocelectomy and spermatocelectomy~~ were done. Postoperative course was uneventful. Discharged 8-19-53 with 21 days sick leave or no

(con't).....

Form 2525 G
TREASURY DEPARTMENT
U.S. COAST GUARD

ABSTRACT OF MEDICAL HISTORY

Name WOOD, Roy V (In full, surname first) Boatswain (Service number)

PLACE WHERE TREATED	DATES TREATED FROM—	DATES TREATED To—	NUMBER OF DIAG-NOSIS	DIAGNOSIS	DAYS OFF DUTY	SIGNATURE OF MEDICAL OFFICER
			X11-656.1	Comp. myopic astigmatism, O.S.		
USMH, 67 Hudson St., NYC.	9/20/43	10/15/43	X11-652	Myopia O.D.		C. T. Meacham, Surg. USPHS
USPHS HOSP. San Juan	12-24-45	1-5-46	XX	Malaria, Tertian	12	E. L. SPRINGER, S.A.Surg.
USMH, SI NY	12-19-49	1-17-50	757-400.8 kk0-600.1	Hydrocele tunica vaginalis, lt Dermatitis Venenata	29	B. L. STERNER, A. .S.
USMH SI NY	5-15-51	5-31-51	530-100	Acute Bronchitis	16	W. WEINGARTEN, S.A.S.
USPHS HOSP SI NY	8-10-50	8-10-50		Ulcer of mouth	0	R. L. PATRICK, S.A.S.

2—16140

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	CHBOSN, W-2	26361
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Ave. Staten Island 14, N.Y.	Retirement	8-25-55

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caue.	30		U.S. Coast Guard	Group, Sandy Hook, N.J.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Virginia	Emily O. Wood, (Wife) Same as # 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
	X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
	X	30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Poor uncorrected vision, adequately corrected.

Moderate Varicose Veins.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)
O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (8 X 8).—*Fixed bridge, brackets to include abutments*

RIGHT																LEFT
	X	2	3	4	5	6	7	8	9	10	11	X12	13)	14	15	16
	32	/31	X30	29	28	27	26	25	24	23	22	21	20	X19	18	17

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

QUALIFIED

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.022			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG	NEG	NFA	NEGATIVE	KAHN, NEGATIVE

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NOT INDICATED	NFA	NFA

16—62288-1

3-7

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69½	180	Grey	Blue		98

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 116	RECUMBENT	SYS. 116	STANDING (3 min.)	SYS. 132
	DIAS. 80		DIAS. 74		DIAS. 90

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	96	84	72	88

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 10/200 CORR. TO 20/ 25	BY S. CX	CORR. TO BY
LEFT 20/ 200 CORR. TO 20/ 25	BY NFA S. CX	NFA CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

NFA

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT NFA LEFT	PI PLATES NORMAL	NFA	CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30

LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT			NFA					
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No change since last physical examination.

OFFICE OF THE CHIEF MEDICAL OFFICER
USCG HEADQUARTERS, WASHINGTON, D.C.

DEC 9 1955

REPORT OF MEDICAL EXAMINATION
APPROVED

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

none

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

none

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR Is Qualified for Retirement.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

none

79. TYPED OR PRINTED NAME OF PHYSICIAN
JAMES P. SHORTAL SURG. USPHS(R)
SIGNATURE James P. Shortal

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
L.J. STANWICH, D. SURGEON USPHS(R)
SIGNATURE L. J. Stanwich

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69½	180	Grey	Blue		98

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 118 / DIAS. 80	RECUM-BENT	SYS. 116 / DIAS. 74	STANDING (5 min.)	SYS. 132 / DIAS. 90	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	96	84	72	88

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 10/200 CORR. TO 20/ 25	BY S. CX	CORR. TO BY
LEFT 20/ 200 CORR. TO 20/ 25	BY NFA S. CX	NFA CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

NFA

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT NFA LEFT	PI PLATES NORMAL	NFA	NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NEA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30

LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT			NFA					
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No change since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

none

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

none

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Is Qualified for Retirement.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

none

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

JAMES P. SHORTAL SURG. USPHS(R) — James P. Shortal

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

L.J. STANWICH, D. SURGEON USPHS(R) — for L. J. Stanwich

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	CHBOSN, W-2	26361
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Ave, Staten Island 14, N.Y.	Retirement	8-25-55

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.	30		U.S. Coast Guard	Group, Sandy Hook, N.J.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Virginia	Emily O. Wood, (Wife) Same as # 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

NORMAL	ABNORMAL	CLINICAL EVALUATION (*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
	X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
	X	30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

Poor uncorrected vision, adequately corrected.

Moderate Varicose Veins.

(Continue in item 73)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (8 X 8).—*Fixed bridge, brackets to include abutments*

RIGHT																LEFT
	X	2	3	4	5	6	7	8	9	10	11	X	13	14	15	16
	32	/	X	29	28	27	26	25	24	23	22	21	20	X	18	17

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

QUALIFIED

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.022			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG	NEG	NFA	NEGATIVE	KAHN, NEGATIVE

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NOT INDICATED	NFA	NFA

16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	CBOSN	26361
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Ave., Staten Island 14, N.Y.	Permanent Appointment	4-23-54

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	25		USCG	AMBROSE (WAL 623)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Va.	Emily D. Wood (wife) same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO, 80 Lafayette St., New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
	X	30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (*Equilibrium tests under item 72*)
		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

#30 Moderate varicose veins.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 X 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X		O								O	(6 X 8)				X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X											X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.010			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	Negative	Kazzini-negative

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Not indicated.	NFA	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69½	182	Brown	Blue		98.6

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 140 / DIAS. 80	RECUMBENT	SYS. 140 / DIAS. 88	STANDING (5 min.)	SYS. 132 / DIAS. 96	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
84	104	92	80	88

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 200	CORR. TO 20/ 20	BY	S.	CX	CORR. TO BY
LEFT 20/ 200	CORR. TO 20/ 20	BY	S. NFA	CX	CORR. TO NFA BY

62. HETEROPHORIA: (*Specify distance*)	ES°	EX^c	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
NFA								

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED	66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
RIGHT NFA LEFT	P.I.Plates-normal	NFA	NFA	NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30
LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT			NFA					
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

Whooping cough.
History of having worn glasses.
History of venereal deseases.
History of varicose veins.
Hydrocele removed last year.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#59 Overweight--not sufficient to disqualify.
#59 Poor uncorrected vision, adequately corrected.
#30 Moderate varicose veins.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS
☐ IS NOT QUALIFIED FOR Permanent Appointment

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN
JAMES P. SHORTAL, S.A. SURG. USPHSR
SIGNATURE James P. Shortal

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
L.J. STANWICH, DENT. SURG. USPHSR
SIGNATURE L. J. Stanwich

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE : 1952 O - 990997

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	BOSN	26361
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Ave., Staten Island, N.Y.	Annual	1-28-53

7. SEX	8. RACE	9. TOTAL YRS GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	24		USCG	USCG LIGHTSHIP 613 (AMBROSE)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Va.	Emily O. Wood (wife) same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO 80 Lafayette St. New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
	X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
	X	30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (Equilibrium tests under item 78)
		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

#24 Inadequate uncorrected vision. 20/200 both eyes. Corrected to 20/20 both eyes.

#30 Moderate varicose veins.

#34 Hydrocele.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth /.—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures (6 × 8).—Fixed bridge, brackets to include abutments

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
												X				X
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
		X	X											X		

LEFT

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.010			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	Negative	Kahn-negative

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Neg.	NFA	

16—62283-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE ☒	56. TEMP.
69½	185	Gray	Blue		98.6

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 118	RECUMBENT	SYS. 134	STANDING (5 min.)	SYS. 118
	DIAS. 92		DIAS. 100		DIAS. 96

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	100	80	72	80

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 200 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO NFA BY
LEFT 20/ 200 CORR. TO 20/ 20	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) NFA ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I. Plates-normal	NFA	UNCORRECTED
			CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30
LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 3240	4000 4096	8000 8192	
RIGHT			NFA					
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*) NFA

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

No serious illness since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#52 Overweight--not sufficient to disqualify.
#34 There has been an increase in the size of the hydrocele since last physical examination. Some symptoms at this time.
#59 Defective uncorrected vision.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

It is recommended that this officer be referred to USPHS HOSPITAL, STAPLETON, for treatment of hydrocele.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS
☐ IS NOT QUALIFIED FOR General duty

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN JAMES P. SHORTAL S.A.SURG. USPHSR
SIGNATURE James P. Shortal

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) L. NADEL S.A.D.S. USPHSR
SIGNATURE Leonard Nadel

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	BOSN	26361
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Avenue, Staten Island, 14, N.Y.	Promotion	7-15-52

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	24	USCG	SANDY HOOK GROUP

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Virginia	Emily O. Wood (wife)-same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO 80 Lafayette St. New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
	X	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (*Equilibrium tests under item 72*)
		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

#34-Small hydrocele.

#37-Moderate Varicose Veins, both legs.

#39-Scar, left leg.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (8 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X											(X)				X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X											X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.010			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	Negative	Kahn-negative

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NFA	NFA	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69½	181	Gray	Blue		98.2

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 134 / DIAS. 90	RECUMBENT	SYS. 136 / DIAS. 92	STANDING (5 min.)	SYS. 132 / DIAS. 96	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
76	80	72	68	76

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 200 CORR. TO 20/ 25	BY S. NFA CX	CORR. TO NFA BY
LEFT 20/ 200 CORR. TO 20/ 30	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) NFA ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC NFA PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I. Plates-normal	NFA	UNCORRECTED CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15/15 SV 30/30
LEFT WV 15/15 SV 30/30

71. AUDIOMETER

	250 *256*	500 *512*	1000 *1024*	2000 *2048*	3000 *2896*	4000 *4096*	8000 *8192*	
RIGHT				NFA				
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*) NFA

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

No serious illness since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#34-Small hydrocele.
#37-Moderate Varicose Veins, both legs.
#52-Overweight, not sufficient to disqualify.
#59-Inadequate uncorrected vision, corrected.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT
QUALIFIED FOR Promotion.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN JAMES P. SHONTAL, S.A. SURG. USPHSR	SIGNATURE James P. Shontal	
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) F. A. CASTALDI, S.A.D.S. USPHSR	SIGNATURE F A Castaldi	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
WOOD, Roy Vernon	3rd DCGO, 80 Lafayette St.,N.Y.,N.Y. 2-7-51

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
4 Feb., 1904	46	26361	Annual Physical

7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
U.S.TREASURY DEPARTMENT	U.S.COAST GUARD	CG BASE, St. George.	BOSN

11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)
MALE	Caucasian	199 Latimer Ave., S.I., N.Y.

14. PLACE OF BIRTH	15. OTHER DATA
Norfolk, Va.	

16. RATING OR SPECIALTY (*Time in this capacity*) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (Shoeless)	WEIGHT (Stripped)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☐
69½ INS.	180½ LBS.			X		98.6	Scar, leg, rt.

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒
B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15 /15: SV 30/30
LEFT WV 15 /15: SV 30/30

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

NO FACILITIES AVAILABLE

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒
B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION
RIGHT 20/400 CORR. TO 20/25 BY
LEFT 20/200 CORR. TO 20/25 BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. ○ CX
S. ○ CX

F. NEAR VISION—(*At 14 inches*)
NO FACILITIES AVAILABLE
SC/VA CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED P.I. PLATES

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
NO FACILITIES AVAILABLE

I. RED LENS—N. S. A. ☐ NO FACILITIES AVAILABLE

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐

K. DEPTH PERCEPTION
NO FACILITIES AVAILABLE
TEST USED
SCORE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ NO FACILITIES AVAILABLE
LEFT—N. S. A. ☐

M. ACCOMMODATION—RIGHT LEFT

N. NIGHT VISION AVAILABLE
SCORE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

Unclassified

UR: X F F F F F F N N N F (X C) F F X — UL
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
LR: F X X F F N N N N N N F N X F F — LL

MALOCCLUSION—N. S. A. ☐
PERIODONTOCLASIA—N. S. A. ☒
GINGIVITIS—N. S. A. ☒

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS: QUALIFIED

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	86	B. P.: S.	126	D.	80	RECUMBENT: PULSE	72	B. P.: S.	128	D.	88
STANDING (*3 min.*): PULSE	80	B. P.: S.	128	D.	84	SITTING: PULSE AFTER EXERCISE	92	: 2 MIN. AFTER	78		

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)
Ins--43
Exp--39
Abd--37

29. CHEST—N. S. A. ☒ NOT DONE ☐
X-RAY

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒

B. VARICOSE VEINS—NONE ☒
Moderate Varicose Veins

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [ ]

38. G-U SYSTEM N. S. A. [ ] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]
Small left Hydrocele
Small left Varicocele

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]
C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [X] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY YES [ ] NO [ ] (*If answer is yes, recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)
Not indicated

B. URINALYSIS	ALBUMIN	SUGAR
SP. GR. 1.020	Neg.	Neg.
MICROSCOPIC		

C. BLOOD TYPE AND CLASSIFICATION USED
NO FACILITIES AVAILABLE

D. OTHER LABORATORY EXAMINATIONS
NO FACILITIES AVAILABLE

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. No serious illness since last physical examination

C. (1) Inadequate Vision - corrected
(2) Obesity
(3) Varicocele, left, small
(4) Hydrocele, left, small
(5) Moderate Varicose Veins

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY
EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR GENERAL DUTY
TYPE OF QUALIFICATION Unrestricted
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS None

44. SIGNATURE OF PHYSICIAN James P. Shortal S.A.S. Surg.	NAME TYPED OR PRINTED J. P. SHORTAL, S.A.S., USPHS(R)
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*) C. Siegel	NAME TYPED OR PRINTED C. SIEGEL, S.A.D.S., USPHS(R)
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54662-1

Standard Form 88
Promulgated March 1948
By Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
WOOD, Roy Vernon	3rd DCGD, 80 Lafayette St.,N.Y.,N.Y. 2-8-50

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
4 February,1904	46	26361	ANNUAL PHYSICAL

7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
U.S. TREASURY DEPARTMENT	U.S. COAST GUARD	CG BASE,St.Geo.,S.I.,N.Y.	BOSN

11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)
Male	White	199 Letiner Ave., Staten Island, N.Y.

14. PLACE OF BIRTH	15. OTHER DATA
Norfolk, Va.	Religion: Protestant

16. RATING OR SPECIALTY: BOSN (*Time in this capacity*) TOTAL: 10 months LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS.
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☐ Generalized papular rash. Dermatitis Venenata.
69½ INS.	178 LBS.			X		98.6°	

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒
B. DRUMS—NO PERFORATION ☐ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15/15: SV 30/30
LEFT WV 15/15: SV 30/30

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

NO FACILITIES AVAILABLE

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒
B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION
RIGHT 20/100 CORR. TO 20/30 BY
LEFT 20/100 CORR. TO 20/40 BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. ( ) CX
S. ( ) CX
NO FACILITIES AVAILABLE

F. NEAR VISION—(*At 14 inches*)
CORR. TO BY
CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED P. I. Plates

H. HETEROPHORIA (*Specify distance*)

	ES°	EX°	R. H.	L. H.	PRISM DIVERGENCE	PRISM CONVERGENCE
	NO FACILITIES AVAILABLE					

I. RED LENS—N. S. A. ☐
NO FACILITIES AVAILABLE

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
NO FACILITIES AVAILABLE

K. DEPTH PERCEPTION
TESTER SCORE
NO FACILITIES AVAILABLE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
NO FACILITIES AVAILABLE

M. ACCOMMODATION—RIGHT LEFT
NO FACILITIES AVAILABLE

N. NIGHT VISION
TESTER SCORE
NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH: I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3). CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR: X F F F F F F N | N O N X O F F X :UL
LR: F X F N N N | N N N F N X X X :LL

MALOCCLUSION—N. S. A. ☐
PERIODONTOCLASIA—N. S. A. ☒
GINGIVITIS—N. S. A. ☒

REMARKS AND DISQUALIFYING DENTAL DEFECTS
11 6-Space partially closed.
Slight Alveolocleasia

QUALIFIED
CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	82	B. P.: S.	126	D.	92	RECUMBENT: PULSE	76	B. P.: S.	124	D.	90
STANDING (*3 min.*): PULSE	86	B. P.: S.	140	D.	98	SITTING: PULSE AFTER EXERCISE	102	: 2 MIN. AFTER	84		

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)
Insp. 43
Exp. 39

29. CHEST—N. S. A. ☒ NOT DONE ☐
35 mm. - 2-8-50
Negative

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

33. ABDOMEN AND VISCERA—N. S. A. ☒ A. LIVER—N. S. A. ☒ B. SPLEEN—N. S. A. ☒ C. MASSES—NONE ☒

34. HERNIA. *(If present describe location, size, shape, reducibility)* *(Complete or incomplete)*
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [ ]

38. G-U SYSTEM N. S. A. [X] *(Include prostate exam. if indicated)* PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]
Left Hydrocele, small.

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]
C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. *(Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.)* B. PSYCHIATRIC AND PERSONALITY. *(Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)*

NO FACILITIES AVAILABLE

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] *(If answer is yes, explain and cite recommendations under Item No. 42)*

41. LABORATORY TESTS—A. SEROLOGY *(Specify test used—Result)*
NOT INDICATED

B. URINALYSIS SP. GR. 1.008 ALBUMIN Neg. SUGAR Neg.
MICROSCOPIC

C. BLOOD TYPE AND CLASSIFICATION USED
NO FACILITIES AVAILABLE

D. OTHER LABORATORY EXAMINATIONS
NO FACILITIES AVAILABLE

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. USMH, Stapleton,S.I.,N.Y.-12-19-49 to 1-17-50. Dermatitis venenata. Hydrocele of tunica vaginalis due to trauma, left.
History of Tertian Malaria.
No other serious illness since last physical examination.

C. Defective vision, partially corrected.

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY
EXAMINEE (IS) ~~OR (IS NOT)~~ *(Strike out one)* QUALIFIED FOR GENERAL DUTY
TYPE OF QUALIFICATION
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN S S Bender	NAME TYPED OR PRINTED S. S. BENDER, S.A.Surg.(R)USPHS
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST ~~OR PHYSICIAN~~ *(Indicate which)* Gerson Wasserman	NAME TYPED OR PRINTED G. WASSERMAN, S.A.D.S.(R)USPHS
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54602-1

ndard Form 88
GATED MARCH 1948
EAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. PLACE AND DATE OF EXAMINATION
WOOD, Roy Vernon			Office, 3rd Coast Guard District 42 Broadway, New York 4, N. Y. 7 April, 1949
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
4 Feb., 1904	45	111-209	Promotion
7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
U.S. TREASURY DEPARTMENT	U.S. COAST GUARD	Relief Lightship # 78, St. Geo. Base	BMC
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)	
MALE	White	199 Latimer Avenue, Shaten Island 14, New York	
14. PLACE OF BIRTH		15. OTHER DATA	
Norfolk, Virginia		Religion: Protestant	

16. RATING OR SPECIALTY: BMC (*Time in this capacity*) TOTAL: 2 yrs. 10 mos. LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. [X]
70 INS.	176 LBS.			X		98.6	

21. LYMPH GLANDS AND LYMPHATICS: N. S. A. [X]

22. HEAD, FACE, AND NECK—N. S. A. [X]

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. [X]

24. EARS—A. CANALS, EXT. EARS—N. S. A. [X]

B. DRUMS—NO PERFORATION [X] N. S. A. [X]

C. HEARING (*Whispered and spoken voice at 15 ft.*)

RIGHT WV 15 /15: SV 30/30

LEFT WV 15 /15: SV 30/30

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

NO FACILITIES AVAILABLE

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. [X] LEFT EYE—N. S. A. [X]

B. PUPILS—EQUAL [X] NORMAL TO ACCOMMODATION [X] TO LIGHT [X]

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. [X]

D. DISTANT VISION

RIGHT 20/ 100 CORR. TO 20/ 20 BY

LEFT 20/ 70 CORR. TO 20/ 20 BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE

S. C CX

S. C CX

F. NEAR VISION—(*At 14 inches*)

NO FACILITIES AVAILABLE

CORR. TO BY

CORR. TO BY

G. COLOR VISION—N. S. A. [X] TEST USED: P.I. Plates

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE

NO FACILITIES AVAILABLE

I. RED LENS—N. S. A. [ ]

NO FACILITIES AVAILABLE

J. FIELD OF VISION—RIGHT—N. S. A. [ ] LEFT—N. S. A. [ ]

NO FACILITIES AVAILABLE

K. DEPTH PERCEPTION TEST USED SCORE

NO FACILITIES AVAILABLE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. [ ] LEFT—N. S. A. [ ]

NO FACILITIES AVAILABLE

M. ACCOMMODATION—RIGHT LEFT

NO FACILITIES AVAILABLE

N. NIGHT VISION TEST USED SCORE

NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
UR	X	F	F	F	F	F	N			N	N	O	X	C	F	F	X	UL
LR	F	X	X	F	F	N	N	N		N	N	N	N	N	X	F	F	LL

MALOCCLUSION—N. S. A. [X]

PERIODONTOCLASIA—N. S. A. [X]

GINGIVITIS—N. S. A. [X]

REMARKS AND DISQUALIFYING DENTAL DEFECTS

QUALIFIED

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	72	B. P.: S.	130	. D.	088	RECUMBENT: PULSE	68	B. P.: S.	128	. D.	084
STANDING (*3 min.*): PULSE	86	B. P.: S.	134	. D.	086	SITTING: PULSE AFTER EXERCISE	100	: 2 MIN. AFTER	72		

28. LUNGS—N. S. A. [X] CHEST—N. S. A. [X] (*Include breasts for females*)

Insp---44
Exp---40
Abd---39

29. CHEST—N. S. A. [X] NOT DONE [ ]

X-RAY 35mm 4-7-49--Neg.

30. HEART—N. S. A. [X]

31. EKG—N. S. A. [ ] NOT DONE [X]

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. [X]

B. VARICOSE VEINS—NONE [ ]

Right moderate varicosity

16—54302-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)

NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES

N. S. A. [X]

36. VENEREAL DISEASE

NONE [X]

37. ENDOCRINE SYSTEM

N. S. A. [X]

38. G-U SYSTEM N. S. A. [ ] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]

Small Hydrocele, left NOT DONE

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

NO FACILITIES AVAILABLE

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE

D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

TEST USED SCORE

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)

Kahn 4-7-49

B. URINALYSIS SP. GR. 1.020 ALBUMIN Neg. SUGAR Neg.

MICROSCOPIC

C. BLOOD TYPE AND CLASSIFICATION USED

NO FACILITIES AVAILABLE

D. OTHER LABORATORY EXAMINATIONS

NO FACILITIES AVAILABLE

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. Malaria, tertian, U.S. Marine Hospital, San Juan, P.R. December 1945
No serious illness since last physical examination.
C. Defective vision, corrected

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR PROMOTION

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS Defective Vision

44. SIGNATURE OF PHYSICIAN S S Bendet	NAME TYPED OR PRINTED S.S. BENDET, S.A.S., USPHS(R)
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*) William A Doob	NAME TYPED OR PRINTED W.A. DOOB, S.A.D.S., USPHS(R)
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE —54662-1

56-A444
Bx 149

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
/				

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
BASE TWO	Gastritis, acute	11-14-27	11-14-27	OP
BASE TWO	Myalgia, back	1- 5-28	1- 5-28	OP
BASE TWO	Tonsillitis, acute	1- 8-29	1-11-29	OP
BASE TWO	Gastritis, acute	3-21-29	3-21-29	OP
BASE TWO	Gastritis, acute	8- 2-29	8- 9-29	OP
BASE TWO	Eczema, left foot	8-10-29	8-17-29	OP
MH STAPLETON	Tinea circinata	8-19-29	9- 4-29	OP
BASE TWO	Tinea, abdomen	12- 9-29	12-19-29	OP
BASE TWO	Tonsillitis, acute	12-17-29	12-18-29	OP
MH STAPLETON	Tinea, circinata, abdomen	12-23-29	12-31-29	OP
BASE TWO	Gastritis, acute	1- 1-30	1- 2-30	OP
BASE TWO	Tonsillitis, acute	1- 2-30	1- 2-30	OP
BASE TWO	Eczema, right foot	6-20-30	6-30-30	OP
BASE TWO	Tonsillitis, acute	12- 4-30	12- 8-30	OP
BASE TWO	Tonsillitis, acute	1-24-31	1-30-31	OP
BASE TWO	Wound, incised, right cheek	3- 6-31	3-12-31	OP
BASE TWO	Smallpox vac.; Typhoid inoc.	3-12-31	3-28-31	OP

Ret Room 7

NAME WOOD, Roy Vernon 26361 SERVICE NO ~~111-209~~

NAME SERVICE NO.

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
BASE TWO	Tonsillitis, acute	8-18-31	8-24-31	OP
BASE TWO	Catarrhal fever, acute	8-18-31	8-26-31	OP
BASE TWO	Pharyngitis, acute	9- 1-31	9-20-31	OP
BASE TWO	Chalazion, right eye	10-24-31	10-24-31	OP
BASE TWO	Gastritis, acute	2- 9-32	2- 9-32	OP
BASE TWO	Myalgia, back	3-10-32	3-10-32	OP
BASE TWO	Contusion, left foot	1-17-33	1-19-33	OP
MH STAPLETON	Contusion, left mastoid	3- 2-33	3- 2-33	OP
BAY SHORE NY	Smallpox vac.; Typhoid inoc.	7-21-41	8- 4-41	OP
MH H & JAY	Obv. of Eyes	9-28-43	9-29-43	OP
SAN JUAN BASE	Diarrhea	3-22-45	3-23-45	IP
MH SI NY	Dermatitis venenata	12-19-49		
	Hydrocele of tunica vaginalis due to trauma, left		1-17-50	I
MH SI NY	Virus pneumonia Acute bronchitis	5-15-51	5-31-51	I
MH STAPLETON	Ulcer, roof of mouth	8-10-50	8-10-50	

Postindex PAT. APR. 3, '23 FEB. 8, '27 #1616508 97-B-3078-8
TREAS. DEPT., U. S. COAST GUARD — FORM 9678

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
PHSH STAPLETON	Acute pharyngitis	2-28-55	3-4-55	

56-A444
Box 149

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
WOOD, Roy V.	☐ ACTIVE DUTY ☒ RETIRED	CHBOSN	USCG	26361	--

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS
		2-4-04	199 Latimer Avenue Staten Island 14, New York
Color of Eyes: Grey	Color of Hair Grey	Height 5' 9½"	Weight 180
Color of Eyes:	Color of Hair	Height	Weight
Color of Eyes:	Color of Hair	Height	Weight
Color of Eyes:	Color of Hair	Height	Weight

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN, THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

☐ LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)* _____

ON *(Date)* _____.

☐ THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

☐ ALL CHILDREN NAMED ARE MY LEGITIMATE, LEGALLY ADOPTED OR STEP CHILDREN; THAT ALL CHILDREN ARE UNMARRIED; THAT ALL CHILDREN NAMED WHO ARE OVER 21 YEARS OF AGE ARE (1) INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY THAT EXISTED PRIOR TO THEIR REACHING THE AGE OF 21 AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT OR (2) HAVE NOT PASSED THEIR TWENTY-THIRD BIRTHDAY AND ARE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN EDUCATIONAL INSTITUTION ABOVE HIGH SCHOOL LEVEL WHICH NORMALLY MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ORGANIZED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE THE EDUCATIONAL ACTIVITIES ARE CARRIED ON AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT. *(Part II, Item 9 - In those special circumstances which permit children over 21 entitlement to medical care indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under REMARKS the name of the institution of higher learning.)*

☐ ALL PARENTS OR PARENTS-IN-LAW NAMED ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT AND ACTUALLY RESIDE IN MY HOUSEHOLD.

☒ I AM ENTITLED TO RETIRED, RETIREMENT, OR RETAINER PAY OR EQUIVALENT PAY AS A RESULT OF SERVICE IN A UNIFORMED SERVICE, OTHER THAN BY RETIREMENT UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948.

DD FORM 1 SEP 56 1171

☐ I AM ENTITLED TO RETIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948 *(62 Stat. 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E)* AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY AS DEFINED IN SUBSECTION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY WERE AS FOLLOWS:

11. REMARKS

The status and eligibility for privileges, and expiration date of eligibility to privileges of the dependent(s) named in this application (has) (have) been verified. A U. S. Military activity which can and does issue DD Form 1173 is hereby authorized to issue DD Form 1173 to such dependents(s). The issuing activity is requested to return the original completed applica tion to:

_____

by endorsement hereon and indicate the card number issued to each dependent by name.

Name of Dependent	Eligible for following Benefits and Privileges	Expiration Date of Eligibility	Card Number Issued
NA	T, C, EU, MC(US)	INDEFINITE	CG 033,093

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
USCG (RET)	199 Latimer Avenue, Staten Island, New York
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
4 November 1957	ROY V. WOOD

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
CG 033,093	11 Nov 1957	INDEFINITE
20. ORGANIZATION OF ISSUING OFFICER		
USCG		
20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER	
R. A. SERENBERG JR, CDR, USCG	R. A. Serenberg Jr	

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 407991

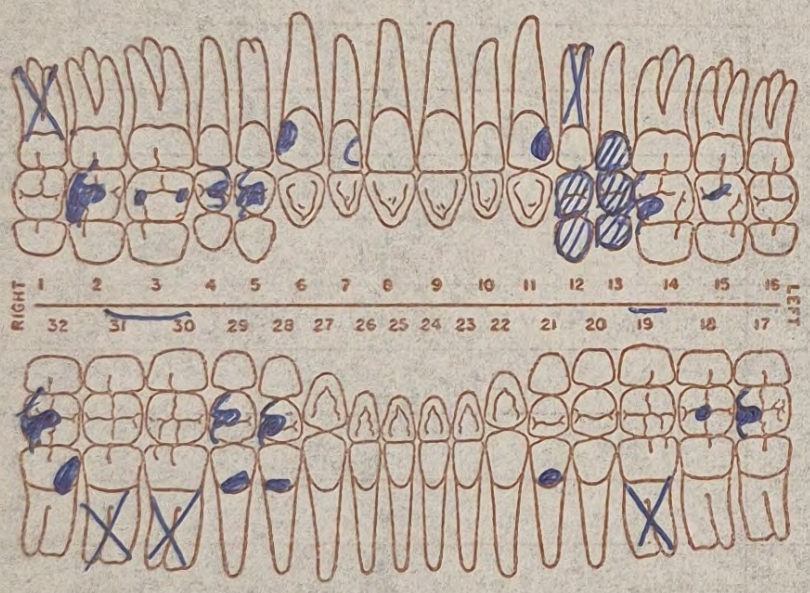
FILE
2. LeB

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION				
INITIAL		SEPARATION		OTHER (*Specify*) RETIREMENT		1	2	3	4	1	2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS

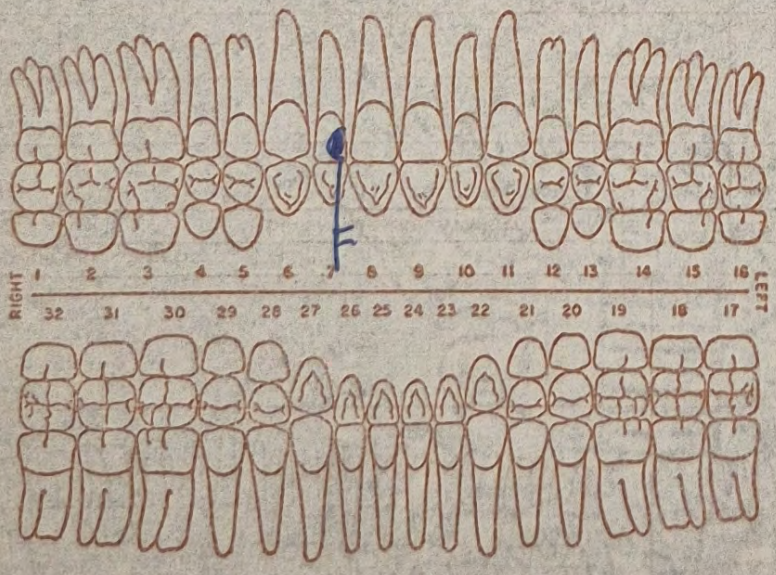


REMARKS

PLACE OF EXAMINATION	DATE
OC3CGD, NY, NY	AUG 25 1955

SIGNATURE OF DENTIST COMPLETING THIS SECTION
L. J. STANWICH, DENT. SURG., USPHSR

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS — SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA — LOCAL | GENERAL; INCIPIENT | MODERATE | SEVERE

C. STOMATITIS (*Specify*)

GINGIVITIS | VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

FULL MOUTH PERIAPICAL | POSTERIOR BITE-WINGS | OTHER (*Specify*)

DATE	PLACE OF EXAMINATION	SIGNATURE OF DENTIST COMPLETING THIS SECTION
AUG 25 1955	OC3CGD, NY, NY	L. J. STANWICH, DENT. SURG., USPHSR

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT. OR AGENCY
MALE	CAU	CHBOSN	USCG GROUP SANDY HOOK	USCG	Treasury

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY–MONTH–YEAR)	14. IDENTIFICATION NO.
WOOD Roy Vernonn	2-4-04	26361

16—97875-1

DENTAL
Standard Form 603

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	CHBOSN, W-2	26361
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Ave. Staten Island 14, N.Y.	Retirement	8-25-55

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.	30		U.S. Coast Guard	Group, Sandy Hook, N.J.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Virginia	Emily O. Wood, (Wife) Same as # 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
	X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
	X	30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Poor uncorrected vision, adequately corrected.

Moderate Varicose Veins.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (0 X 8).—*Fixed bridge, brackets to include abutments*

RIGHT																LEFT
	X	2	3	4	5	6	7	8	9	10	11	X	13	14	15	16
	32	31	X	29	28	27	26	25	24	23	22	21	20	X	18	17

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

QUALIFIED

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.022			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG	NEG	NFA	NEGATIVE	KAHN, NEGATIVE

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NOT INDICATED	NFA	NFA

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69½	180	Grey	Blue		98

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		118	80
RECUMBENT		116	74
STANDING (3 min.)		132	90

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	96	84	72	88

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 10/200 CORR. TO 20/ 25	BY S. CX	CORR. TO BY
LEFT 20/ 200 CORR. TO 20/ 25	BY NFA S. CX	NFA CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

NFA

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	PI PLATES NORMAL	NFA	UNCORRECTED
			CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NEA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30

LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT			NFA					
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No change since last physical examination.

OFFICE OF THE CHIEF MEDICAL OFFICER
USCG HEADQUARTERS, WASHINGTON, D.C.

SEP 7 1955

REPORT OF MEDICAL EXAMINATION
APPROVED

BY DIRECTION

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

none

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

none

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Is Qualified for Retirement.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

none

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

JAMES P. SHORTAL SURG. USPHS(R) — James P. Shortal M.D.

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

L.J. STANWICH, D. SURGEON USPHS(R) — L.J. Stanwich

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	CHBOSN, USN-2	26361

4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
199 Latimer Ave. Staten Island 14, N.Y.	Retirement	2-25-55

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.	30		U.S. Coast Guard	Group, Sandy Hook, N.J.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Virginia	Emily O. Wood (Wife) Same as # 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
	X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements. nyelagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
	X	30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

24. Poor uncorrected vision, adequately corrected.

30. Moderate Varicose Veins.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (0 X 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X											X	)				
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		/	X											X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

QUALIFIED

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.022			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG	NEG	NFA	NEGATIVE	KAHN, NEGATIVE

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NOT INDICATED	NFA	NFA

16—62238-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69½	180	Grey	Blue		98

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		118	80
RECUMBENT		116	74
STANDING (5 min.)		132	90

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	96	84	72	68

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 40/200 CORR. TO 20/ 25	BY S. CX	CORR. TO BY
LEFT 20/ 200 CORR. TO 20/ 25	BY NEA S. CX	NEA CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

NEA

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT NEA LEFT	PI PLATES NORMAL	NEA	NEA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NEA	NEA	NEA	NEA

70. HEARING

RIGHT W/V 15 /15 S/V 30/30 /15

LEFT W/V 15 /15 S/V 30/30 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT			NEA					
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NEA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No change since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

none

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

none

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Is Qualified for Retirement.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

none

79. TYPED OR PRINTED NAME OF PHYSICIAN
JAMES P. SHORTAL SURG. USPHS(R)

SIGNATURE James P. Shortal

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
L.J. STANWICH, D. SURGEON USPHS(R)

SIGNATURE L. J. Stanwich

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Commander
CG GROUP SANDY HOOK
Fort Hancock, N.J.

31 August 1955
P19-2/OW

From: Commander, CG GROUP Sandy Hook
To: Commandant (PO)
Via: Commander, Third CG District (p)

Subj: Chief Boatswain, W-2 Roy V WOOD (26361), USCG, Retirement Medical Examination; information concerning

Ref: (a) COMDT's ltr PO-3, dtd 1 August 1955

1. In accordance with reference (a) subject Officer's report of medical examination, Standard Form 88 is hereby forwarded.

Copy to: B. J. KOWALSKI
File
Ambrose L/V WAL-613

COMTHREECGDO
NEW YORK, N. Y.

p
6 September 1955
P19-2/OW

FIRST ENDORSEMENT on GRUCOM Sandy Hook ltr P19-2/OW of 8-31-55

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

1. Forwarded with enclosure.

A. S. MARSDALE
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG GROUP SANDY HOOK
Fort Hancock, N.J.

31 August 1955
P19-2/OW

From: Commander, CG GROUP Sandy Hook
To: Commandant (PO)
Via: Commander, Third CG District (p)

Subj: Chief Boatswain, W-2 Roy V WOOD (26361), USCG, Retirement Medical Examination; information concerning

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COMTHREECGDO
NEW YORK, N. Y.

p
6 September 1955
P19-2/OW

FIRST ENDORSEMENT on GRUCOM Sandy Hook ltr P19-2/OW of 8-31-55

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

1. Forwarded with enclosure.

A. S. MARSDALE
By direction

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WOOD, Roy V. (Name, surname first) | 26361 (Service number) | CHBOSN (Rank or rating) | AMBROSE L/S (Unit)

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

FINAL MEDICAL CERTIFICATE

Place USPHS Hospital, Stap., SI NY, Date 29 April, 1955

FILED

To: Commanding Officer
USCGC AMBROSE L/S (Coast Guard unit)
CG Base, St. Geo., SINY (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
Acute pharyngitis		2-28-55	3-4-55

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.

A. L. Patrick

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

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
	U.S. Public Health Service Hospital Staten Island 4, N. Y.
2-28-55	Admitted to Outpatient treatment.
3-4-55	Discharged.
	DIAGNOSIS: Acute pharyngitis
2-28-55	HISTORY: Has had sore throat for 26 hours. Temperature to 103.6°. Had malaria in 1945.
	DISPOSITION: Not fit for duty and to return 3-4-55.
3-4-55	EXAMINATION: This attack was reuurrent attack of malaria. Should have blood smears. A. L. Patrick
	DISPOSITION: Fit for duty.
	A. L. PATRICK, Sr. Surgeon, USPHS

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	W	CHBOSN	ABROSE, LIGHTSHIP	USCG	TREA URY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
WOOD, Roy V.	2-4-04	26361

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
MAR 14 1955	U. S. PUBLIC ~~HEALTH~~ SERVICE MEDICAL EXAMINATION PROGRAM ~~45 Broadway~~ New York 6, N.Y. Annual physical examination conducted this date in accordance with Article 3041 Regulations; found to be physically qualified for the performance of duty in rank at sea or ashore. Defects noted: *Moderate varicose veins* *Poor uncorrected vision adequately corrected.* *Moderate hypertension* *James P. Shortal M.D.* JAMES P. SHORTAL S.A.Surg.,USPHSR
MAR 25 1955	C.G. HDQRS. WASH.D.C. Medical Division The ~~findings of the certificate~~ are approved. By direction of the Surgeon General SIGNATURE

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cau.	CHBOSN	AMBROSE LTSHP	U.S. Coast Guard	Treasury Dept.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
WOOD, Roy Vernon	2-4-04	26361

16—67728-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	CHBOSN Temporary	26361
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Ave., Staten Island, 14, N. Y.	Appointment to CHBOSN Permanent	22 June, 1954

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc			COAST GUARD	~~XXXXXXXXX~~ CG MOORINGS

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-1904	Norfolk, Va.	Wife: Emily O. Wood Same as above

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USCG ACADEMY HOSPITAL NEW LONDON, CT	Religion: Protestant

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)	NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)
X		18. HEAD, FACE, NECK, AND SCALP	
X		19. NOSE	
X		20. SINUSES	# 30 Varicose veins. (NCD)
X		21. MOUTH AND THROAT	# 39 Left hydrocele scar. (NCD)
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X		23. DRUMS (Perforation)	
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)	
X		25. OPHTHALMOSCOPIC	
X		26. PUPILS (Equality and reaction)	
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X		28. LUNGS AND CHEST (Include breasts)	
X		29. HEART (Thrust, size, rhythm, sounds)	
	X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X		31. ABDOMEN AND VISCERA (Include hernia)	
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)	
X		33. ENDOCRINE SYSTEM	
X		34. G-U SYSTEM	
X		35. UPPER EXTREMITIES (Strength, range of motion)	
X		36. FEET	
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X		38. SPINE, OTHER MUSCULOSKELETAL	
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X		40. SKIN, LYMPHATICS	
X		41. NEUROLOGIC (Equilibrium tests under item 72)	
X		42. PSYCHIATRIC (Specify any personality deviation)	
Females only		(Check how done)	
		43. PELVIC ☐ VAGINAL ☐ RECTAL	(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth /.—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures (6 X 8).—Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X						O			O		X				X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X											X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Labial erosion # 4 and 6
20 Buccal erosion.
25 Labial erosion.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.022			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC	B-3648 6-22-54 NEGATIVE	VDRL FLOCCULATION NEGATIVE
NEG	NEG	----------		

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Not Indicated	Not Indicated	INS: 44 EXP: 41 ABD: 35

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
69 3/4	178	Gray	Blue		98.4

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		136	90
RECUMBENT		Not	
STANDING (5 min.)		Indicated	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 5 MIN.
68	84	72	not indicated	

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 100 CORR. TO 20/ 25	BY NOT S. INDICATED CX	CORR. TO NOT INDICATED BY
LEFT 20/ 200 CORR. TO 20/ 25	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° NOT R. H. L. H. INDICATED PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NOT INDICATED LEFT	AOC PLATES NORMAL		UNCORRECTED NOT INDICATED
			CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NOT	INDICATED	NOT	INDICATED

70. HEARING

RIGHT WV	15/15 SV	30 /30
LEFT WV	15/15 SV	30 /30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT								
LEFT		NOT	INDICATED					

JUL 9 1954

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NOT INDICATED

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

C.G. HDQRS. WASH.D.C.
Medical Division

The findings of the certificate are approved.

By direction of the Surgeon General

SIGNATURE

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT QUALIFIED FOR Appointment to CHBOSN Permanent.

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN E. A. WENN., LCDR., USPHS	SIGNATURE E A Wenn
80. TYPED OR PRINTED NAME OF PHYSICIAN C. S. COLLINS, LT., USPHS	SIGNATURE C S Collins
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) H. G. TRAUTMAN, CAPT., USPHS	SIGNATURE H G Trautman
TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	CBOSN	26361
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Ave., Staten Island 14, N.Y.	Permanent Appointment	4-23-54

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	25		USCG	AMBROSE(WAL 613)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Va.	Emily D. Wood (wife) same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO, 80 Lafayette St., New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements. nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
	X	30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (*Equilibrium tests under item 78*)
		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

#30 Moderate varicose veins.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)
O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 X 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X		O								O	(6X)				X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X											X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR.			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
1.010				
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	Negative	Mazzini-negative

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Not indicated.	NFA	

16—62288-1

3-5

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69¼	182	Brown	Blue		98.6

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 140 / DIAS. 80	RECUMBENT	SYS. 140 / DIAS. 88	STANDING (3 min.)	SYS. 132 / DIAS. 96		

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
84	104	92	80	88

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 200 CORR. TO 20/ 20	BY S. CX	CORR. TO BY
LEFT 20/ 200 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO NFA BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

NFA

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I.Plates-normal	NFA	UNCORRECTED / CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30
LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT			NFA					
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

Whooping cough.
History of having worn glasses.
History of venereal deseases.
History of varicose veins.
Hydrocele removed last year.

MAY 12 1954

U.S. HDQRS. NAVAL B.C.
Medical Division

The findings of the certificate are approved.

By direction of the Surgeon General

SIGNATURE

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#59 Overweight--not sufficient to disqualify.
#59 Poor uncorrected vision, adequately corrected.
#30 Moderate varicose veins.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR Permanent Appointment

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
JAMES P. SHORTAL, S.A. SURG. USPHSR
SIGNATURE James P. Shortal M.D.

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
L.J. STANWICH, DENT. SURG. USPHSR
SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE : 1952 O - 990997 16—62288-1

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
27 January 1954	DISTRICT MEDICAL OFFICE: 3rd DCGO, New York, N.Y. Annual physical examination completed this date. Found to be physically qualified to perform all duties of rank, at sea, or foreign service, or ashore. DEFECTS NOTED: (1) Overweight--not sufficient to disqualify. (2) Defective vision, right 20/400, left 20/200; adequately corrected to 20/20 both eyes. RECOMMENDATIONS: None. James P. Shortal Jr. M.D. JAMES P. SHORTAL, S.A. SURG. USPHSR C.G. HDQRS. WASH.D.C. Medical Division FEB 11 1954 The findings of the certificate are approved. By direction of the Surgeon General SIGNATURE

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cau.	BOSN	AMBROSE	USCG	Treasury Dept.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
WOOD, Roy Vernon	2-4-04	25361

16—07728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

PO
11 March, 1953

From: Commandant
To: Commander, 3rd Coast Guard District (p)

Subj: Annual Medical Examination of Chief Boatswain Roy V. Wood (26361), USCG

Upon review of subject officer's annual medical examination, dated 28 January, 1953, the Chief Medical Officer concurs with the findings of the examining officers, and recommends that Chief Boatswain Wood be referred to U. S. Public Health Service Hospital, Stapleton, Staten Island, N. Y., for treatment of hydrocele.

H. L. WOOD
By direction

msm 3-6

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

CO

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	BOSN	26361
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Ave., Staten Island, N.Y.	Annual	1-28-53

7. SEX	8. RACE	9. TOTAL YRS GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	24½		USCG	USCG LIGHTSHIP 613 (AMBROSE)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Va.	Emily O. Wood (wife) same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO 80 Lafayette St. New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
	X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
	X	30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (Equilibrium tests under item 72)
		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

#24 Inadequate uncorrected vision. 20/200 both eyes. Corrected to 20/20 both eyes.

#30 Moderate varicose veins.

#34 Hydrocele.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth
/.—Nonrestorable teeth
X.—Missing teeth
XXX.—Replaced by dentures
(6 × 8).—Fixed bridge, brackets to include abutments

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	X											X				X	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X											X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.010			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	Negative	Kahn-negative
48. EKG	**49. BLOOD TYPE AND RH FACTOR**		**50. OTHER TESTS**	
Neg.	NFA			

16—62238-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE ☒	56. TEMP.
69½	185	Gray	Blue		98.6

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		118	92
RECUMBENT		134	100
STANDING (5 min.)		118	96

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	100	80	72	80

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 200 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO NFA BY
LEFT 20/ 200 CORR. TO 20/ 20	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) NFA ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I. Plates-normal	NFA	UNCORRECTED
			CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30
LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT			NFA					
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*) NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No serious illness since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#52 Overweight--not sufficient to disqualify.
#34 There has been an increase in the size of the hydrocele since last physical examination. Some symptoms at this time.
#59 Defective uncorrected vision.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

It is recommended that this officer be referred to USPHS HOSPITAL, STAPLETON, for treatment of hydrocele.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS IS QUALIFIED FOR General duty
☐ IS NOT

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
JAMES P. SHORTAL S.A.SURG. USPHSR	J. P. Shortal md
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
L. NADEL S.A.D.S. USPHSR	Leonard Nadel
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	BOSN	26361
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Ave., Staten Island, N.Y.	Annual	1-28-53

7. SEX	8. RACE	9. TOTAL YRS GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	22½		USCG	USCG LIGHTSHIP 613 (AMBROSE)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Va.	Emily O. Wood (wife) same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO 80 Lafayette St. New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
	X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
	X	30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (*Equilibrium tests under item 78*)
		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

#24 Inadequate uncorrected vision. 20/200 both eyes. Corrected to 20/20 both eyes.

#30 Moderate varicose veins.

#34 Hydrocele.

FEB TO 1953

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—Restorable teeth X.—Missing teeth (6 × 8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
												X				X	
RIGHT	32	31 X	30 X	29	28	27	26	25	24	23	22	21	20	19 X	18	17	LEFT

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.010			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NPA	Negative	Kahn-negative
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
Neg.	NPA			

16—62238-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE ☒	56. TEMP.
69½	185	Gray	Blue		98.6

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 118 / DIAS. 92	RECUMBENT	SYS. 134 / DIAS. 100	STANDING (5 min.)	SYS. 118 / DIAS. 96	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	100	80	72	80

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 200 CORR. TO 20/ 20	BY S. NFA CX	CORR. TO NFA BY
LEFT 20/ 200 CORR. TO 20/ 20	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) NFA ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I. Plates-normal	NFA	UNCORRECTED / CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30

LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT			NFA					
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*) NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No serious illness since last physical examination.

FEB 16 1953
C.G.HDQRS. WASH.D.C.
Medical Division

The findings of the certificate are approved.
No recommendation noted & Approved
By direction of the Surgeon General

(*Use additional sheets of plain paper if necessary*) SIGNATURE

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#52 Overweight--not sufficient to disqualify.
#34 There has been an increase in the size of the hydrocele since last physical examination. Some symptoms at this time.
#59 Defective uncorrected vision.

75. RECOMMENDATIONS--FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

It is recommended that this officer be referred to USPHS HOSPITAL, STAPLETON, for treatment of hydrocele.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR General duty

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN: JAMES P. SHORTAL S.A.SURG. USPHSR — SIGNATURE: James P. Shortal

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): L. NADEL S.A.D.S. USPHSR — SIGNATURE: Leonard Nadel

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

SECOND ENDORSEME[redacted] to BOSN Roy V. Wood's ltr 11 J[redacted], 1952
P14-5/00/MM

p
24 July, 1952

From: Commander, 3rd CG District
To: Commandant (PO)

Subj: Acceptance of appointment for temporary service, and acceptance of permanent appointment if offered; agreement to

Forwarded.

E. T. CALAHAN
By direction

UNITED STATES COAST GUARD

U.S. COAST GUARD
RECEIVED
JUL 24 1952
PERSONNEL OFFICE
NEW YORK, N. Y.

ADDRESS REPLY TO:
Commander
CG GROUP SANDY HOOK
Ft. Hancock, N. J.

11 July, 1952
FILE: P14-5/00/MM

From: BOSN Roy V. Wood (26361), USCG
To: Commandant (PO)
Via: (1) Commander, CG GROUP SANDY HOOK, Ft. Hancock, N. J.
(2) Commander, 3rd Coast Guard District (p)

Subj: Acceptance of appointment for temporary service, and acceptance of permanent appointment if offered; agreement to

Ref: (a) Headquarters' letter dated 20 June, 1952(PO) , P17-2
(b) Personnel Circular No. 52-50.

1. I hereby accept appointment as Chief Boatswain

for temporary service to rank as such from 17 June, 1952

as tendered by reference (a) to be effective from 17 June, 1952 .

and I hereby DO AGREE, without reservation, to accept permanent appointment in an appropriate warrant or higher grade if and when tendered. This agreement does not deny me the benefits of retirement under Section 355, Title 14, U. S. Code, if authorized prior to the tendering of a permanent appointment. HOWEVER, I further agree not to apply for voluntary retirement within the next 24 months.

Roy V. Wood Roy V. Wood

Ind-1

21 July, 1952
P14-5/OW

From: Commander, CG GROUP SANDY HOOK
To: Commandant (PO)
Via: Commander, 3rd Coast Guard District (p)

Forwarded with the following inclosures attached:

(a) Report of Medical Examination, SF 88.
(b) Officer Assignment Card, Form CG 3121.
(c) Record of Emergency Data for the Armed Forces of the U.S. DD Form 93.
~~(d) Certified copy of enlisted leave record.~~
~~(e) Copy of certificate (if not previously submitted).~~

J. E. KLANG, LT, USCG

Incl: (a) to (e) above.

Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
WOOD, Roy Vernon	BOSN	26361
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
199 Latimer Avenue, Staten Island, 14, N.Y.	Promotion	7-15-52

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	24		USCG	SANDY HOOK GROUP

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Virginia	Emily O. Wood (wife)-same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO 80 Lafayette St. New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
	X	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (*Equilibrium tests under item 72*)
		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

#34-Small hydrocele.

#37-Moderate Varicose Veins, both legs.

#39-Scar, left leg.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)
O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X											(X	)			X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X											X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.010			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	Negative	Kahn-negative

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NFA	NFA	

3.5

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69½	181	Gray	Blue		98.2

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 134 / DIAS. 90	RECUMBENT	SYS. 136 / DIAS. 92	STANDING (3 min.)	SYS. 132 / DIAS. 96

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
76	80	72	68	76

59. DISTANT VISION

RIGHT 20/ 200 CORR. TO 20/ 25

LEFT 20/ 200 CORR. TO 20/ 30

60. REFRACTION

BY S. NFA CX

BY S. CX

61. NEAR VISION

CORR. TO NFA BY

CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) NFA ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC NFA PD

63. ACCOMMODATION

RIGHT NFA LEFT

64. COLOR VISION (*Test used and result*)

P.I. Plates-normal

65. DEPTH PERCEPTION (*Test used and score*) NFA

UNCORRECTED

CORRECTED NFA

66. FIELD OF VISION

NFA

67. NIGHT VISION (*Test used and score*)

NFA

68. RED LENS

NFA

69. INTRAOCULAR TENSION

NFA

70. HEARING

RIGHT WV 15/15 SV 30/30

LEFT WV 15/15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT								
LEFT				NFA				

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

No serious illness since last physical examination.

JUL 29 1952

...dical) Division

The findings of the certificate are approved.

By direction of the Surgeon General

Paul M. Stewart

Signature

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#34-Small hydrocele.
#37-Moderate Varicose Veins, both legs.
#52-Overweight, not sufficient to disqualify.
#59-Inadequate uncorrected vision, corrected.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Promotion.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

JAMES P. SHORTAL, S.A. SURG. USPHSR

SIGNATURE James P. Shortal S.A. Surg.

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)

F. A. CASTALDI, S.A.D.S. USPHSR

SIGNATURE F A Castaldi

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

...ACE (1960)
...OF THE BUDGET
Circular A-24
1. LAST NAME—FIRST NAME—MIDDLE INITIAL
...WOOD, ...

n 88
50)
BY
BUDGET
A-24

REPORT OF MEDICAL EXAMINATION

1. NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
D, Roy Vernon	BOSN	26361
E ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
99 Latimer Avenue, Staten Island, 14, N.Y.	Promotion	7-15-52

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	24		USCG	SANDY HOOK GROUP

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-4-04	Norfolk, Virginia	Emily O. Wood (wife)-same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO 80 Lafayette St. New York, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
	X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (Equilibrium tests under item 72)
		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

#34-Small hydrocele.

#37-Moderate Varicose Veins, both legs.

#39-Scar, left leg.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth /.—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures (6 X 8).—Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X											(X	)			X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X											X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.010			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	Negative	Kahn-negative

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NFA	NFA	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☒ OBESE ☐	56. TEMP.
69½	181	Gray	Blue		98.2

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING		RECUMBENT		STANDING (5 min.)	
SYS. 134	DIAS. 90	SYS. 136	DIAS. 92	SYS. 132	DIAS. 96

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
76	80	72	68	76

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 200 CORR. TO 20/ 25	BY S. NFA CX	CORR. TO NFA BY
LEFT 20/ 200 CORR. TO 20/ 30	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) NFA ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC NFA PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT NFA LEFT	P.I. Plates-normal	NFA	NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15/15 SV 30/30

LEFT WV 15/15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT				NFA				
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*) NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No serious illness since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#34-Small hydrocele.
#37-Moderate Varicose Veins, both legs.
#52-Overweight, not sufficient to disqualify.
#59-Inadequate uncorrected vision, corrected.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None.

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT QUALIFIED FOR Promotion.

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76. PHYSICAL PROFILE

P	U	L	H	E	S

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
JAMES P. SHORTAL, S.A. SURG. USPHSR
SIGNATURE James P. Shortal

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
F. A. CASTALDI, S.A.D.S. USPHSR
SIGNATURE F. A. Castaldi

TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—02288-1

OFFICER ASSIGNMENT CARD

WOOD, R. V. (LAST NAME) (INITIALS)	CBOSN (GRADE)	26361 (SERVICE NO.)	AMBROSE [redacted]V (PRESENT [redacted]ON)	Commanding Officer (PRIMARY DUTY)
DATE REPORTED PRESENT STATION: 9-7-51	AT SEA (ASHORE) SINCE: 9-7-51	IS CHANGE OF PRESENT DUTY DESIRED? YES ☐ NO ☒	IF YES, STATE WHEN AND DUTY DESIRED: ---	

NEXT ASSIGNMENT DESIRED (*List Four*)

	AT SEA		ASHORE	
	LOCALITY	KIND OF DUTY	LOCALITY	KIND OF DUTY
1	7th CG District	General Duty	7th CG District	General Duty
2	12th CG District	General Duty	12th CG District	General Duty
3	11th CG District	General Duty	11th CG District	General Duty
4	9th CG District	General Duty	9th CG District	General Duty

SOURCE (*Academy Class, BMIN, Merchant Marine, etc.*): Enlisted.

QUALIFICATIONS:

- ☒ GENERAL DUTY
- ☐ OTHER (*Specify*)
- ☐ ENGINEERING
- ☐ AVIATION

LANGUAGE QUALIFICATIONS: None

MARITAL STATUS: Married

PRESENT HOME ADDRESS: 199 Latimer Ave. SI 14, N.Y.

TELEPHONE: GI2-0260

NUMBER OF DEPENDENTS (*Indicate age and sex of children, omit names*)

M 5
F 5

LOCATION OF DEPENDENTS (*City and State*): Staten Island, New York

REMARKS

DATE 7-23-52 SIGNATURE Roy V. Wood. ROY V. WOOD

CG-3121 (Rev.11-51)

(LAST NAME)	(INITIALS)	GRADE	DATE OF RANK	PERM. GRADE	SERVICE NO.	YEAR OF BIRTH
WOOD,	R.V.	CBOSN	6-17-52	BMC	26361	1904

16—65764-1

(LAST NAME)	(INITIALS)	GRADE	DATE OF RANK	PERM. GRADE	SERVICE NO.	YEAR OF BIRTH
WOOD,	R.V.	CBOSN	6-17-52	BMC	26361	1904

16—65764-1

RECORD OF ASSIGNMENTS

(Do Not Include Temporary Duty)

16—65764-1 GPO

SEA					ASHORE			
REPORTING DATE (*Month and Year*)	NO. MOS.	TYPE SHIP	SHIP	PRIMARY DUTY	REPORTING DATE (*Month and Year*)	NO. MOS	LOCALITY	PRIMARY DUTY
1-44	30	WAGL	SPRUCE	Watch O.	5-48	40	Base St.Geo.SINY	OOD
9-51	10	WAL	AMBROSE	OinC				

OFFICER ASSIGNMENT CARD

(LAST NAME)	(INITIALS)	(GRADE)	(SERVICE NO.)	(PRESENT STATION)	(PRIMARY DUTY)
WOOD,	R. V.	CBOSN	26361	ATROSE [illegible]	Commanding Officer

DATE REPORTED PRESENT STATION	AT SEA (ASHORE) SINCE:	IS CHANGE OF PRESENT DUTY DESIRED?	IF YES, STATE WHEN AND DUTY DESIRED
9-7-51	9-7-51	YES [ ] NO [X]	

NEXT ASSIGNMENT DESIRED (*List Four*)

	AT SEA		ASHORE	
	LOCALITY	KIND OF DUTY	LOCALITY	KIND OF DUTY
1	7th CG District	General Duty	7th CG District	General Duty
2	12th CG District	General Duty	12th CG District	General Duty
3	11th CG District	General Duty	11th CG District	General Duty
4	9th CG District	General Duty	9th CG District	General Duty

SOURCE (*Academy Class, BMIN, Merchant Marine, etc.*)
Enlisted.

QUALIFICATIONS:

[X] GENERAL DUTY [ ] OTHER (*Specify*)

[ ] ENGINEERING

[ ] AVIATION

LANGUAGE QUALIFICATIONS
None

MARITAL STATUS	PRESENT HOME ADDRESS	TELEPHONE
Married	199 Latimer Ave. SI 14, N.Y.	GI2-0260

NUMBER OF DEPENDENTS (*Indicate age and sex of children, omit names*)
M 5
F 5

LOCATION OF DEPENDENTS (*City and State*)
Staten Island, New York

REMARKS

DATE 7-23-52 SIGNATURE ROY V. WOOD

CG-8121 (Rev.11-51)

(LAST NAME)	(INITIALS)	GRADE	DATE OF RANK	PERM. GRADE	SERVICE NO.	YEAR OF BIRTH
WOOD,	R.V.	CBOSN	6-17-52	BMC	26361	1904

16—65764-1

UNITED STATES COAST GUARD

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

PO

20 June 1952

FILE: P17-2/

From: Commandant
To: BOSN Roy V. Wood (26361), USCG
Via: Commander, 3rd Coast Guard District (p)

Subj: Appointment for temporary service

Ref: (a) Treasury Department letter dated 17 June 1952

1. Pursuant to the authority provided by an Act of Congress approved 24 July, 1941 (34 U. S. Code 350), as amended, and as stated in reference (a), the President of the United States on 17 June 1952 appointed you to the grade of chief boatswain for temporary service in the U. S. Coast Guard, effective 17 June 1952 to rank from 17 June 1952

2. The procedures prescribed in Personnel Circular No. 5-49 will be carried out in effecting this appointment. If this letter is not delivered within thirty (30) days after receipt at the unit to which the addressee is attached, the responsible officer concerned is directed to return it to the Commandant (PO) with suitable explanation and await further instructions. If you are physically qualified and if you accept the appointment, the office vests in you and pay and allowances accrue from 17 June 1952 in Pay Grade of W-2.

3. In the case of enlisted personnel promoted for temporary service, the provisions of Personnel Circular No. 52-50 also apply and acceptance must be made on the form letter enclosed.

HERBERT F. WALSH
By direction

M.R. 6-24-52

B 9382 TREASURY-CGHQ-WASH.,D.C.

ERRURT: rm 3002 3-5 typed 6-20-52

Form NAVCG-2525D

MEDICAL HISTORY

Surname WOOD Service No. 26361

Christian name-s Roy Vernon

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. PUBLIC HEALTH SERVICE
MEDICAL EXAMINATION PROGRAM
~~45 Broadway, New York, N.Y.~~
3 March, 1952.

Annual physical examination conducted this date.

Following defects noted:
(1) Moderate varicose veins.
(2) Small hydrocele.
Neither sufficient to disqualify.

This officer is considered to be fit for general duty.

JAMES P. SHORTAL
S.A.Surg. USPHS(R)

MAR 12 1952

[illegible], Washington, D. C.
[illegible] Division

The findings of the certificate are approved

by direction of the Surgeon General

[illegible]

16—25058-2

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WOOD Roy V. | [redacted] | BOS'N | USCG BASE, SINY
(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 St. George, Staten Is., Date 10 August, 19 50

To: MEDICAL OFFICER IN CHARGE:

USMH, Stapleton, SINY

FILE T. LOB

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

Roy V. Wood
(Signature of patient)

W.H. MOULTON, Executive Officer,
LCDR U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USPHS Hospital Stap., SINY, Date 25 October 1951, 19

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

Ulcer, roof of mouth
(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 USPHS Hospital Stap., SINY {*hospital / *office} on 10 August 1950, 19

A. L. PATRICK
S. 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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WOOD Roy V. (Name, surname first) | 111-209 (Service number) | BOS'N (Rank or rating) | USCG BASE, SINY (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH, Stapleton, SINY, Date 25 October 1951, 19

To: Commanding Officer, CG Repair Base (Coast Guard unit)
St. George, Staten Island, NY (Address)

FILE T. Lo8

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
Ulcer, roof of mouth		8-10-50	8-10-50

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

No Recommendations

CONDUCT REPORT:

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

A. L. PATRICK
S. 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

HQ

WOOD, Roy Vernon (Name, surname first) | 26361 (Service number) | BOSN CGB., St.George, SINY. (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH., SINY., Date 31 May, 1951, 19

To: Commanding Officer,
CGB.,St. George,SINY.
(Coast Guard unit)

(Address)

FILE
T. LoB

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Acute bronchitis	350-100	5-15-51	5-31-51

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

CONDUCT REPORT:

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

W. OPPENGARTEN
S. A. 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

NCG-2522

HQ's (FM) 1-6

FOLLOW INSTRUCTIONS ON BACK

WOOD, Roy Vernon	26361	BOSN	CGB., St.George, SINY
(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

RECEIVED
MAY 17 8 58 AM 51

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

Place CGB/,St.George, SINY., Date 15 May, 19

FILED U. S. COAST GUARD BASE ST. GEORGE, S. I. FILED

To: Medical Offficer in charge,
U.S. Marine Hospital.
Stapleton, SINY.

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,CGB,St.George, SINY.

Roy V. Wood
Roy V. Wood (signature of patient)

Gabriel Dobo, Pers. Officer,
CMACH
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place US Marine Hospital SINY, Date 16 May, 1951, 19

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

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

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 15 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at US Marine Hospital Stapleton S.I. NY {*hospital / *office} on 15 May, 1951, 19

W. WEINGARTEN
S. 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

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
WOOD, Roy Vernon	3rd DCGO, 80 Lafayette St.,N.Y.,N.Y. 2-7-51

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
4 Feb., 1904	46	26361	Annual Physical

7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
U.S.TREASURY DEPARTMENT	U.S.COAST GUARD	CG BASE, St. George.	BOSN

11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)
MALE	Caucasian	199 Latimer Ave., S.I., N.Y.

14. PLACE OF BIRTH	15. OTHER DATA
Norfolk, Va.	

16. RATING OR SPECIALTY (*Time in this capacity*) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☐
69½ INS.	180¼ LBS.			X		98.6	Scar, leg, rt.

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒
B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15 /15: SV 30/30
LEFT WV 15 /15: SV 30/30

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

NO FACILITIES AVAILABLE

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒ B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE F. NEAR VISION—(*At 14 inches*)
RIGHT 20/ 400 CORR. TO 20/ 25 BY S. ○ CX NO FACILITIES AVAILABLE CORR. BY
LEFT 20/ 200 CORR. TO 20/ 25 BY S. ○ CX CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED P.I. PLATES

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
NO FACILITIES AVAILABLE

I. RED LENS—N. S. A. ☐ J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐ K. DEPTH PERCEPTION SCORE
NO FACILITIES AVAILABLE NO FACILITIES AVAILABLE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐ M. ACCOMMODATION—RIGHT LEFT N. NIGHT VISION RIGHT LEFT SCORE
NO FACILITIES AVAILABLE NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 × 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

Unclassified
MALOCCLUSION—N. S. A. ☐
PERIODONTOCLASIA—N. S. A. ☒
GINGIVITIS—N. S. A. ☒

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
UR	X	F	F	F	F	F	F	N		N	N	F	(X	C)	F	F	X	UL
LR	F	X	X	F	F	N	N	N		N	N	N	F	N	X	F	F	LL

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS: QUALIFIED

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	86	B. P.: S. 126	D. 80	RECUMBENT: PULSE 72	B. P.: S. 128 D. 88
STANDING (*3 min.*): PULSE	80	B. P.: S. 128	D. 84	SITTING: PULSE AFTER EXERCISE 92	2 MIN. AFTER 78

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)
Ins--43
Exp--39
Abd--37

29. CHEST—N. S. A. ☒ X-RAY NOT DONE ☐

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒

B. VARICOSE VEINS—NONE ☒
Moderate Varicose Veins

16—54662-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [ ]

38. G-U SYSTEM N. S. A. [ ] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]
Small left Hydrocele
Small left Varicocele

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

NO FACILITIES AVAILABLE

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [X] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)
Not indicated

B. URINALYSIS: SP. GR. 1.020; ALBUMIN Neg.; SUGAR Neg.; MICROSCOPIC NO FACILITIES AVAILABLE

C. BLOOD TYPE AND CLASSIFICATION USED
NO FACILITIES AVAILABLE

D. OTHER LABORATORY EXAMINATIONS
NO FACILITIES AVAILABLE

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. No serious illness since last physical examination

C. (1) Inadequate Vision - corrected
(2) Obesity
(3) Varicocele, left, small
(4) Hydrocele, left, small
(5) Moderate Varicose Veins

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY
EXAMINEE (IS) OR (~~IS NOT~~) QUALIFIED FOR GENERAL DUTY
TYPE OF QUALIFICATION Unrestricted
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS None

44. SIGNATURE OF PHYSICIAN James P. Shortal S. A. Surg. NAME TYPED OR PRINTED J. P. SHORTAL, S.A.S., USPHS(R)

45. SIGNATURE OF PHYSICIAN NAME TYPED OR PRINTED

46. SIGNATURE OF DENTIST OR ~~DENTAL SURGEON~~ NAME TYPED OR PRINTED C. SIEGEL, S.A.D.S., USPHS(R) DATE

47. SIGNATURE OF REVIEWING OFFICER C. Siegel NAME TYPED OR PRINTED

U. S. GOVERNMENT PRINTING OFFICE 16-54602-1

Standard Form 88
Promulgated March 1948
By Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
WOOD, Roy Vernon	3rd DCGO, 80 Lafayette St., N.Y., N.Y. 2-7-51

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
4 Feb., 1904	46	26361	Annual Physical

7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
U.S. TREASURY DEPARTMENT	U.S. COAST GUARD	CG BASE, St. George.	BOSN

11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)
MALE	Caucasian	199 Latimer Ave., S.I., N.Y.

14. PLACE OF BIRTH	15. OTHER DATA
Norfolk, Va.	

16. RATING OR SPECIALTY (*Time in this capacity*) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Undressed*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☐
69½ INS.	180¼ LBS.			X		98.6	Scar, leg, rt.

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒
B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 16 ft.*)
RIGHT WV 15 /15: SV 30/30 /15
LEFT WV 15 /15: SV 30/30 /15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

NO FACILITIES AVAILABLE

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒
B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION
RIGHT 20/400 CORR. TO 20/25 BY
LEFT 20/200 CORR. TO 20/25 BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. C CX
S. C CX

F. NEAR VISION—(*At 14 inches*)
NO FACILITIES AVAILABLE
CORR. BY
CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED P.I. PLATES

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
NO FACILITIES AVAILABLE

I. RED LENS—N. S. A. ☐ NO FACILITIES AVAILABLE
J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐ NO FACILITIES AVAILABLE
K. DEPTH PERCEPTION TEST USED SCORE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐ NO FACILITIES AVAILABLE
M. ACCOMMODATION—RIGHT LEFT
N. NIGHT VISION TEST USED SCORE NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 × 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

Unclassified

UR 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 UL
X F F F F F F N N N F O F F X

LR 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LL
F X X F F N N N N N N F N X F F

MALOCCLUSION—N. S. A. ☐
PERIODONTOCLASIA—N. S. A. ☒
GINGIVITIS—N. S. A. ☒

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS: QUALIFIED

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)
SITTING: PULSE 80 B. P.: S. 126 D. 80
STANDING (*3 min.*): PULSE 80 B. P.: S. 128 D. 84
RECUMBENT: PULSE 72 B. P.: S. 128 D. 88
SITTING: PULSE AFTER EXERCISE 92 : 2 MIN. AFTER 78

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☐ (*Include breasts for females*)
Ins—43
Exp—39
Abd—37

29. CHEST—N. S. A. ☒ X-RAY NOT DONE ☐

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒
B. VARICOSE VEINS—NONE ☐ Moderate Varicose Veins

33. ABDOMEN AND VISCERA—N. S. A. ☒ A. LIVER—N. S. A. ☒ B. SPLEEN—N. S. A. ☒ C. MASSES—NONE ☒

34. HERNIA. *(If present describe location, size, shape, reducibility)* *(Complete or incomplete)*
NONE ☒

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. ☒

36. VENEREAL DISEASE
NONE ☒

37. ENDOCRINE SYSTEM
N. S. A. ☐

38. G-U SYSTEM N. S. A. ☐ *(Include prostate exam. if indicated)* PELVIC—N. S. A. ☐ VAGINAL DONE ☐ OR RECTAL DONE ☐
Small left Hydrocele
Small left Varicocele

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. ☒ B. FEET—N. S. A. ☒
C. GAIT—N. S. A. ☒

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. *(Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.)* B. PSYCHIATRIC AND PERSONALITY. *(Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)*

A. NEUROLOGICAL—N. S. A. ☒ B. PSYCHIATRIC—N. S. A. ☒ C. PSYCHOLOGICAL TESTING — TEST USED NO FACILITIES AVAILABLE SCORE — PERSONALITY DEVIATION YES ☐ NO ☐ *(If answer is yes, explain and cite recommendations under Item No. 42)*

41. LABORATORY TESTS—A. SEROLOGY *(Specify test used—Result)*
Not indicated

B. URINALYSIS — SP. GR. 1.020 — ALBUMIN Neg. — SUGAR Neg. — MICROSCOPIC NO FACILITIES AVAILABLE

C. BLOOD TYPE AND CLASSIFICATION USED
NO FACILITIES AVAILABLE

D. OTHER LABORATORY EXAMINATIONS
NO FACILITIES AVAILABLE

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. No serious illness since last physical examination

C. (1) Inadequate Vision - corrected
(2) Obesity
(3) Varicocele, left, small
(4) Hydrocele, left, small
(5) Moderate Varicose Veins

FEB 13 1951

C.G.HQ., Washington, D. C.
Medical Division
The findings of the certificate are approved.
By direction of the Surgeon General
(signature)

43. FURTHER SPECIALIST'S EXAMINATION INDICATED ☐ YES ☒ NO. IF YES, SPECIFY

EXAMINEE (IS) OR (IS NOT) (SUITABLE FOR) QUALIFIED FOR GENERAL DUTY

TYPE OF QUALIFICATION Unrestricted

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS None

44. SIGNATURE OF PHYSICIAN James P. Shontal S.A. Surg — NAME TYPED OR PRINTED J. P. SHONTAL, S.A.S., USPHS(R)

45. SIGNATURE OF PHYSICIAN — NAME TYPED OR PRINTED

46. SIGNATURE OF DENTIST OR PHYSICIAN *(Indicate which)* C. Siegel — NAME TYPED OR PRINTED C. SIEGEL, S.A.D.S., USPHS(R)

47. SIGNATURE OF REVIEWING OFFICER — NAME TYPED OR PRINTED — DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54602-1

UNITED STATES COAST GUARD
SAN JUAN, PUERTO RICO

OFFICE OF
DISTRICT COAST GUARD OFFICER
TENTH NAVAL DISTRICT
Address Reply To:
CO, CGC SPRUCE
File: (p)71

U.S. COAST GUARD JUN 7 1945 10TH ND

JUN 2 '45 PM

5 June, 1945

To: Commandant, Coast Guard Headquarters, Wash., D.C.

Via: DCGO, 10th Naval District

Subj: WOOD, Roy V., Boatswain, USCG, promotion for temporary service; certification of

This is to certify that subject officer is eligible for promotion under authority of Alcoast 35-45, dated 1 June, 1945 and is considered mentally, morally, and professionally qualified to perform general duty in the rank to which he is promoted. He is not involved in disciplinary action.

O. R. OLSEN, Lieut.
Commanding Officer (a)

Post Index	
Change Sheet	
Flexoline	
Abstract	
Leave	
Filed by	

Ind-1
O,DCGO, 10ND(p)
8 June, 1945

To: The Commandant (POA)

Forwarded, approved. Notification of appointment has been forwarded this date.

W. H. BARTON

REMARKS: ~~We~~ I

CERTIFICATE

~~We~~ I certify that ~~We~~ I have personally made this physical examination and find that WOOD, Roy V.

He is physically qualified for Promotion
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Chief Boatswain
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

L. E. Lecks,
Asst. Surg. USPH(R
(Surgeon, U.S. Public Health Service.)

1st INDORSEMENT

8 June, 1945
(Date)

Place San Juan, Puerto Rico

From: DCGO, 10ND(p)

To: Commandant.

1. Forwarded for action. Present status: Promotion to Ch.War. for temp.service ALCOAST 35-45.

F. M. LUSK,
Commanding—Dist. Comdr.-Off. in Chg.
By direction

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICER
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name WOOD, Roy V. Service Number
(Surname first)

Age: Years 41 Months 4 Color white

For: Physical Exam. for Promotion
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Boatswain

Place San Juan, P. R. Date 6-5-45

Personal Medical History None since last Physical.

Vision: R.E. 20/60 L.E. 20/ 60 Corrected: R.E. 20/20 L.E. 20/ 20

Color blind? No Test used Psuedo Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

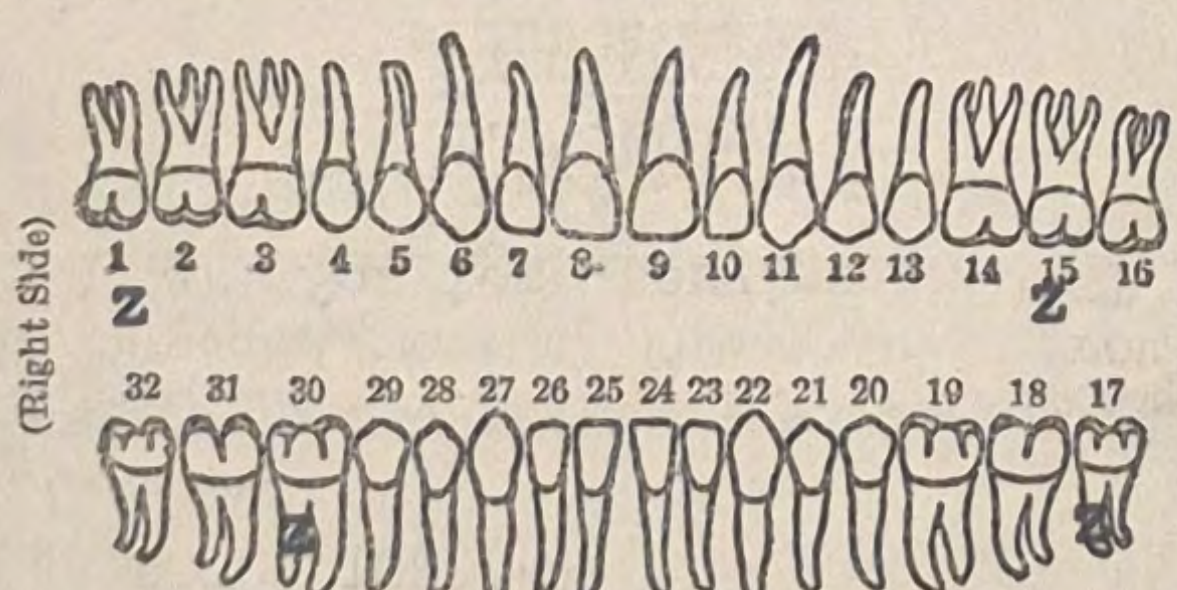
Eyes, eyelids, and reflexes normal

Ears: Right normal Left normal
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)



Gums none Temperature 37

Height 70 inches. Weight (stripped) 168 Lbs. Obesity

Skin clear

Lymph. glands normal

Chest: Inspiration 41 Expiration 38

Heart and blood vessels normal

Blood pressure: Systolic 140 Diastolic 88

Pulse before exercise 74, after exercise 108, after 2 min. 76

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions none

Urine: Albumin none Sugar none Shreds none

Microscopical exam. (if indicated) epithelia Sp. Gr. 1018

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 6-5-45 Result Pending

16—27070-1

NCG 522

FOLLOW INSTRUCTIONS ON BA

FILE 3-7

WOOD, ROY V. (Name, surname first) | 111-209 (Service number) | Bos'n (Rank or rating) | W-246 (Unit)

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

FINAL MEDICAL CERTIFICATE

Place San Juan, P.R., Date March 24, 1945

To: DCGO MEDICAL OFFICER
(Coast Guard unit)

SAN JUAN BASE, P. R.
(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
Diarrhea	0456	3-22-45	3-23-45

Post Index
Change Sheet
Flexoline
Abstract
Leave
Filed by

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

None

CONDUCT REPORT:

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

APPROVED: J. E. Larsen
A. E. LARSEN, Lt. Comdr.
Commanding Officer

George C. Rothwell, PhM2c
FORWARDED
U. S. Public Health Service.
DISTRICT MEDICAL OFFICE

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

Date birth Feb 4 1904

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name WOOD, Roy V (Surname first) Service Number

Age: Years 40 Months 11 Color White

For: ANNUAL PHYSICAL EXAMINATION
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BOATSWAIN

Place San Juan P.R. Date 1-31-45

Personal Medical History Usual childhood diseases No serious operations. One scar rt. leg. Gonorrhea 22 years ago.

Vision: R.E. 20/ 60 L.E. 20/ 60 Corrected: R.E. 20/ 20 L.E. 20/ 20

Color blind? No Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

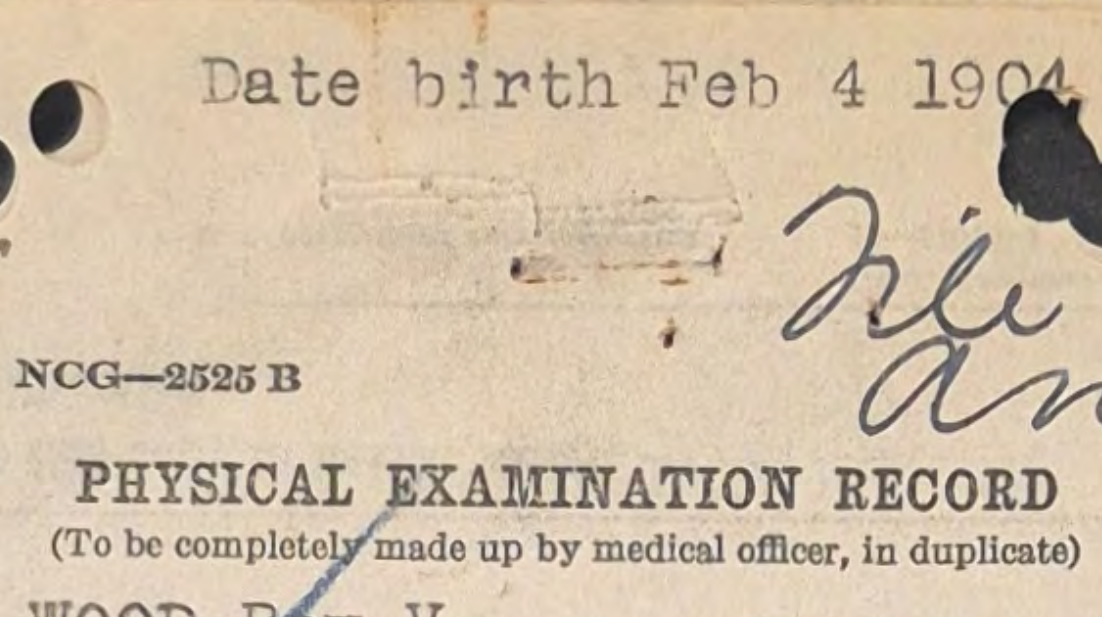
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums Normal Temperature 37

Height 70" inches. Weight (stripped) 174 lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 41½ Expiration 38

Heart and blood vessels Normal

Blood pressure: Systolic 118 Diastolic 64

Pulse before exercise 72, after exercise 102, after 2 min. 76

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: ~~Albumin~~ 1.025 Sugar Neg. Shreds Neg

Microscopical exam. (if indicated) epithelia Sp. Gr. Alb. 0

Blood cells - Pus cells - Casts -

Blood (if indicated) Hb -% Reds - Whites -

Wassermann or Kahn test: Date 1-31-45 Result NEGATIVE

Protestant

16—27070-1

REMARKS: _____

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that Roy V Wood

He is physically qualified for _____
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Boatswain
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

E F Golino

E.F.GOLINO, Sr.Asst.Surg.(R) USPHS
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

15 February, 1945
(Date)

Place San Juan, Puerto Rico

From: Commanding Officer(Act)

To: Commandant.

1. Forwarded for action. Present status:

Boatswain

O R Olsen

O.R.OLSEN Lieutenant
Commanding—Dist. Comdr.-Off. in Chg.

Commanding ~~Officer~~ Officer (Act)

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE:
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

Should not be given Sea duty because of vision

By direction of the Surgeon General:

R C A

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

Date birth Feb 4 1904

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name WOOD, Roy V (Surname first) Service Number

Age: Years 40 Months 11 Color White

For: ANNUAL PHYSICAL EXAMINATION
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BOATSWAIN

Place San Juan PR Date 1-31-45

Personal Medical History Usual childhood diseases No serious operations. One scar rt. leg. Gonorrhea 22 years ago.

Vision: R.E. 20/ 60 L.E. 20/ 60 Corrected: R.E. 20/ 20 L.E. 20/ 20

Color blind? No Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

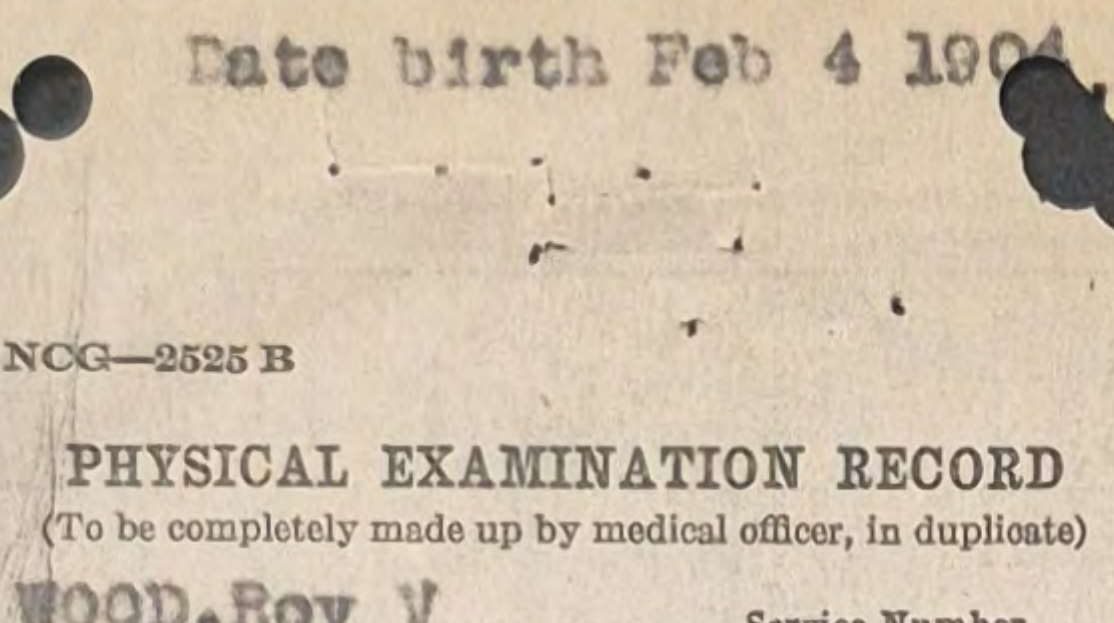
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums Normal Temperature 37

Height 70" inches. Weight (stripped) 174 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 41½ Expiration 39

Heart and blood vessels Normal

Blood pressure: Systolic 116 Diastolic 64

Pulse before exercise 72, after exercise 102, after 2 min. 76

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin 1.025 Sugar Neg. Shreds Neg

Microscopical exam. (if indicated) epithelia Alb. 0 Sp. Gr.

Blood cells - Pus cells - Casts -

Blood (if indicated) Hb - %. Reds - Whites -

Wassermann or Kahn test: Date 1-31-45 Result NEGATIVE

16—27070-1

Protestant

REMARKS: _____

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that Roy V Wood

He is physically qualified for _____
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Boatswain
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

E J Golino

E.F.GOLINO, S.A., Surg.(R) USPHS
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

15 February, 1945
(Date)

Place San Juan, Puerto Rico

From: Commanding Officer(Act)

To: Commandant.

---

1. Forwarded for action. Present status:
Boatswain

O.R. Olsen

O.R. OLSEN Lieutenant
Commanding—Dist. Comdr.-Off. in Chg.
Commanding Officer (Act)

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are not approved

Should not be given sea duty because of vision

By direction of the Surgeon General:

R C M

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name WOOD, Roy V. Service Number _____
(Surname first)

Age: Years 39 Months 10 Color White

For: ACTIVE DUTY
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Warrant Boatswain

Place New York, N.Y. Date 2 December, 1943.

Personal Medical History Negative since last exam.

Vision: R.E. 20/ 100 L.E. 20/ 100 Corrected: R.E. 20/ 20 L.E. 20/ 20

Color blind? No Test used I. Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

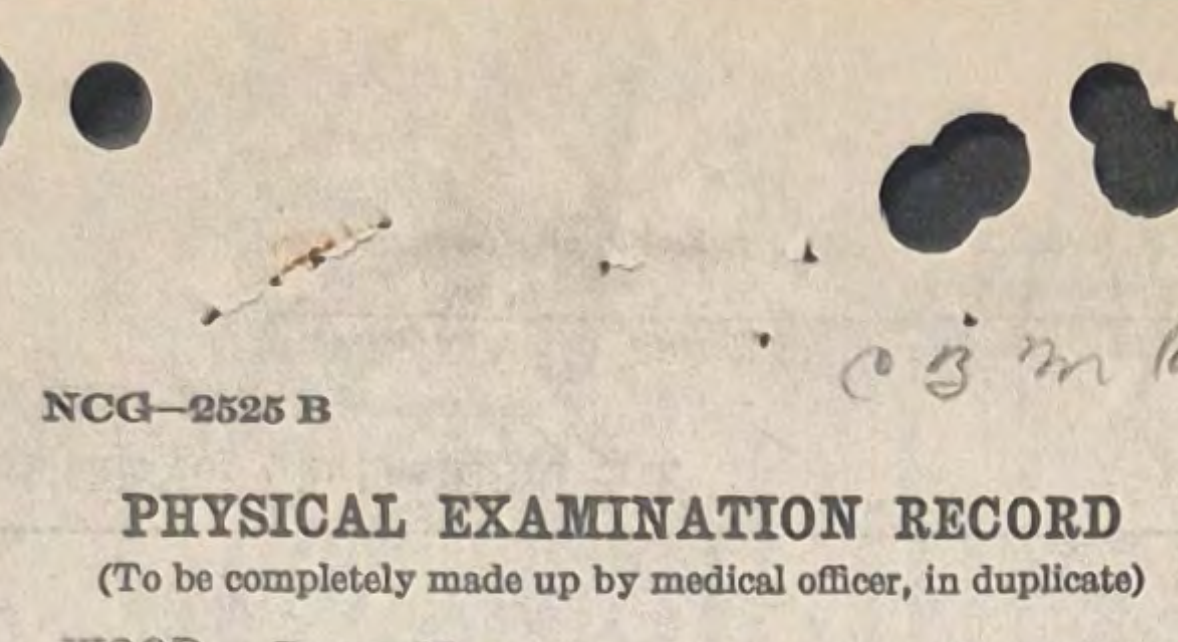
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)

(Right Side)



Gums Normal Temperature 37°

Height 68-3/4 inches. Weight (stripped) 160 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 40 Expiration 36 1/2

Heart and blood vessels Normal

Blood pressure: Systolic 120 Diastolic 80

Pulse before exercise 72, after exercise 104, after 2 min. 76

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1.020

Blood cells _____ Pus cells _____ Casts _____

Blood (if indicated) Hb _____%. Reds _____ Whites _____

Wassermann or Kahn test: Date _____ Result _____

16—27070-1

REMARKS: Vision considered as incident of Service. ~~For Class (S) only.~~ Waivered on verbal authority HQ 3 Dec. 1943.

CERTIFICATE

John E. Sheedy

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that WOOD, Roy V. John E. Sheedy, P. A. Surg. (R) By direction.

He is physically qualified for ACTIVE DUTY
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

C.W. Hauck

C.W. Hauck, Asst. Surg.(R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

~~2 December~~, 1943
(Date)

Place New York, New York

From: ODCGO-3rdND

To: Commandant.

1. Forwarded for action. Present status:

R.B.M.(a)

R.N. Larson

R.N.LARSON,
Ensign, USCG
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are not approved

Promotion recommended

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name WOOD, Roy V. (Surname first) Service Number _____

Age: Years 39 Months 10 Color White

For: ACTIVE DUTY
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Warrant Boatswain

Place New York, N.Y. Date 2 December, 1943.

Personal Medical History Negative since last exam.

Vision: R.E. 20/ 100 L.E. 20/ 100 Corrected: R.E. 20/ 20 L.E. 20/ 20

Color blind? No Test used I. Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

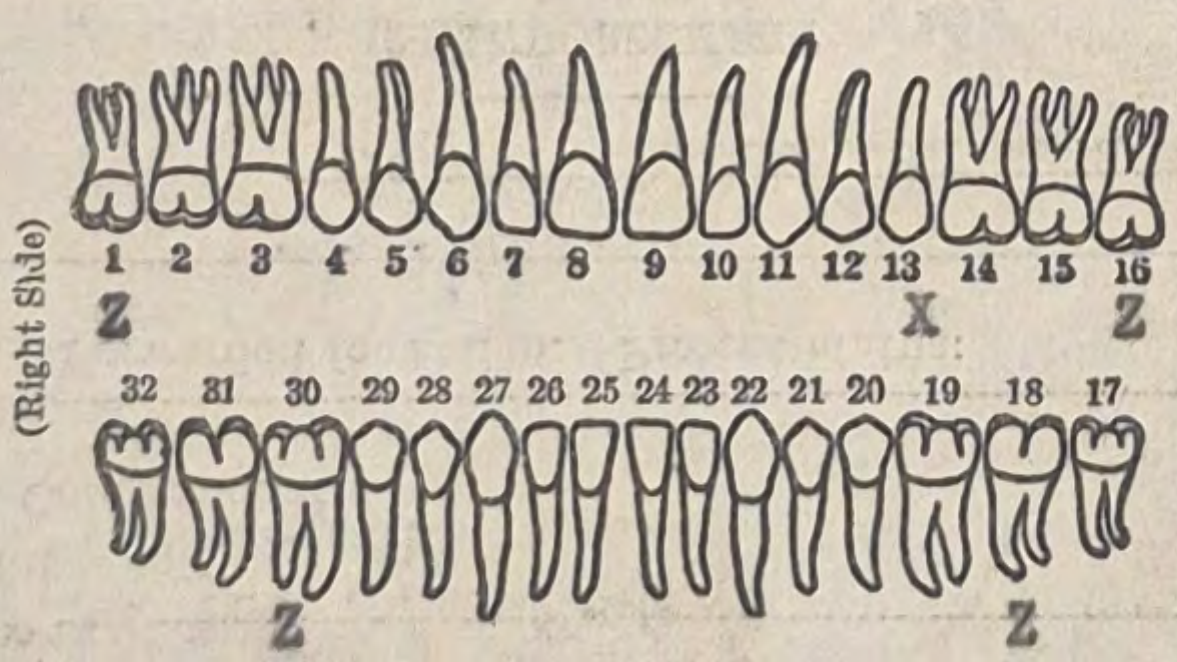
Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)



Gums Normal Temperature 37°

Height 68-6/4 inches. Weight (stripped) 160 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 40 Expiration 36½

Heart and blood vessels Normal

Blood pressure: Systolic 120 Diastolic 80

Pulse before exercise 72, after exercise 104, after 2 min. 76

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1.020

Blood cells _____ Pus cells _____ Casts _____

Blood (if indicated) Hb _____%. Reds _____ Whites _____

Wassermann or Kahn test: Date _____ Result _____

REMARKS: ~~Vision considered as incident of~~ Waivered on
~~Service. For Class (S) only~~ verbal authority 11) Dec. 1943.

CERTIFICATE

John E. Sheedy
John E. Sheedy
P. A. Surg (R)
By direction.

~~We~~ / I } certify that { ~~we~~ / I } have personally made the ~~inspection~~ examination and find that WOOD, Roy V.

He is physically qualified for ACTIVE DUTY
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

C.W. Hauck
C.W. Hauck, Asst. Surg. (R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

2 December 1943
(Date)

Place ~~New York, New York~~

From: ODCGO-3rdND

To: Commandant.

1. Forwarded for action. Present status:

C.B.V.(a)

R.M. Larson
Commanding—Dist. Comdr.-Off. in Chg.

R.M. LARSON,
Ensign, USCG

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE:
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are not approved

Boards recommended

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Page 6

Surname _____ Service No. _____

Christian name-s _____

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Dispensary, Fire Island DF Sta.,
Bay Shore, N.Y.
~~Diagnosis:~~ #0121 ~~Antitetanic~~-
Inoculation(TETANUS TOXOID).
DATE:
2-5-42: 1st injection(1cc)given.
3-16-42: 2nd injection(1cc)given.

Tetanus toxoid injections
completed.

Ralph Runavaar
Ralph Runavaar, PhM1c

C
Amagansett Station, Amagansett, N.Y.

5-20-43 Antitetanic Inoculation,
booster, ½ c.c.

B. Katz Ph M 3/c

Ant-Patient Lote
Cutter Spruce
2-14-44
Diagnosis 401-000
Wassermann
Gonnet negative
I. Okrytha Ph M 2/c

2—16143

Form NCG-2525D

MEDICAL HISTORY

Page 3

Surname WOOD Service No. 111-209

Christian name-s Roy V.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U. S. Marine Hospital 67 Hudson St., NYC

Outpatient Treatment 28 September, 1943.

DIAGNOSIS: Compound myopic Astigmatism,
O.S. #x11-656.1
Myopia, O.D. #x11-652.

INCIDENT OF SERVICE: Not Misconduct.
HISTORY: Wishes to have eyes examined for glasses.

EXAMINATION AND TREATMENT:

9-28-43 Vision examined.
O.U. 20/200.

Wearing:
O.D. Broken lens.
O.S. minus 3.00 plus 0.50 x 85°.

9-29-43 Rx for O.D. lens:
Minus 2.25

10-15-43 Discharged from EENT Clinic.

C. T. Meacham
C.T. Meacham, Surgeon.

10TH NAVAL DISTRICT USCG

Date 1-25-45

4 x 5 CHEST XRAY

REPORTED NEGATIVE

E J Golino Jr. SURG

16—25658-1

Form 2525-D—TREASURY DEPARTMENT—Coast Guard

MEDICAL HISTORY

Page _____

Surname WOOD Service No. _____

Christian name-s Roy V

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Born: Norfolk, Va.	
Date: February 4, 1904	

NCG-2522

Boatswain 3-7

FOLLOW INSTRUCTIONS ON BACK

WOOD, Roy V. | 111-209 | C.B.M. | USCG. School Detail

(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

FILE

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S. Marine Hospital, #70, NY Date 26 October, 19 43

To: USCG. Officer in Charge
(Coast Guard unit)

Seamens Institute, 25 South St., N.Y.C.
(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
Compound myopic Astigmatism, O.S.	x11-651.6	9-28-43	9-29-43
Myopia, O.D.	x11-652	9-28-43	9-29-43

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

CONDUCT REPORT:

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

WALTER G. NELSON
Medical Director
District Medical Officer 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—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name WOOD, Roy V. (Surname first) Service Number

Age: Years 42 Months 0 Color White

For: Annual Physical Examination
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Chief Boatswain

Place San Juan, P.R. Date 2-20-46

Personal Medical History Illness since last Exam.
Malaria (P.vivax)12/46 USPHS Hospital
San Juan, P.R.

Vision: R.E. 20/ 60 L.E. 20/ 60 Corrected: R.E. 20/20 L.E. 20/ 20-4

Color blind? No Test used plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Negative

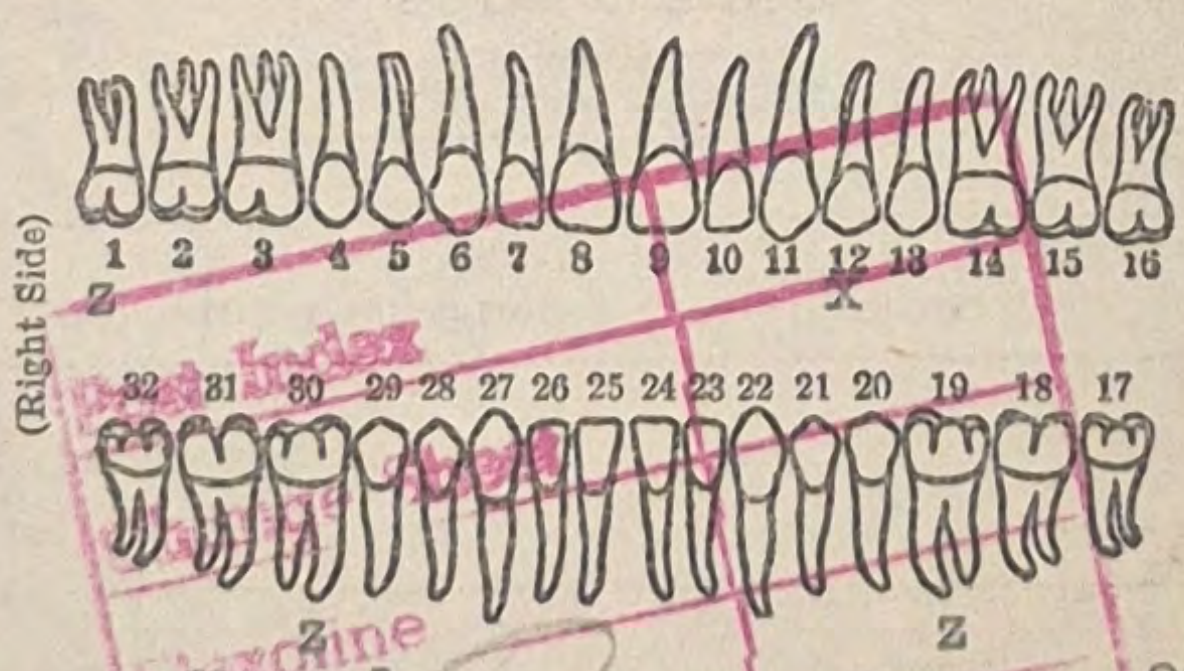
Ears: Right Negative Left Negative
(Condition of drum, discharge, etc.)

Head, face, and neck Negative

Mouth, nose, and throat Negative

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)

(Right Side)



Gums Normal Temperature 98.6

Height 70 inches. Weight (stripped) 170 lbs. Obesity No

Skin Negative

Lymph. glands Negative

Chest: Inspiration 41 Expiration 38

Heart and blood vessels Negative

Blood pressure: Systolic 110 Diastolic 70

Pulse before exercise 75, after exercise 110, after 2 min. 78

Lungs Negative

Abdomen and pelvis Negative

Genito-urinary organs Negative

Spine and extremities Negative Sl. Varicose veins L.leg

Nervous and mental conditions Negative

Urine: Albumin Neg. Sugar Neg. Shreds No

Microscopical exam. (if indicated) epithelia N Sp. Gr. 1.012

Blood cells Neg. Pus cells Neg. Casts Neg.

Blood (if indicated) Hb N %. Reds N5.M Whites 4700

Wassermann or Kahn test: Date 2-18-46 Result Negative

16—27070-1

CHEST X-RAY NEGATIVE

REMARKS: _____

_____

CERTIFICATE

We / I } certify that { we / I } have personally made this physical examination and find that _____

He is physically qualified for Annual Physical Exam.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Ch. Bkt.
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

E. E. WIECKOWSKI

S.A. Surg. USPHS(R)

Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

_____

1. Forwarded for action. Present status:

_____

_____

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

_____

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name Ford, Ray V. Service Number _____
(Surname first)

Age: Years 42 Months 0 Color White

For: Annual Physical Examination
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Chief Boatswain's Mate

Place San Juan, P.R. Date 3-20-46

Personal Medical History Illness since last Exam.
Malaria (Primary) 12/46 USNH Hospital
San Juan, P.R.

Vision: R.E. 20/ 60 L.E. 20/ 60 Corrected: R.E. 20/ 20 L.E. 20/ 20-4

Color blind? No Test used Platen

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Negative

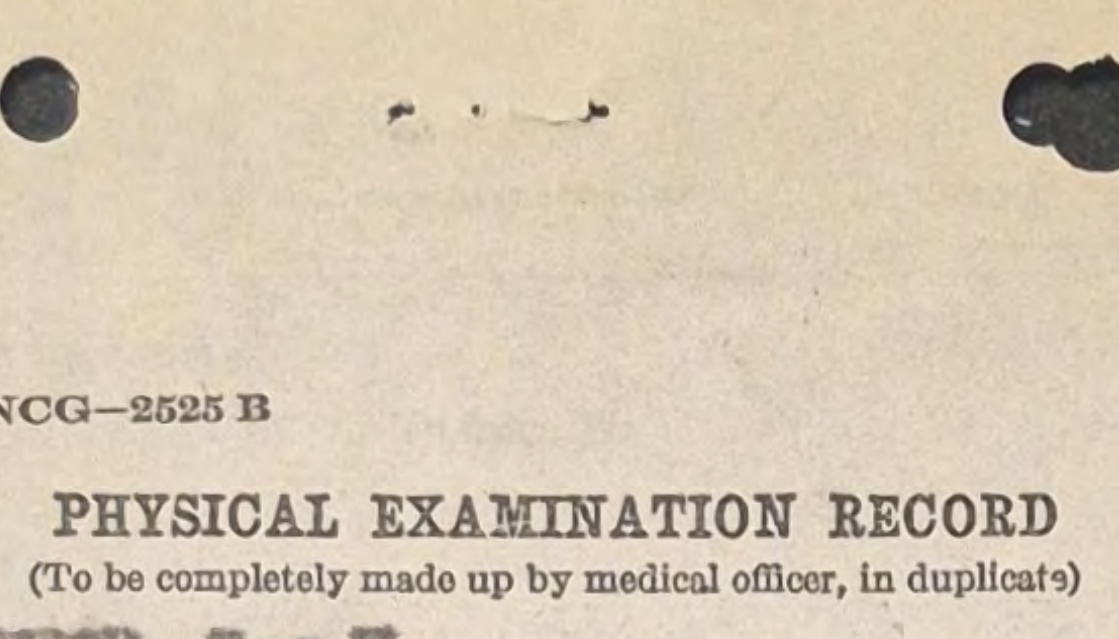
Ears: Right Negative Left Negative
(Condition of drum, discharge, etc.)

Head, face, and neck Negative

Mouth, nose, and throat Negative

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums Normal Temperature 98.6

Height 70 inches. Weight (stripped) 170 lbs. Obesity No

Skin Negative

Lymph. glands Negative

Chest: Inspiration 41 Expiration 38

Heart and blood vessels Negative

Blood pressure: Systolic 110 Diastolic 70

Pulse before exercise 75, after exercise 110, after 2 min. 78

Lungs Negative

Abdomen and pelvis Negative

Genito-urinary organs Negative

Spine and extremities Negative Sl. Varicose veins L. leg

Nervous and mental conditions Negative

Urine: Albumin Neg. Sugar Neg. Shreds No

Microscopical exam. (if indicated) epithelia Few Sp. Gr. 1.012

Blood cells Occ. Pus cells Few Casts Occ.

Blood (if indicated) Hb 85%. Reds 4.75 Whites 4700

Wassermann or Kahn test: Date 2-18-46 Result Negative

16—27070-1

CHEST X-RAY NEGATIVE

REMARKS: _____

_____

CERTIFICATE

We / I } certify that { we / I } have personally made this physical examination and find that _____

He is physically qualified for Annual Physical Exam.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Ch. Cook.
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

E. E. Wurtbach
E. E. WURTBACH
S.A. Surg. USPHS(R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

_____

1. Forwarded for action. Present status:

_____

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are ~~not~~ approved _____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE. 16—27070-1

NCGI—2588 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name WOOD, Roy V. Service Number _____
(Surname first)

Age: Years 42 Months 0 Color White

For: Annual Physical Examination
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Chief Boatswain

Place San Juan, P.R. Date 2-20-46

Personal Medical History Illness since last Exam.
Malaria (P.vivax)12/46 USPHS Hospital
San Juan, P.R.

Vision: R.E. 20/ 60 L.E. 20/ 60 Corrected: R.E. 20/ 20 L.E. 20/ 20-4

Color blind? No Test used plates

Hearing: Conversational speech R.E. 20/ 20 L.E. 20/ 20

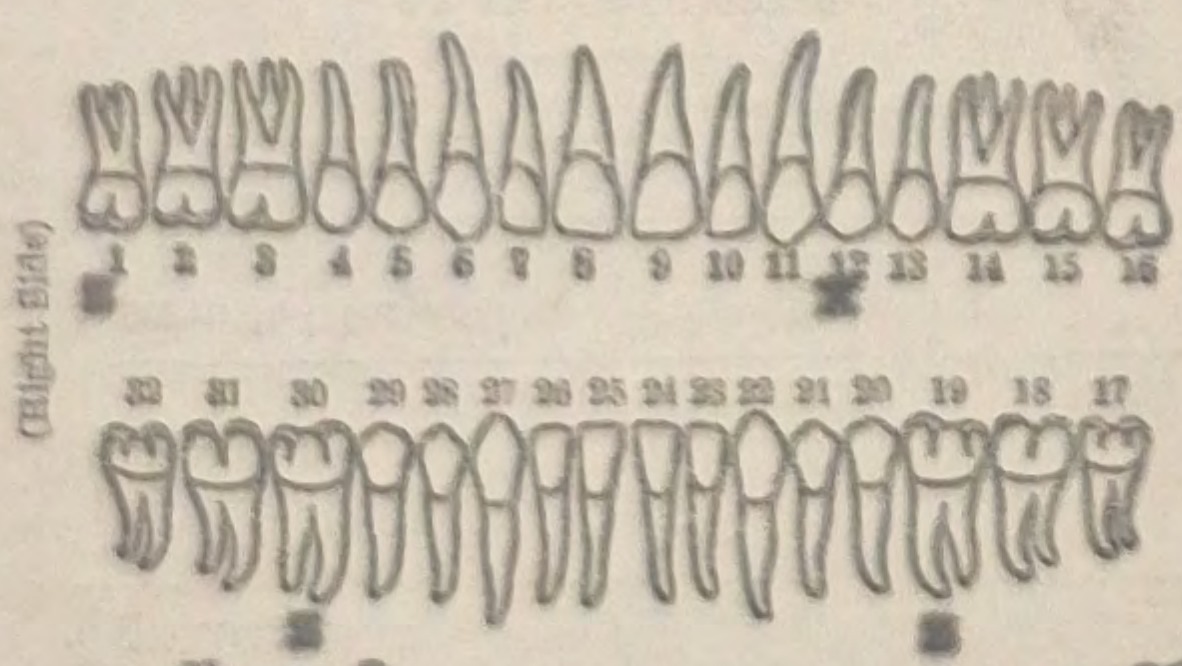
Eyes, eyelids, and reflexes Negative

Ears: Right Negative Left Negative
(Condition of drum, discharge, etc.)

Head, face, and neck Negative

Mouth, nose, and throat Negative

Teeth (Indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums Normal Temperature 98.6

Height 70 inches. Weight (stripped) 170 lbs. Obesity No

Skin Negative

Lymph. glands Negative

Chest: Inspiration 41 Expiration 38

Heart and blood vessels Negative

Blood pressure: Systolic 110 Diastolic 70

Pulse before exercise 75, after exercise 110, after 2 min. 76

Lungs Negative

Abdomen and pelvis Negative

Genito-urinary organs Negative

Spine and extremities Negative Sl. Varicose veins L.leg

Nervous and mental conditions Negative

Urine: Albumin Neg. Sugar Neg. Shreds No

Microscopical exam. (If indicated) epithelia N Sp. Gr. 1.012

Blood cells Neg. Pus cells Neg. Casts Neg.

Blood (If indicated) Hb N %. Reds N Whites 4700

Wassermann or Kahn test: Date 2-18-46 Result Negative

16—27079-1

CHEST X-RAY NEGATIVE

REMARKS: _____

_____

CERTIFICATE

We / I } certify that { we / I } have personally made this physical examination and find that _____

He is physically qualified for Annual Physical Exam.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Ch. Boat.
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

E. F. WIECKOWSKI
S.A. Surg. USPHS(R)

Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

_____

1. Forwarded for action. Present status:

_____

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are ~~not~~ approved _____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
WOOD, Roy Vernon	3rd DCGO, 80 Lafayette St., N.Y., N.Y. 2-8-50

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
4 February, 1904	46	26361	ANNUAL PHYSICAL

7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
U.S. TREASURY DEPARTMENT	U.S. COAST GUARD	CG BASE, St. Geo., S.I., NY	BOSN

11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)
Male	White	199 Latimer Ave., Staten Island, N.Y.

14. PLACE OF BIRTH	15. OTHER DATA
Norfolk, Va.	Religion: Protestant

16. RATING OR SPECIALTY: BOSN (*Time in this capacity*) TOTAL: 10 months LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☐ Generalized papular rash. Dermatitis Venenata.
69½ INS.	178 LBS.			X		98.6°	

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒
B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15/15: SV 30/30
LEFT WV 15/15: SV 30/30

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

NO FACILITIES AVAILABLE

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒
B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION
RIGHT 20/100 CORR. TO 20/30 BY
LEFT 20/100 CORR. TO 20/40 BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. C CX
S. C CX
NO FACILITIES AVAILABLE

F. NEAR VISION—(*At 14 inches*)
CORR. TO BY
CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED: P. I. Plates

H. HETEROPHORIA (*Specify distance*)
ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
NO FACILITIES AVAILABLE

I. RED LENS—N. S. A. ☐
NO FACILITIES AVAILABLE

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
NO FACILITIES AVAILABLE

K. DEPTH PERCEPTION
TEST USED
SCORE
NO FACILITIES AVAILABLE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
NO FACILITIES AVAILABLE

M. ACCOMMODATION—RIGHT LEFT
NO FACILITIES AVAILABLE

N. NIGHT VISION
TEST USED
SCORE
NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O. EXTRACTION INDICATED BY /. MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F. NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR: F F F F F F N | N O N X C F F X :UL
LR: F X F F F F N | N N N F N X X X :LL

MALOCCLUSION—N. S. A. ☐
PERIODONTOCLASIA—N. S. A. ☒
GINGIVITIS—N. S. A. ☒

REMARKS AND DISQUALIFYING DENTAL DEFECTS
LL 6-Space partially closed.
Slight Alveoloclasia

QUALIFIED
CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	82	B. P.: S.	126	D.	92	RECUMBENT: PULSE	76	B. P.: S.	124	D.	90
STANDING (*3 min.*): PULSE	86	B. P.: S.	140	D.	98	SITTING: PULSE AFTER EXERCISE	102	: 2 MIN. AFTER	84		

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)
Insp. 43
Exp. 39
Abd. 35½

29. CHEST—N. S. A. ☒ NOT DONE ☐
X-RAY
35 mm. - 2-8-50
Negative

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒

B. VARICOSE VEINS—NONE ☒

16—84662-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. *(If present describe location, size, shape, reducibility)* *(Complete or incomplete)*
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [ ]

38. G-U SYSTEM N. S. A. [X] *(Include prostate exam. if indicated)* PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]

Left Hydrocele, small.

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL *(Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.)* B. PSYCHIATRIC AND PERSONALITY. *(Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)*

NO FACILITIES AVAILABLE

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] *(If answer is yes, explain and cite recommendations under Item No. 42)*

41. LABORATORY TESTS—A. SEROLOGY *(Specify test used—Result)*	B. URINALYSIS SP. GR.	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
NOT INDICATED	1.008	Neg.	Neg.	NO FACILITIES AVAILABLE
	MICROSCOPIC			D. OTHER LABORATORY EXAMINATIONS
				NO FACILITIES AVAILABLE

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. USMH, Stapleton,S.I.,N.Y.-12-19-49 to 1-17-50. Dermatitis venenata. Hydrocele of tunica vaginalis due to trauma, left.
History of Tertian Malaria.
No other serious illness since last physical examination.

C. Defective vision, partially corrected.

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) (Strike out one) QUALIFIED FOR GENERAL DUTY

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN S.S. Bendet	NAME TYPED OR PRINTED S..S. BENDET, S.A.Surg.(R)USPHS
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST (Strike out which) Gerson Wasserman	NAME TYPED OR PRINTED G. WASSERMAN, S.A.D.S.(R)USPHS
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54662-1

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
WOOD, Roy Vernon	3rd DCGO, 80 Lafayette St., N.Y., N.Y. 2-8-50

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
4 February, 1904	46	26361	ANNUAL PHYSICAL

7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
U.S. TREASURY DEPARTMENT	U.S. COAST GUARD	CG BASE, St. Geo., S.I., NY	BOSN

11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)
Male	White	199 Latimer Ave., Staten Island, N.Y.

14. PLACE OF BIRTH	15. OTHER DATA
Norfolk, Va.	Religion: Protestant

16. RATING OR SPECIALTY: BOSN (*Time in this capacity*) TOTAL: 10 months LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☐ Generalized papular rash. Dermatitis Venenata.
69½ INS.	178 LBS.			X		98.6°	

21. LYMPH GLANDS AND LYMPHATICS — N. S. A. X

22. HEAD, FACE, AND NECK—N. S. A. X

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. X

24. EARS—A. CANALS, EXT. EARS—N. S. A. X

B. DRUMS—NO PERFORATION X N. S. A. X

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15/15: SV 30/30
LEFT WV 15/15: SV 30/30

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

NO FACILITIES AVAILABLE

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. X LEFT EYE—N. S. A. X

B. PUPILS—EQUAL X NORMAL TO ACCOMMODATION X TO LIGHT X

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. X

D. DISTANT VISION — E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE — F. NEAR VISION—(*At 14 inches*)

RIGHT 20/100 CORR. TO 20/30 BY S. ○ CX
LEFT 20/100 CORR. TO 20/40 BY S. ○ CX

NO FACILITIES AVAILABLE

CORR. TO BY
CORR. TO BY

G. COLOR VISION—N. S. A. X TEST USED: P. I. Plates

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE

NO FACILITIES AVAILABLE

I. RED LENS—N. S. A. ☐
NO FACILITIES AVAILABLE

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
NO FACILITIES AVAILABLE

K. DEPTH PERCEPTION TEST SCORE
NO FACILITIES AVAILABLE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
NO FACILITIES AVAILABLE

M. ACCOMMODATION—RIGHT LEFT
NO FACILITIES AVAILABLE

N. NIGHT VISION TEST SCORE
NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O. EXTRACTION INDICATED BY /. MISSING NATURAL TEETH BY X. TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX. TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3). CROWNS BY C. IMPACTED TEETH BY #. FILLINGS PRESENT IN TOOTH BY F. NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR: N F F F F F F N | N 2 O N X C F F X :UL
LR: F E X E F N N N | N N N F N N X X :LL

MALOCCLUSION—N. S. A. ☐
PERIODONTOCLASIA—N. S. A. X
GINGIVITIS—N. S. A. X

REMARKS AND DISQUALIFYING DENTAL DEFECTS:
LL 6-Space partially closed. Slight Alveoloclasia

QUALIFIED

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	82	B. P.: S.	126	D.	92	RECUMBENT: PULSE	76	B. P.: S.	124	D.	90
STANDING (*3 min.*): PULSE	86	B. P.: S.	140	D.	98	SITTING: PULSE AFTER EXERCISE	102	: 2 MIN. AFTER	84		

28. LUNGS—N. S. A. X CHEST—N. S. A. X (*Include breasts for females*)
Insp. 43
Exp. 39
Abd. 35½

29. CHEST—N. S. A. X NOT DONE ☐
35 mm. - 2-8-50
Negative

30. HEART—N. S. A. X

31. EKG—N. S. A. ☐ NOT DONE X

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. X

B. VARICOSE VEINS—NONE X

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [ ]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]

Left Hydrocele, small.

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

NO FACILITIES AVAILABLE

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)

NOT INDICATED

B. URINALYSIS: SP. GR. 1.008; ALBUMIN Neg.; SUGAR Neg.; MICROSCOPIC

C. BLOOD TYPE AND CLASSIFICATION USED

NO FACILITIES AVAILABLE

D. OTHER LABORATORY EXAMINATIONS

NO FACILITIES AVAILABLE

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. USMH, Stapleton, S.I., N.Y. -12-19-49 to 1-17-50. Dermatitis venenata. Hydrocele of tunica vaginalis due to trauma, left.
History of Tertian Malaria.
No other serious illness since last physical examination.

C. Defective vision, partially corrected.

FEB 14 1950
C.G.HDQ., Washington, D. C.
Medical Division

The findings of the certificate are ✓ approved.

By direction of the Surgeon General.

John H. Walsh as USPHS
(Signature)

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY
EXAMINEE (IS) (IS NOT) (*Strike out one*) QUALIFIED FOR GENERAL DUTY
TYPE OF QUALIFICATION
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN S S Benet	NAME TYPED OR PRINTED S. S. BENET, S.A.Surg.(R)USPHS
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST (*Strike out which*) Leon Wasserman	NAME TYPED OR PRINTED G. WASSERMAN, S.A.D.S.(R)USPHS
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54602-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

WOOD, Roy V. (Name, surname first) ——— (Service number) BOSN (Rank or rating) CG BASE (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospita S.I. NY, Date 17 Jan, 1950, 19

FILED T. LeB

To: _____ (Coast Guard unit)

_____ (Address)

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

	DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
			FROM	TO
	Dermatitis venenata	110-3001	12-19-49	1-17-50
NT	Hydrocele of tunica vaginalis due to trauma left.	757-400.8	12-19-49	1-17-50

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.

B. L. STERNER
A. A. 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

TEMPORARY *RESERVE (Enlistment status)

Place St. George Base, S.I., NY, Date 15 December, 1949

FILE

To: MEDICAL OFFICER IN CHARGE:

USMH, Stapleton, Staten Island, NY

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, St. George, S.I., NY

Roy V. Wood
Roy V. Wood
(Signature of patient)

W.H. Moulton
W.H. MOULTON, Executive Officer,
LCDR. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place US Marine Hospital S.I. NY, Date 20 Dec, 1949, 19

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

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

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 15 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at US Marine Hospital Stapleton S.I. N.Y. {*hospital / *office} on 19 Dec, 1949, 19

B. L. Sterner
B. L. STERNER
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

UNITED STATES COAST GUARD

ADDRESS REPLY TO Relief Lightship #78

REFER TO FILE 73

11 April,1949

From: Commanding Officer
To: Commandant (PO)

Subj: Report,return of

Report of physicel examination of WOOD,Roy V.(111-209)BMC and letter,are returned as specified in PERSONNEL CIRCULAR NO.5-49

J.H.Comrad,CBOSN (T)

No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME: WOOD, Roy Vernon

2. PLACE AND DATE OF EXAMINATION: Office, 3rd Coast Guard District 42 Broadway, New York 4, N. Y. 7 April, 1949

3. DATE OF BIRTH: 4 Feb., 1904

4. AGE IN YEARS LAST BIRTHDAY: 45

5. IDENTIFICATION NO.: 111-209

6. PURPOSE OF EXAMINATION: Promotion

7. SERVICE, DEPARTMENT, OR AGENCY: U.S. TREASURY DEPARTMENT

8. COMPONENT AND BRANCH: U.S. COAST GUARD

9. ORGANIZATION: Relief Lightship # 78, St. Geo. Base

10. GRADE, RATING, OR POSITION: BMC

11. SEX: MALE

12. RACE: White

13. HOME ADDRESS (Street, or RFD number, city, zone, State): 199 Latimer Avenue, Shaten Island 14, New York

14. PLACE OF BIRTH: Norfolk, Virginia

15. OTHER DATA: Religion: Protestant

16. RATING OR SPECIALTY: BMC

17. MEASUREMENTS — HEIGHT (Shoeless): 70 INS. — WEIGHT (Stripped): 176 LBS.

18. BUILD (Including frame and figure): MEDIUM — SLENDER — HEAVY: X — OBESE

19. TEMP.: 98.6

(Time in this capacity) TOTAL 2 yrs. 10 mos. LAST 6 MONTHS

20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS N. S. A. X

21. LYMPH GLANDS AND LYMPHATICS N. S. A. X

22. HEAD, FACE, AND NECK—N. S. A. X

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. X

24. EARS—A. CANALS, EXT. EARS—N. S. A. X

B. DRUMS—NO PERFORATION X N. S. A. X

C. HEARING (Whispered and spoken voice at 15 ft.)

RIGHT WV 15 /15: SV 30/30

LEFT WV 15 /15: SV 30/30

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

NO FACILITIES AVAILABLE

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. X LEFT EYE—N. S. A. X

B. PUPILS—EQUAL X NORMAL TO ACCOMMODATION X TO LIGHT X

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. X

D. DISTANT VISION

RIGHT 20/ 100 CORR. TO 20/ 20 BY

LEFT 20/ 70 CORR. TO 20/ 20 BY

E. REFRACTION (Manifest) (Cycloplegic) STRIKE OUT ONE

S. C CX

S. C CX

F. NEAR VISION—(At 14 inches)

CORR. TO NO FACILITIES AVAILABLE BY

CORR. TO BY

G. COLOR VISION—N. S. A. X TEST USED P.I. Plates

H. HETEROPHORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE

NO FACILITIES AVAILABLE

I. RED LENS—N. S. A. ☐

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐

NO FACILITIES AVAILABLE

K. DEPTH PERCEPTION TEST SCORE NO FACILITIES AVAILABLE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐

M. ACCOMMODATION—RIGHT LEFT

NO FACILITIES AVAILABLE

N. NIGHT VISION TEST SCORE NO FACILITIES AVAILABLE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
UR	X	F	F	F	F	F	F	N		N	N	O	X	C	F	F	X	UL
LR	F	X	X	F	F	N	N	N		N	N	N	N	N	X	F	F	LL

____ MALOCCLUSION—N. S. A. X

____ PERIODONTOCLASIA—N. S. A. X

____ GINGIVITIS—N. S. A. X

REMARKS AND DISQUALIFYING DENTAL DEFECTS

QUALIFIED

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (Arm at heart level)

SITTING: PULSE 72 B. P.: S. 130 . D. 088

STANDING (3 min.): PULSE 86 B. P.: S. 134 . D. 086

RECUMBENT: PULSE 68 B. P.: S. 128 . D. 084

SITTING: PULSE AFTER EXERCISE 100 : 2 MIN. AFTER 72

28. LUNGS—N. S. A. X CHEST—N. S. A. X (Include breasts for females)

Insp---44

Exp---40

Abd---39

29. CHEST—N. S. A. X X-RAY NOT DONE ☐

35mm 4-7-49--Neg.

30. HEART—N. S. A. X

31. EKG—N. S. A. ☐ NOT DONE X

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. X

B. VARICOSE VEINS—NONE ☐

Right moderate varicosity

16—54362-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

3-5

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [X]

38. G-U SYSTEM N. S. A. [ ] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]

Small Hydrocele, left NOT DONE

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

NO FACILITIES AVAILABLE

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Kahn 4-7-49	SP. GR. 1.020	Neg.	Neg.	NO FACILITIES AVAILABLE
	MICROSCOPIC			D. OTHER LABORATORY EXAMINATIONS
				NO FACILITIES AVAILABLE

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

B. Malaria, tertian, U.S. Marine Hospital, San Juan, P.R. December 1945
No serious illness since last physical examination.
C. Defective vision, corrected

APR 13 1949
U.S.G.HDQ., Washington, D. C.
Medical Division

The findings of the certificate are NOT approved. DEFECTIVE VISION REPORTED WHICH IS ADEQUATELY CORRECTED NOT CONSIDERED DISQUALIFYING FOR TEMPORT PROMOTION.

By direction of the Surgeon General

Paul McNutt
(Signature)

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE DOES (IS NOT) (*Strike out one*) QUALIFIED FOR PROMOTION

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS Defective Vision

44. SIGNATURE OF PHYSICIAN S.S. Bendet	NAME TYPED OR PRINTED S.S. BENDET, S.A.S., USPHS(R)
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR PHYSICIAN (*Specify which*) W.A. Doob	NAME TYPED OR PRINTED W.A. DOOB, S.A.D.S., USPHS(R)
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54602-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE

WOOD, Roy V.	111-209	C.B.M.	U.S.C.G. School Detail
(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 Seamen's Church Institute, Date 28 September, 19 43

To: Medical Officer in Charge

Hudson & Jay Marine Hospital, N.Y.

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 USCG. Seamens Institute, 25 South St., N.Y.

Roy V. Wood
(Signature of patient)

George W. KRUSE
Commanding Officer U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Hudson & Jay Marine Hospital,
Place ~~67 Hudson St., New York, N.Y.~~, Date 28 September, 19 43

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

~~#x11-001 Observation of~~ Eyes.
(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 Hudson & Jay Marine _____ {*hospital / *~~office~~} on 28 September, 19 43

Walter G. Nelson
WALTER G. NELSON
~~Medical Director~~
District Medical Officer 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

WOOD, Roy V.	111-209	B.M.1c.	Fire Is. Lt. Sta. (Fire Is. Station.)
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Bay Shore, N. Y., Date 21 July, 1941

To: Fire Island Coast Guard Sta.
(Coast Guard unit)

Bay Shore, N. Y.
(Address)

U. S. COAST GUARD
REC'D AUG 22 1941 BY
MEDICAL SECTION

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Vaccinia	1738	7-21-41	7-21-41
Antityphoid Inoculation	0123	7-21-41	8-4-411

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.}

N. P. Barringer
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

U. S. COAST GUARD (17)

FILE C.M.

...TMENT
...ARD
...1938

FOLLOW INSTRUCTIONS ON BACK

REC'D AUG 22 1941

Roy Vernon	111-209	B.M.1c.	Fire Is. Lt. Sta. (Fire Is. Station)
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

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

Place Bay Shore, New York, Date 21 July, 1941.

To: Dr. H.R. Barringer

U. S. COAST GUARD

Bay Shore, New York.

REC'D AUG 22 1941 BY

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~~ vaccination and anti-typhoid inoculation. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, Fire Island Lifeboat Sta., Bay Shore, N.Y.

Roy V. Wood
(Signature of patient)

John W. Midgett
JOHN W. MIDGETT, CBM.
Officer in Charge.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Bay Shore, N. Y., Date 21 July, 1941

I CERTIFY that I have examined the above-named person and find him ~~suffering from~~ in need of 1738: Vaccinia 0123: Antityphoid Inoculation
(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 Bay Shore, N. Y. at my {*~~hospital~~ / *office} on 21 July, 1941

H. R. Barringer
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.

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Form 522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—March, 1930

U. S. COAST GUARD
R. C'D MAY 10 1933
ANS'D

FILE
A. J. McL.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place U.S.Marine Hospital,Stapleton, Date May 11,1933., 193

To the { ~~*Officer in Charge;~~ / *Commanding Officer,

U.S.Coast Guard, Icarus,Pier 17
(Name and address of Coast Guard unit)

U. S. COAST GUARD
REC'D MAY 1 6 1933

The following patient on March 2,1933., 193 , was returned to the Coast Guard fit for duty. He has ~~not~~ been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
WOOD, Roy V.	ICARUS	#3041-Contusion,left mastoid.	3/2/33/

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

G.PARCHER,Senior *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

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

Left his duty { a. m. / p. m. }, 193

Returned to duty { a. m. / p. m. }, 193

** Commanding Officer* ** District Superintendent* ** Officer in Charge*

Forwarded , 193

** Division Commander* ** District Superintendent*

*** Strike out words not applicable*

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place , Date , 193

The following patient was this date transferred to the U. S. Marine Hospital No. ,

, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

U. S. GOVERNMENT PRINTING OFFICE: 1930

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

U.S. COAST GUARD FILE
REC'D MAR 17 1933 A.J. McL.
ANS'D ICARUS

WOOD, Roy V. | C.Mo.M.M. 111-209 | ICARUS
(Name) | (Rank or rating) | (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Navy Yard, Brooklyn, N. Y., Date 2 March, 193 3

To Medical Officer in Charge,
U. S. Marine Hospital #21,
Stapleton, S. I., N. Y.

U.S. COAST GUARD MEDICAL SECTION MAR 17 1933

Return Medical papers to Medical Officer,
Pier #17, Stapleton, S. I., N. Y.

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

F. D. OVERHAUSER, Boatswain (T), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Roy V. Wood. Age 29

Height 5'9¼" Nativity N.B. Color of hair brown Eyes blue-gray

RETURN MEDICAL CERTIFICATE

Place U.S.Marine Hospital, Stapleton, Date March 14,1933. 193

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

Contusion, left mastoid.
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *is not} an incident of the service. He {*is / *is not} absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*is / *is not} now fit for duty. He will require approximately 4 days {*office / *hospital} treatment. He was admitted to for out-patient treatment hospital on March 2,1933, 193

/DLH

G. PARCHER, Senior Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

*Strike out words not applicable

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(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2502
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1928

U. S. COAST GUARD
REC'D MAY 14 1932 By

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Section Base Two, Stapleton, S.I.N.Y. (Place where examination is held)

May 11, 1932 (Date)

STATEMENT OF APPLICANT

Name WOOD, Roy Vernon (Surname) (Christian name). Age: Years 28 months 3 Color white

Examined for Regular Enlistment (State whether for special, temporary or regular enlistment, commission, or promotion)

*For what grade or rating Chief Motor Machinist's Mate

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular S.T.E.

*When were you discharged from your last enlistment in the Coast Guard? ~~To be discharged 5-15-32~~ not discharged

*Have you ever been discharged from the Coast Guard or other military service for physical disability? no If so, state circumstances and nature of disability - - - -

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? yes If so, state cause: Impaired vision

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.) Mother dead age 50 cause unknown
Father living age 68 good health
3 brothers living good health
1 sister living good health
2 brothers dead one in an accident, other pneumonia

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.)
Gonorrhea 1920
Influenza 1922

I certify that the above statement is true to the best of my knowledge and belief.

Roy Vernon Wood
(Signature of applicant)

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/70; left eye, 20/70; with glasses, right eye, 20/20; left eye, 20/20

Is applicant color-blind? no Were eyes tested with lantern, woolen skeins, or both? color plates

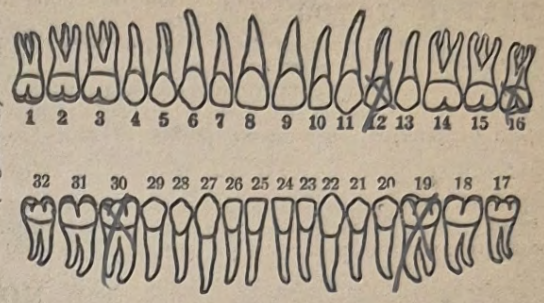
*Not for officers already commissioned.

Hearing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? Yes; left ear yes?

Whispered speech, 15 feet, with right ear? yes; left ear yes?

Teeth: Enumerate, by number, the teeth that are missing:

12-16-30-19



Enumerate, by number, the teeth that are replaced by plate or bridge work. 12-30 replaced by bridgework

Enumerate, by number, the teeth that have unfilled cavities:

none

Condition of gums normal

General appearance: good

Height (without shoes) 5 feet 9½ inches. **Weight,** stripped, 140 pounds.

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

If applicant is overweight, is it due to fat? no Is he under weight? no

Skin: (Diseases, etc.) none

Important scars (give location, condition, and cause) rt ankle; rt. cheek

Distinguishing marks as above

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used. If enlarged, cause to be stated.) no

Post-occipital no Cervical no Femoral no

Epitrochlear no Inguinal no

Head: (Abnormalities, etc.) none

Hair and scalp normal

Face: (Abnormalities, etc.) none

Eyes and eyelids: (Abnormalities, etc.) none

Pupillary reflex (Argyll-Robertson pupil) neg

Ears: (Abnormalities, etc.) none

Mastoid disease? none Condition of external canal normal Of drum normal

Nose: Deflection of septum none Obstruction none Chronic nasal catarrah none

Mouth: (Abnormalities, etc.) none

Condition of tonsils normal Do they interfere with speech or swallowing? no Is applicant a mouth breather? no

Has he any defect of speech? (State nature and degree.) none

Neck: Goiter none Other conditions none

Chest: Inspection normal Respiratory rate 16

Measurement: Inspiration 38½ inches; expiration 36 inches.

Lungs: Palpation normal

Percussion normal

Auscultation normal

Heart: Palpation normal

Percussion normal

Auscultation normal

Pulse rate 74 Temperature 37 Blood pressure: Systolic - - - Diastolic - - -
(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise normal

2—3850

Abdomen: Circumference at umbilicus 30 Any evidence of disease of abdominal organs? none

Inguinal rings (large or small) small Impulse on coughing? normal

Is there any weakness of abdominal wall, resulting from scar? none

Hernia none Other conditions none

Genito-urinary organs: Any symptoms of disease of the urinary tract? none

Scrotum: Has applicant varicocele that is painful? none

That interferes with locomotion? no Hydrocele none

Testicles: Induration normal Atrophy normal

Undescended no Other conditions none

Penis: Epispadias normal Hypospadias normal

Condition of prepuce normal Venereal diseases (evidence, past or present, of these diseases, including complications) none

Spine: Mobility normal Curvature normal

Anus: External hemorrhoids none Internal hemorrhoids none

Fistula none Other conditions none

Upper extremity: Missing fingers none

Other conditions none

Joint movements normal

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? none

Knock knees? none Varicose veins (degree) none

Flat or weak foot (degree) none

Bunions none Hammertoe none Corns (painful) none

Other conditions none

Joint movements normal

Muscles: Development good Coordination of muscular movement normal

Romberg neg Patellar reflex neg Defects of gait none

Agility normal Habit spasms none Chorea none

Urine: (Chemical examination of urine should always be made.)

Color amber Reaction acid Sp. gr. 1020

Albumin none Sugar none Shreds none

(Microsopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells - - - - Blood cells - - - -

Pus cells - - - - Casts - - - -

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. - - - White corpuscles per c. mm. - - - Malarial parasites - -

Hemoglobin, per cent - - - Other conditions - - -

Result of Wassermann test - - -

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

Has applicant been successfully vaccinated against smallpox within four years? yes

Against typhoid fever within four years? yes

Is there any evidence of excessive use of tobacco or alcohol? none

Evidence of drug addiction? none

Is applicant suffering from any general disease? none

Do you consider the applicant mentally sound? yes

2—3850

REMARKS

(Describe here any disqualification for which space is not provided elsewhere, or which require fuller description than the space provided permits. Also any remark the medical examiner desires to make)

Myopic astigmatism.

CERTIFICATE

~~We~~ I certify on honor that {~~We~~ I} have carefully examined WOOD, Roy Vernon and find—

~~That he is physically qualified for~~

~~That he is physically qualified to perform all the duties of~~ (Enlistment, reenlistment, appointment, or promotion.)

That he is not physically qualified for (Rank or rating for which examined) reenlistment in the regular establishment in the Coast Guard, for the following reasons: 1.) Impaired vision

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

G.L. Cristy,
P.A. *Surgeon, U. S. Public Health Service.* (R)

Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

WAIVER

I recommend a waiver of the physical defects noted in this case as in my judgment they will not interfere with the performance of his duties in the Coast Guard.

Surgeon, U. S. Public Health Service.

INDORSEMENT

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, May 14, 1932.

The finding of the medical board is approved.

The finding of the medical ~~board is not approved for the following~~ reasons:

The waiver recommended by the ~~medical board~~ Coa Off is approved. For special temporary enlistment

The waiver recommended ~~by the medical board is not approved~~ for the following reasons:

By direction of the Surgeon General.

W. W. King
Surgeon, U. S. Public Health Service.
Medical Director.

U. S. GOVERNMENT PRINTING OFFICE: 1927 2—3850

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COAST GUARD SECTION BASE TWO

U. S. COAST GUARD RECEIVED MAY 12 1931 NEW YORK DIVISION NEW YORK, N.Y.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Pier #18, Stapleton, Staten Island, New York,
11 May, 1931.

U. S. COAST GUARD REC'D MAY 13 1931 y ANS.

From: Commander, Section Base Two.
To : Commandant, (Via Commander, New York Division).

Subject: WOOD, Roy V. (111-209) C.Mo.M.M.physical defects.

Inclosure: (1) Report of Physical Examination; Form 2502.

1. Inclosure (1) forwarded herewith for the information and action of Headquarters.

2. Subject man was examined this date for discharge and reenlistment and found not physically qualified due to defective vision as noted in inclosure. In view of Wood's creditable record of service and the fact that this defective vision has been corrected by glasses, it is strongly recommended that this defect be waived and authority be granted to reenlist him on the day following discharge in the regular establishment.

3. Wood's enlistment has been extended pending receipt of authority for his discharge.

om

CECIL M. GABBETT.

NEW YORK DIVISION - 73 1st indorsement New York, N.Y.
12 May, 1931.

1. Forwarded, with inclosure.

DS

P. W. LAURIAT,
Acting.

87E

Form 2502
TREASURY DEPARTMENT
U. S. Coast Guard
Ed. Nov., 1928

U. S. COAST GUARD
REC'D MAY 13 1931
ANS.

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Section Base TWO, U.S.C.G.,
Staten Island, N.Y.
(Place where examination is held)

11 May, 1931
(Date)

STATEMENT OF APPLICANT

Name WOOD, Roy Vernon (Surname) (Christian name) Age: Years 27 months 3 Color White

Examined for Regular enlistment
(State whether for special temporary or regular enlistment, commission, or promotion)

*For what grade or rating Chief Motor Machinist's Mate

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular S.T.E.

*When were you discharged from your last enlistment in the Coast Guard? should have been 8 May, 1931

*Have you ever been discharged from the Coast Guard or other military service for physical disability? No If so, state circumstances and nature of disability —

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? ~~No~~ Yes If so, state cause: eyes - myopia

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.) Mother died at age of 60; cause of death unknown

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.)

Infantile diseases

Gonorrheal urethritis eleven years ago

I certify that the above statement is true to the best of my knowledge and belief.

Roy Vernon Wood
(Signature of applicant)

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/100; left eye, 20/100; with glasses, right eye 20/20; left eye, 20/20

Is applicant color-blind? No Were eyes tested with lantern, woolen skeins, or both? Plates

*Not for officers already commissioned.

2—3850

Hearing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? yes; left ear yes?

Whispered speech, 15 feet, with right ear? yes; left ear yes?

Teeth: Give missing teeth by number. If none, so state:

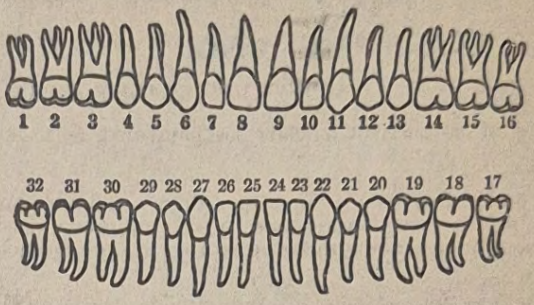
12, 16, 19, 30

Give by number, teeth replaced by plate or bridge. If none, so state:

12, 30

Give by number, teeth with unfilled cavities. If none, so state:

No unfilled cavities



Condition of gums good

General appearance: good

Height (without shoes) 5 feet 9¼ inches. Weight, stripped, 160 pounds.

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

If applicant is overweight, is it due to fat? no Is he under weight? no

Skin: (Diseases, etc.) no

Important scars (give location, condition, and cause) 3/4" razor cut right cheek; 1½" sc r ankle

Distinguishing marks none

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used. If enlarged, cause to be stated.)

Post-occipital no Cervical no Femoral no

Epitrochlear no Inguinal no

Head: (Abnormalities, etc.) none

Hair and scalp none

Face: (Abnormalities, etc.) none

Eyes and eyelids: (Abnormalities, etc.) equal normal No A R None

Pupillary reflex (Argyll-Robertson pupil) equal normal No A R

Ears: (Abnormalities, etc.) no

Mastoid disease? no Condition of external canal normal Of drum normal

Nose: Deflection of septum no Obstruction no Chronic nasal catarrah no

Mouth: (Abnormalities, etc.) none

Condition of tonsils small Do they interfere with speech or swallowing? no Is applicant a mouth breather? no

Has he any defect of speech? (State nature and degree.) no

Neck: Goiter no Other conditions none

Chest: Inspection normal Respiratory rate 17

Measurement: Inspiration 39 inches; expiration 35 inches.

Lungs: Palpation normal

Percussion normal

Auscultation normal

Heart: Palpation normal

Percussion normal

Auscultation normal

Pulse rate 75 Temperature 37 Blood pressure: Systolic --- Diastolic ---
(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise normal

2—3850

Abdomen: Circumference at umbilicus 33 Any evidence of disease of abdominal organs? no

Inguinal rings (large or small) small Impulse on coughing? no

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

Hernia no Other conditions none

Genito-urinary organs: Any symptoms of disease of the urinary tract? no

Scrotum: Has applicant varicocele that is painful? no

That interferes with locomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Undescended no Other conditions none

Penis: Epispadias no Hypospadias no

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

Spine: Mobility normal Curvature no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistula no Other conditions none

Upper extremity: Missing fingers none

Other conditions none

Joint movements normal

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? no

Knock knees? no Varicose veins (degree) no

Flat or weak foot (degree) no

Bunions no Hammertoe no Corns (painful) no

Other conditions normal

Joint movements normal

Muscles: Development good Coordination of muscular movement normal

Romberg negative Patellar reflex equal - normal Defects of gait no

Agility no Habit spasms no Chorea no

Urine: (Chemical examination of urine should always be made.)

Color straw Reaction neutral Sp. gr. 1.014

Albumin neg Sugar neg Shreds neg

(Microsopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells --- Blood cells ---

Pus cells --- Casts ---

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. --- White corpuscles per c. mm. --- Malarial parasites ---

Hemoglobin, per cent --- Other conditions ---

Result of Wassermann test not taken

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

Has applicant been successfully vaccinated against smallpox within four years? yes - 1 yr

Against typhoid fever within four years? yes

Is there any evidence of excessive use of tobacco or alcohol? no

Evidence of drug addiction? no

Is applicant suffering from any general disease? no

Do you consider the applicant mentally sound? yes

2—3850

REMARKS

(Describe here any disqualification for which space is not provided elsewhere, or which require fuller description than the space provided permits. Also any remark the medical examiner desires to make)

Has been rejected three times on account of defective vision, both eyes.

This is corrected by glasses

CERTIFICATE

We ~~ix~~ certify on honor that {we ~~ix~~} have carefully examined Roy Vernon Wood and find—

That he is physically qualified for -----
(Enlistment, reenlistment, appointment, or promotion.)

That he is physically qualified to perform all the duties of -----
(Rank or rating for which examined)

That he is not physically qualified for re-enlistment

in the Coast Guard, for the following reasons: 1. Defective vision, 20/100, corrected by glasses. (myopia)

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

N. W. Duncan
P.A. Surgeon, U. S. Public Health Service. (R)

G. Thrasher
P.A. Surgeon, U. S. Public Health Service. (R)

Surgeon, U. S. Public Health Service.

WAIVER

I recommend a waiver of the physical disqualifications noted in the above certificate as in my judgment they will not interfere with the performance of his duties in the Coast Guard.

N. W. Duncan
P.A. Surgeon, U. S. Public Health Service. (R)

INDORSEMENT

G. Thrasher
P.A. Surgeon, U.S.P.H.S. (R)

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, May 13, 1931

The finding of the medical board is approved.

The finding of the medical board is not ~~approved for~~ the following reasons:

The waiver recommended by the medical board is approved. for special temporary enlistment

The waiver recommended by the medical board is ~~not~~ approved for the following reasons:

By direction of the Surgeon General.

H. W. King
~~Surgeon~~, U. S. Public Health Service.
Medical Inspector

GOVERNMENT PRINTING OFFICE: 1927 2—3850

Form 2502
TREASURY DEPARTMENT
U. S. Coast Guard
Ed. Nov., 1928

U. S. COAST GUARD
REC'D MAY 1 1930 By
ANS

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Coast Guard Base "2" (Place where examination is held) April 28, 1930 (Date)

STATEMENT OF APPLICANT

Name Wood Roy Vernon (Surname) (Christian name) Age: Years 26 months 2 Color White.

Examined for Regular enlistment. ✓

*For what grade or rating (State whether for special, temporary or regular enlistment, commission, or promotion) Chief Motor Machinist Mate. ✓

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular Spec. temp.

*When were you discharged from your last enlistment in the Coast Guard? Will be discharged May 6, 1930 ✓

*Have you ever been discharged from the Coast Guard or other military service for physical disability? No If so, state circumstances and nature of disability —

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? No If so, state cause: —

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.) Negative.

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.) Gonorrhea 1920 -

I certify that the above statement is true to the best of my knowledge and belief.

Roy Vernon Wood. (Signature of applicant)

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/ 80 ; left eye, 20/ 80 ; with glasses, right eye 20/30, left eye 20/30.

Is applicant color-blind? No Were eyes tested with ~~lantern, woolen skeins, or both?~~ Charts.

*Not for officers already commissioned.

2—3850

Hearing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? yes; left ear yes?

Whispered speech, 15 feet, with right ear? yes left ear yes?

Teeth: Give missing teeth by number. If none, so state:

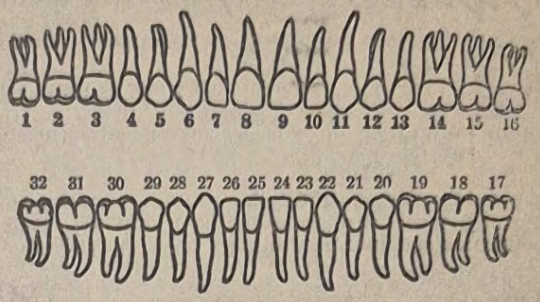
12-16-19-30

Give by number, teeth replaced by plate or bridge. If none, so state:

(12) (30) Bridge.

Give by number, teeth with unfilled cavities. If none, so state:

No unfilled cavities



Condition of gums Normal

General appearance: Healthy

Height (without shoes) 5 feet 9 inches. Weight, stripped, 168 pounds.

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

If applicant is overweight, is it due to fat? No Is he under weight? No

Skin: (Diseases, etc.) Normal

Important scars (give location, condition, and cause) Oval scar R ankle

Distinguishing marks None.

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used. If enlarged, cause to be stated.)

Post-occipital No Cervical No Femoral No

Epitrochlear No Inguinal No

Head: (Abnormalities, etc.) Normal

Hair and scalp Normal

Face: (Abnormalities, etc.) Normal

Eyes and eyelids: (Abnormalities, etc.) Normal

Pupillary reflex (Argyll-Robertson pupil) Normal

Ears: (Abnormalities, etc.) Normal

Mastoid disease? No Condition of external canal Normal Of drum Normal

Nose: Deflection of septum No Obstruction No Chronic nasal catarrah No

Mouth: (Abnormalities, etc.) Normal

Condition of tonsils Normal Do they interfere with speech or swallowing? No Is applicant a mouth breather? No

Has he any defect of speech? (State nature and degree.) No

Neck: Goiter No Other conditions Normal

Chest: Inspection Normal Respiratory rate 16

Measurement: Inspiration 40½ inches; expiration 36½ inches.

Lungs: Palpation Normal

Percussion Normal

Auscultation Normal

Heart: Palpation Normal

Percussion Normal

Auscultation Normal

Pulse rate 76 Temperature 37C Blood pressure: Systolic ____ Diastolic ____
(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise Normal

2—3350

Abdomen: Circumference at umbilicus 34 Any evidence of disease of abdominal organs? No

Inguinal rings (large or small) Small Impulse on coughing? No

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

Hernia No Other conditions Normal

Genito-urinary organs: Any symptoms of disease of the urinary tract? No

Scrotum: Has applicant varicocele that is painful? No

That interferes with locomotion? No Hydrocele No

Testicles: Induration No Atrophy No

Undescended No Other conditions Normal

Penis: Epispadias No Hypospadias No

Condition of prepuce Normal Venereal diseases (evidence, past or present, of these diseases, including complications) Gonorrhea 1929

Spine: Mobility Normal Curvature Normal

Anus: External hemorrhoids No Internal hemorrhoids No

Fistula No Other conditions Normal

Upper extremity: Missing fingers No

Other conditions Normal

Joint movements Normal

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? No

Knock knees? No Varicose veins (degree) No

Flat or weak foot (degree) No

Bunions No Hammertoe No Corns (painful) No

Other conditions Normal

Joint movements Normal

Muscles: Development Good Coordination of muscular movement Normal

Romberg No Patellar reflex Normal Defects of gait No

Agility Normal Habit spasms No Chorea No

Urine: (Chemical examination of urine should always be made.)

Color Straw Reaction Alkaline Sp. gr. 1012

Albumin No Sugar No Shreds No

(Microsopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells Blood cells

Pus cells Casts

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. White corpuscles per c. mm. Malarial parasites

Hemoglobin, per cent Other conditions

Result of Wassermann test

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

Has applicant been successfully vaccinated against smallpox within four years? 1927

Against typhoid fever within four years? 1927

Is there any evidence of excessive use of tobacco or alcohol? No

Evidence of drug addiction? No

Is applicant suffering from any general disease? No

Do you consider the applicant mentally sound? Yes.

REMARKS

(Describe here any disqualification for which space is not provided elsewhere, or which require fuller description than the space provided permits. Also any remark the medical examiner desires to make)

This applicant is on waiver on account of eyes. I think the vision is about the same as a year ago.

CERTIFICATE

~~We~~ / I certify on honor that ~~we~~ / I have carefully examined Ray Vernon Wood and find—

That he is physically qualified for _____
(Enlistment, reenlistment, appointment, or promotion.)

That he is physically qualified to perform all the duties of _____
(Rank or rating for which examined)

That he is not physically qualified for reenlistment in the Coast Guard, for the following reasons:

Defective vision

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

G. N. Skipp
Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

WAIVER

I recommend a waiver of the physical disqualifications noted in the above certificate as in my judgment they will not interfere with the performance of his duties in the Coast Guard.

G. N. Skipp
Surgeon, U. S. Public Health Service.

INDORSEMENT

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, May 1, 1930

The finding of the medical board is approved.

The finding of the medical ~~board is not approved for the~~ following reasons:

The waiver recommended by the medical board is approved. For special temporary enlistment

The waiver recommended ~~by the medical board~~ is not approved for the following reasons:

By direction of the Surgeon General.

W. W. King
Surgeon, U. S. Public Health Service.

U. S. GOVERNMENT PRINTING OFFICE: 1927 2—3850

Form 2502
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1928

U.S. COAST GUARD
REC'D APR 25 1929
ANS'D
By

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Coast Guard Section Base 2 (Place where examination is held) April 22, 1929 (Date)

STATEMENT OF APPLICANT

Name Wood Ray Vernon (Surname) (Christian name) Age: Years 25 months 3 Color White

Examined for Regular enlistment
(State whether for special temporary, or regular enlistment, commission, or promotion)

*For what grade or rating Chief Motor Machinist Mate

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular Special temp

*When were you discharged from your last enlistment in the Coast Guard? Will be discharged May 3, 1929

*Have you ever been discharged from the Coast Guard or other military service for physical disability? No If so, state circumstances and nature of disability —

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? No If so, state cause: —

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.) Negative

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.) Influenza 1927 - Tonsils removed 9 years ago

I certify that the above statement is true to the best of my knowledge and belief.

Roy Vernon Wood.
(Signature of applicant)

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/200; left eye, 20/200; with glasses, right eye, 20/20; left eye, 20/20

Is applicant color-blind? No Were eyes tested with lantern, woolen skeins, or both? Skeins

*Not for officers already commissioned.

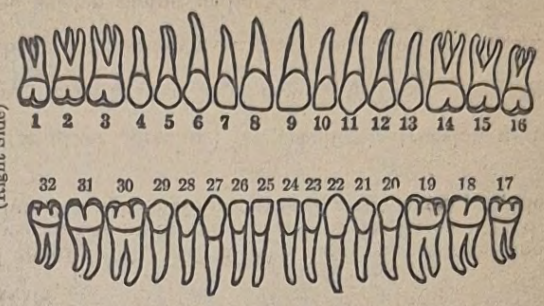
2—3850

Hearing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? yes; left ear yes?

Whispered speech, 15 feet, with right ear? yes, left ear yes?

Teeth: Enumerate, by number, the teeth that are missing:

17 - 19 - 30



Enumerate, by number, the teeth that are replaced by plate or bridge work. 17 - 30

Enumerate, by number, the teeth that have unfilled cavities:

No unfilled cavities

Condition of gums Normal

General appearance: Healthy

Height (without shoes) 5 feet 9 1/4 inches. **Weight,** stripped, 159 pounds.

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

If applicant is overweight, is it due to fat? No Is he under weight? No

Skin: (Diseases, etc.) No

Important scars (give location, condition, and cause) Injection Rankin

Distinguishing marks None

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used. If enlarged, cause to be stated.)

Post-occipital No Cervical No Femoral No

Epitrochlear No Inguinal No

Head: (Abnormalities, etc.) Normal

Hair and scalp Normal

Face: (Abnormalities, etc.) Normal

Eyes and eyelids: (Abnormalities, etc.) Normal

Pupillary reflex (Argyll-Robertson pupil) Normal

Ears: (Abnormalities, etc.) Normal

Mastoid disease? No Condition of external canal Normal Of drum Normal

Nose: Deflection of septum No Obstruction No Chronic nasal catarrah No

Mouth: (Abnormalities, etc.) Normal

Condition of tonsils Normal Do they interfere with speech or swallowing? No Is applicant a mouth breather? No

Has he any defect of speech? (State nature and degree.) No

Neck: Goiter No Other conditions Normal

Chest: Inspection Well developed Respiratory rate 14

Measurement: Inspiration 39 3/4 inches; expiration 35 1/2 inches.

Lungs: Palpation Normal

Percussion Normal

Auscultation Normal

Heart: Palpation Normal

Percussion Normal

Auscultation Normal

Pulse rate 78 Temperature 37 C Blood pressure: Systolic ____ Diastolic ____
(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise Normal

2—3850

Abdomen: Circumference at umbilicus 33¾ Any evidence of disease of abdominal organs? No

Inguinal rings (large or small) Small Impulse on coughing? No

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

Hernia No Other conditions Normal

Genito-urinary organs: Any symptoms of disease of the urinary tract? No

Scrotum: Has applicant varicocele that is painful? No

That interferes with locomotion? No Hydrocele No

Testicles: Induration No Atrophy No

Undescended No Other conditions Normal

Penis: Epispadias No Hypospadias No

Condition of prepuce Normal Venereal diseases (evidence, past or present, of these diseases, including complications) Gonorrhea 9 years ago

Spine: Mobility Normal Curvature No

Anus: External hemorrhoids No Internal hemorrhoids No

Fistula No Other conditions Normal

Upper extremity: Missing fingers No

Other conditions Normal

Joint movements Normal

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? No

Knock knees? No Varicose veins (degree) No

Flat or weak foot (degree) No

Bunions No Hammertoe No Corns (painful) No

Other conditions Normal

Joint movements Normal

Muscles: Development Good Coordination of muscular movement Normal

Romberg No Patellar reflex Normal Defects of gait No

Agility Normal Habit spasms No Chorea No

Urine: (Chemical examination of urine should always be made.)

Color Straw Reaction Acid Sp. gr. 1010

Albumin No Sugar No Shreds No

(Microsopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells Blood cells

Pus cells Casts

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. White corpuscles per c. mm. Malarial parasites

Hemoglobin, per cent Other conditions

Result of Wassermann test

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

Has applicant been successfully vaccinated against smallpox within four years? No Successful 2 yrs ago

Against typhoid fever within four years? Yes

Is there any evidence of excessive use of tobacco or alcohol? No

Evidence of drug addiction? No

Is applicant suffering from any general disease? No

Do you consider the applicant mentally sound? Yes

REMARKS

(Describe here any disqualification for which space is not provided elsewhere, or which require fuller description than the space provided permits. Also any remark the medical examiner desires to make)

CERTIFICATE

~~We~~ / I } certify on honor that { ~~we~~ / I } have carefully examined Roy Vernon Wood and find—

That he is physically qualified for Regular enlistment
(Enlistment, reenlistment, appointment, or promotion.)

That he is physically qualified to perform all the duties of
(Rank or rating for which examined)

That he is not physically qualified for

in the Coast Guard, for the following reasons: Defective vision

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

F. N. Shipp
Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

WAIVER

I recommend a waiver of the physical defects noted in this case as in my judgment they will not interfere with the performance of his duties in the Coast Guard.

F. N. Shipp
Surgeon, U. S. Public Health Service.

INDORSEMENT

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, April 26, 1929

The finding of the medical board is approved.

The finding of the ~~medical board is not approved~~ for the following reasons:

The waiver recommended by the medical board is approved. For special temporary enlistment

The waiver recommended ~~by the medical board is not approved~~ for the following reasons:

By direction of the Surgeon General.

W. W. King
Surgeon, U. S. Public Health Service.

U. S. GOVERNMENT PRINTING OFFICE: 1927 2—3850

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—Jan., 1928

U.S. COAST GUARD
REC'D FEB 7 - 1930
F.U.S.H. W.W.K.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place U.S.Marine Hospital, Stapleton, Date January 30th, 1930., 192

To the {*~~Officer in Charge~~ / *Commanding Officer,

U.S.Coast Guard, Base 2.
(Name and address of Coast Guard unit)

U. S. COAST GUARD
MEDICAL SECTION
REC'D FEB 7 1930 By
ANS'D

The following patient on December 31st, 1929, 192, was returned to the Coast Guard fit for duty. He has ~~not~~ been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Wood, Roy V.	Base 2	Tenia cercinati of abdomen.	12/23/29

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

/DIH

CARL MICHEL, *Surgeon, U. S. Public Health Service*
Executive Officer.

FINAL COAST GUARD CERTIFICATE

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

Out patient

Left his duty {a. m. / p. m.}, 192

Returned to duty {a. m. / p. m.}, 192

**Commanding Officer* **District Superintendent* **Officer in Charge*

Forwarded, 192

**Strike out words not applicable* **Division Commander* **District Superintendent*

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place, Date, 192

The following patient was this date transferred to the U. S. Marine Hospital No., , for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

GOVERNMENT PRINTING OFFICE

U. S. COAST GUARD S.T.H.

U.S. COAST GUARD

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June, 1928.

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

REC'D JAN 4 1930

REC'D JAN 4 - 1930 FILE

ANS'D

W.W.K.

WOOD, Roy V. [illegible] | Chief Motor Machinist's Mate, | BASE TWO
(Name) | (Rank or rating) | (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Staten Island, N.Y., Date 23 December, 1929, 192

To U.S. MARINE HOSPITAL #21,
Staten Island, N.Y.

SIR:

You are requested to examine the above-named {~~officer~~ / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

L.H. PERKINS, Lieutenant-Commander, U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant ..... Age 25

Height 70 Nativity NB Color of hair Brown Eyes Hazel

RETURN MEDICAL CERTIFICATE

Place U.S.Marine Hospital, Stapleton, Date December 30th, 1929., 192

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

Tenia cercinati of abdomen.

(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {~~*is~~ / *is not} communicable; and which {*is / ~~*is not~~} an incident of the service. He {~~*is~~ / *is not} absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug. He {~~*is~~ / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*is / ~~*is not~~} now fit for duty. He will require approximately 10 days {*office / ~~*hospital~~} treatment. He was admitted ~~took~~ for out-patient treatment hospital on December 23rd, 1929, 192

/DLH

CARL MICHEL, Surgeon, U. S. Public Health Service.
Executive Officer.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

*Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
(2d part)—Jan., 1928

U. S. COAST GUARD
REC'D SEP 21 1929
TRANS'D

FILE
W. K.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place U.S.Marine Hospital,Stapleton., Date September 17th,1929, 192

To the {*~~Officer in Charge,~~ / *Commanding Officer,}
U.S.Coast Guard, Section Base 2, Pier 18, Stapleton,
(Name and address of Coast Guard unit)

U. S. COAST GUARD
MEDICAL SECTION
REC'D SEP. 23 1929 By

The following patient on September 4th,1929, 192 , was returned to the Coast Guard fit for duty. He has ~~not~~ been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Wood, R.V.	Base 2	Tenia circinati	8/19/29

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

/DLH

Carl Michel

CARL MICHEL, *Surgeon, U. S. Public Health Service*
~~Executive Officer.~~

FINAL COAST GUARD CERTIFICATE

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

Left his duty 9 {a. m. / ~~p. m.~~} Aug 19, 1929

Returned to duty 10 {a. m. / ~~p. m.~~} Sept 4, 1929

AMS

**Commanding Officer* **District Superintendent* **Officer in Charge*

Forwarded ....., 192

**Strike out words not applicable* **Division Commander* **District Superintendent*

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 192

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

..... *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June, 1928

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

U. S. COAST GUARD MEDICAL SECTION REC'D SEP 10 1929

FILE W.W.K.

R. V. Wood (Name) & P. M. M. (Rank or rating) Station Baker (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Staten Island, N.Y. Date Aug 19, 1929

U.S. COAST GUARD REC'D SEP 10 1929 ANS'D By

To Medical Officer in Charge
Marine Hospital #21

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

J. H. Reeder Ensign U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant _____ Age 25

Height 70" Nativity NB Color of hair Br Eyes Br

RETURN MEDICAL CERTIFICATE

Place U.S.Marine Hospital, Stapleton, Date August 22nd, 1929.

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

Tenia cercanati
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {~~*is~~ / *is not} communicable; and which {*is / ~~*is not~~} an incident of the service. He {~~*is~~ / *is not} absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on _____ / *more than one year ago.} He {*is / ~~*is not~~} now fit for duty. He will require approximately 2 ~~weeks~~ days {*office / ~~*hospital~~} treatment. He was admitted ~~to~~ ~~for out-patient treatment~~ hospital on August 19th, 1929, 192

Carl Michel
CARL MICHEL, Surgeon, U. S. Public Health Service.
Executive Officer.

/DLH

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? _____ Is he able to travel now? _____

Alone? _____ How many attendants should accompany him? _____

Remarks: _____

*Strike out words not applicable

_____
(Attending physician)

2—663

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1924
(2d part)

U.S. COAST GUARD RECD AUG 1927

FILE W.W.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place U.S.M.H.#21, Stapleton, N.Y., Date August 16. 1927, 192

U.S. COAST GUARD MEDICAL SECTION RECD AUG 30 1927 By

To the {*~~Officer in Charge,~~ *Commanding Officer,
U/S.C.G."Rush", Stapleton, N.Y.
(Name and address of Coast Guard unit)

The following patient is this date being returned to the Coast Guard not fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Roy Wood	Rush	Psoriasis of elbows, hands and legs.	8-1-27

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

Recommend discharge from the C.G.

MBE

L. E. Hooper, Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

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

Left his duty 4:00 {~~a. m.~~ p. m.} August 1, 1927

Returned to duty 3:00 {~~a. m.~~ p. m.} August 16, 1927

D. O'Sullivan

~~*Commanding Officer~~ ~~*District Superintendent~~ *Officer in Charge

Forwarded ____, 192

*Strike out words not applicable *Division Commander *District Superintendent

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 192

The following patient was this date transferred to the U. S. Marine Hospital No. ____, ____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

____ Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

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

CSC#1130 Issued 5-23-32 #3

CG 39178

SINGLE
MARRIED X
WIDOWED
DIVORCED

Service for Retirement 7-9-2 F.T.

WOOD, Roy Vernon (111-209)
(NAME) (SERVICE NUMBER)

Other creditable service—
LIGHTHOUSE YRS. 4 MOS. 7 DAYS 28 Nav. F.T.

16—11203

Birth, date of February 4, 1904
Birth, place of Norfolk, Virginia
Citizenship M. 7-26-48

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
CGC SPRUCE	6-25-46	C.B.M.				REENLISTED FOR 6YRS, REGULAR
CGC OAK	7-17-46	C.B.M.				TR
Ft. Hancock Grp (03)	11-23-46	CBM				To Scotland Light Vessel 77
Ft. Hancock Grp (03)	4-2-48	BMC				CH. L/S #78 DC 26-48
FT.HANCOCK GROUP(03)	4-1-49	BOATSWAIN				APPTD BOATSWAIN (TEMP.SERVICE) TO RANK FROM 4-1-49.
FT.HANCOCK GRP (03)	5-9-54	BMC				Appt.terminated
FT.HANCOCK GRP (03)	5-9-54	BMC				HD COG to accept perm.appt.
FT.HANCOCK GRP (03)	5-10-54	BOATSWAIN				Perm.Appt. To rank from 12-1-43

BASE 2 Rusty 5-10-61 See card

DIEBOLD 2116-757 16—11203

CSC#1130 ISSUED 5-23-32 #2.

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised Mar., 1930

Service for Retirement
7-9-2 FT.

REGISTER ENLISTED FORCE

WOOD, Roy Vernon (111-209)

DUE FOR INCR. 3-33
DUE FOR VAC. 3-36

SINGLE
X MARRIED
WIDOWED
DIVORCED

7-22-42

Other creditable service—	YRS.	MOS.	DAYS
LIGHTHOUSE	4	7	28 Ver. F.T.

Former Lighthouse employee, Enlisted pursuant to the Act of August 5, 1939.

Birth, date of, February 4, 1904

Birth, place of, Norfolk, Virginia.

Citizenship, N.

R. 8-5-27-32

2—S095

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
BASE 2	5-16-32	C.Mo.M.M.				HD. Enl.ext. Sunday.
BASE 2	5-17-32	C.Mo.M.M.				RE.TWO YEARS.NEW DATE ENL.
ICARUS	5-23-32	C.Mo.M.M.				Auth.H/D.5-16-32.
ICARUS	6-6-33	C.Mo.M.M.	8	1	3	Tr. HD.Convenience of Govt.HL5-9-33.
FIRE ISLAND STA(NYD)	7-10-41	B.M.1c.				Auth. Form 2525-B 5-22-41
Fire Island Sta	7-10-43	C.B.M.(2)(Pro)				Re THREE YEARS REGULAR.
Montauk Light Sta	4-14-43	C.B.M.(2)(Pro)				OR.
O.D.C.G.O. Sea Church Institute	9-10-43	C.B.M.(2)(Pro)				Tr.
OFF. TR. SCHOOL (NYD)	12-1-43	BOATSWAIN				Tr. (N.Y.Coast Tr. School)
FT HANCOCK STATION.	12-19-43	BOATSWAIN				APPTD BOATSWAIN (TEMP.SERVICE) TO RANK FROM 12-1-43.
CGC SPRUCE	1-22-44	BOATSWAIN				TR(AMBRASE CHANNEL LIGHT SHIP)
CGC SPRUCE	6-1-45	CH BOATSWAIN				TR
CGC SPRUCE	12-31-45	CH BOATSWAIN				APPT CH BOATSWAIN(TEMP SERVICE) TO RANK FROM 6-1-45
CGC SPRUCE	6-24-46	C.B.M.				ISSUED PERM APPT AS C.B.M.
CGC SPRUCE	6-24-46	C.B.M.				APPT REVOKED H/L 6-15-46
						HD EXPIRATION OF ENLISTMENT AND EXTENSION

BASE 2

see card 3

COAST GUARD. Service for Retirement 7-9-2 FT. -1-
Form 9545.
REGISTER ENLISTED FORCE.

5-3-29

WOOD, Roy Vernon 111 209

M.

Other creditable service—	YRS.	MOS.	DAYS.
Lighthouse Service	4	7	28 Ver. F.T.

Birth, date of, Feb. 4, 1904.
Birth, place of, Norfolk, Va.
Citizenship, N

GOVERNMENT PRINTING OFFICE 2—8095

VESSEL OR STATION.	DATE.	RATE.	SERVICE. YRS.	MOS.	DAYS.	REMARKS.
CGRO. Norfolk	5-4-25	F. 1c.				SPECIAL TEMPORARY Orig Enl. FOR THREE YRS
NTS Hampton Rds	5-4-25	" "				Tr.
Base 2	6-7-25	F. 1c.				Tr. see form 2599-6-6-25
" "	7-1-25	Mo.M.M.2c				
BASE 2	11-1-25	Mo.M.M.1c				
BASE 2	9-16-26	C.Mo.M.M.(a)				CR
BASE 2	3-16-27	C.Mo.M.M.				Rating issued 4-26-27,
BASE 2	5-3-28	C. Mo. M. M.				HD.
BASE 2	5-4-28	C. Mo. M. M.				Re. Not phys. qual. for regular. ✓
BASE 2	5-6-29	C. Mo. M. M.			✓	HD. Enl. ext. vessel at sea and Sunday
BASE 2	5-7-29	C. Mo. M. M.			✓	RE NEW DATE ENL. Auth. HL 4/27/29
BASE 2	5-8-30	C.Mo.M.M.				HD. Enl. ext. Vessel at sea.
BASE 2	5-9-30	C.Mo.M.M.				Re. NEW DATE ENL. Auth. H/L 5-2-30
BASE 2	5-15-31	C. Mo. M. M.				Enl. Ext. vessel at sea. and HD. awaiting H action as to reen
BASE 2 Rush	5-16-31	C. Mo. M. M.				Not phys. qual for REGULAR Re. Auth. HDES. 5-14-31

See card

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2522.—Ed. 20,000—Revised June, 1924

U. S. COAST GUARD
REC'D JUN 22 1927
ANS'D
By

FILE
W. W. K.

Roy V. Wood (Name) — A.S. (Rank or rating) — Patrol Boat RUSH (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

FILE
W. W. K.

Place Stapleton Staten Island N.Y., Date June 9, 1927

To Marine Hospital,
Staten Island N.Y.

U.S. COAST GUARD MEDICAL SECTION RECEIVED JUN 28 1927

SIR:

You are requested to examine the above-named {*~~officer~~ / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

O. Skotheim Boatswain (R), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Roy R. Wood Age 21

Height 5 ft. 10 inch Nativity Native Color of hair Blond Eyes Blue

RETURN MEDICAL CERTIFICATE

Place U.S.M.H. #21, Stapleton, N.Y., Date June 10, 1927, 192

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

Psoriasis
(Write plainly)

which is *not communicable. The disability is *~~not~~ an incident of the service and is *not due to his own vicious habits. He is *not now fit for duty. He will require approximately 2 weeks ~~days~~ *office ~~Hospital~~ treatment.

*He was this day sent to ~~xxxxxxxxxxxxxxxxxxxx~~ hospital.
(This line to be used by Public Health Service Officer only)

L. E. Hooper
L. E. Hooper, Surgeon, U. S. Public Health Service

MBE

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ____ Is he able to travel now? ____

Alone? ____ How many attendants should accompany him? ____

Remarks: ____

*Strike out words not applicable

2—663

(Attending Physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Wood, Roy V.

REMARKS:

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that Wood, Roy V.

He is physically qualified for Regular Enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of BM1c
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for .....

on account of .....

H. R. Basinger
a. a. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

19 May, 1941.
(Date)

Place New York, N.Y.

From: Commander, N.Y.District.

To: Commandant.

1. Forwarded for action. Present status: duty. L. C. Kessel,

P. E. SHAW,
Commanding Dist. Comdr. Off. in Chg.
By direction.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

MAY 21 1941
(Date)

The findings of the certificate are ~~not~~ approved Hi
New Length of Service

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

22 MAY 1941
(Date)

From: Commandant.

To: Commander, New York District

1.

ENLISTMENT AUTHORIZED AS B.M.1c R.E.

Insert this copy in health record.

By direction,

S. P. MEHLMAN
Chief, Personnel Section.
Chief, Training Section

U.S. GOVERNMENT PRINTING OFFICE 2-1014

15 yrs. Gross BM1c Reg. Enl.

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name Hood, Ray V. Service Number _____
(Surname first)

Age: Years 37 Months 3 Color White

For: Regular Enlistment Coast Guard
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Bo'n 1/c

Place Bay Shore, N.Y. Date 12. May 1941.

Personal Medical History Gonorrhea 1920.
No other illness

Vision: R.E. 20/ 60 L.E. 20/ 60 Corrected: R.E. 20/ 20 L.E. 20/ 20

Color blind? No Test used Charts

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

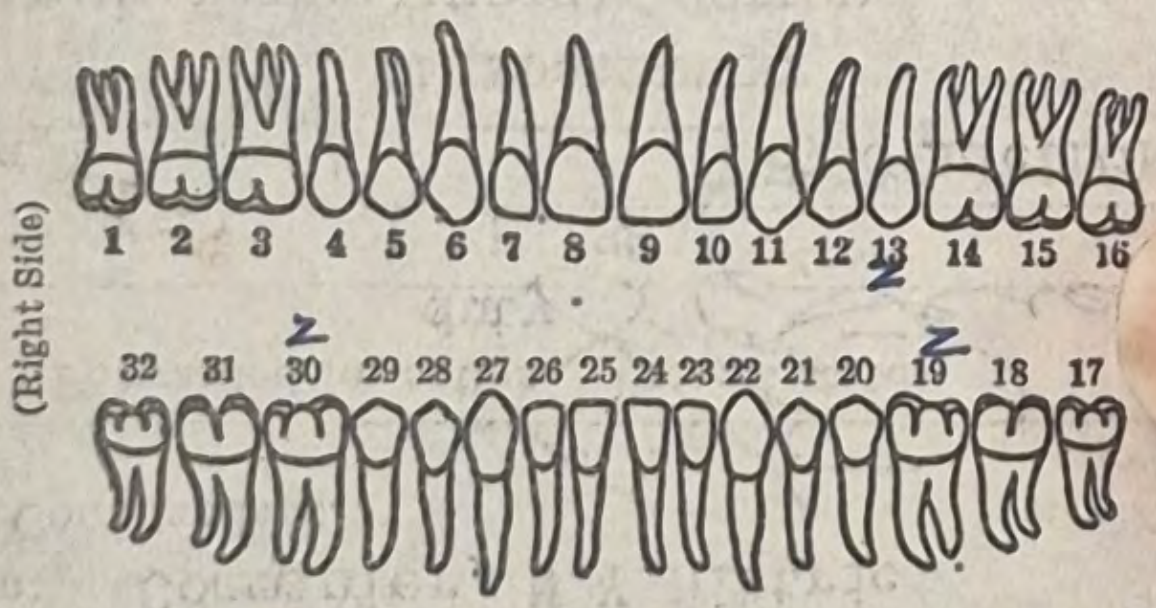
Eyes, eyelids, and reflexes normal

Ears: Right normal Left normal
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums normal Temperature 98

Height 69½ inches. Weight (stripped) 158 Lbs. Obesity No

Skin normal

Lymph. glands normal

Chest: Inspiration 39¼ Expiration 34

Heart and blood vessels normal

Blood pressure: Systolic 118 Diastolic 78 74

Pulse before exercise 70, after exercise 96, after 2 min. 84

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin neg. Sugar neg. Shreds _____

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1024

Blood cells _____ Pus cells _____ Casts _____

Blood (if indicated) Hb _____%. Reds _____ Whites _____

Wassermann or Kahn test: Date 5-2-41

BIRTH CERTIFICATE

Saint Vincent's Hospital

Staten Island, New York



This Certifies

That Diane Mae Wood was born

to Mr. & Mrs Roy Wood in this Hospital

at 2:01 A.P.M. Monday the 7 day of July A. D. 1947

Father's Full Name Roy Wood

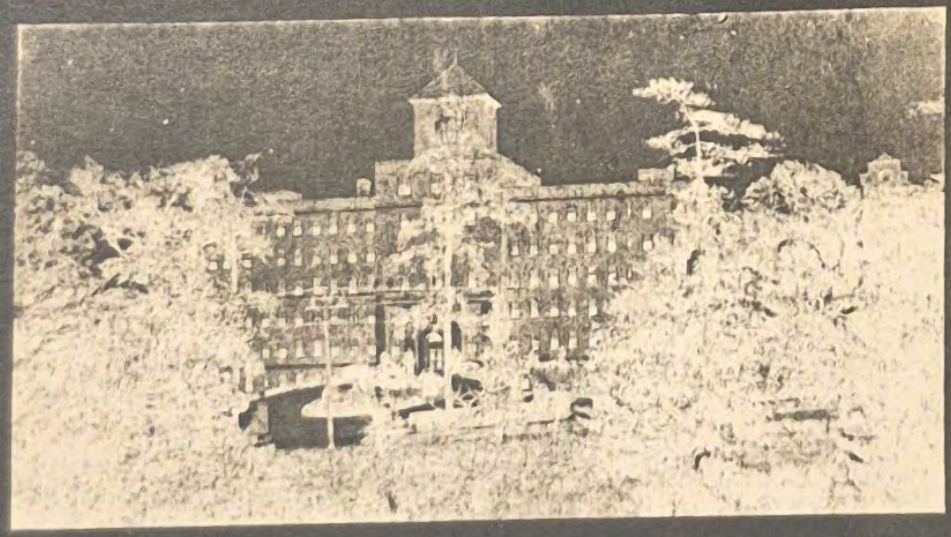
Mother's Maiden Name Emily Carlson

Sister Mary Ignatius
Superintendent

BIRTH CERTIFICATE

Saint Vincent's Hospital

Staten Island, New York



This Certifies

That Robert Vernon Wood was born

to Mr. & Mrs. Roy Wood in this Hospital

at 1:53 A.P.M. Monday the 7 day of July A. D. 19 47

Father's Full Name Roy Wood

Mother's Maiden Name Emily Carlson

Sister Mary Ignatius
Superintendent

REC'D SEP 15 1947

Staten Island, N.Y.
Sept. 11, 1947

Dear Sir;

Mother (Carrie L. Christensen) passed away Sept. 4, 1947. Her last check #40,849,744 dated Aug. 31, 1947, and the certificate of death has been forwarded to NAVY DEPARTMENT, Bureau of Supplies & Accounts, Cleveland,215, Ohio.

My husband is Roy V. Wood, CBM LLL-209

Sincrely
Emily O. Wood

Adress; Emily O. Wood
371 Cheves Ave
Westerleigh
Staten Island, N.Y.

July 15

LV #78

RECD SEP 22 1947

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS:

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES:

16 September, 1947

WOOD, Roy V.	111-209	CBM, USCG
(name)	(service no.)	(Rating)

To: Chief, Military Morale Division, CG Headquarters.

You are hereby notified of change in status as indicated below in the case of the person named above;

( )* Checkage is being discontinued as provided in regulations after checkage for the month of _____

(X)* Checkage is being continued as required by regulations pending notification to stop, of both "A" and "B" FA.

4 September, 1947	Mother-in-Law died 9/4/47.
Date of change in status	Nature of change in status

* Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

W. G. SCHAEFER, Chief Pay Clerk, USCG
~~xxxxxxxxxxxxxxxxxxxx~~ DO 18-470
(Signature of Disbursing Officer) (Symbol No)
Assistant Disbursing Officer,

3rd CGD
(Station of disbursing officer)

CG Headquarters Washington 25, D.C.

9-19-47
(date)

Receipt of the above notification is hereby acknowledged, ~~family allowance payments will be terminated after payments for the month of~~ Class B terminated Sept., 1947. Checkage of $22.50, Class A, to continue.

Chief, Military Morale Division

NAVCG-9731

Date: 19 September, 1947 MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

~~WOOD, Roy V. (111-209) C.B.M.~~
Name Rating Unit

Class A & B $27.00 Began June, 1946.

Disbursing Officer Monthly Checkage Month of First Entitlement

Class A Began: June, 1946 & is still in effect.
Class B Began: June, 1946 & Terminated September, 1947
Dependent Mother-in-law died 9-4-47.

1920
is

S. K. FRICK
CHIEF, FA SECTION

UNITED STATES COAST GUARD

Address Reply To
THE COMMANDANT (PMM)
Refer to File: CG 73

Washington 25, D. C.

27 October, 1947

From: Commandant
To: Chief of Field Branch, Navy Department, Cleveland 14, Ohio

Subj: WOOD, Roy V. (111-209) CBM; FA

Attn: Mr. Fleckenstein

1. Reference is made to the payment of FA on behalf of subject man's dependents.

2. The inclosures are returned herewith for your information and action. Attention is invited to superseding authorization 1,537,975, deleting Carrie L. Christensen, after payment for July, 1947, and designating enlisted man as payee only for the months of August and September, 1947. Payment FA behalf Carrie L. Christensen, discontinued after payment for September, 1947.

N. W. SPROW
By direction

Incls
Transmittal Slip
Certificate of Death
Letter from payee wife dated 11 September, 1947

FRICK:JWS Room 2102 Sta 2-4

MAY 16 REC'D

Office, Comdr., 3rd CG Dist.
12 May, 1949

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS:

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES:

WOOD, Roy V. (name) — 111-209 (service no) — BMC, USCG (rating)

To: Chief, Military Morale Division, CG Headquarters.

You are hereby notified to change in status as indicated below in the case of the person named above:

(X)* Checkage is being discontinued as provided in regulations after checkage for the month of MARCH, 1949

( )* Checkage is being coninuted as required by regulations pending notification to stop.

1 April, 1949
(date of change in status)

Accepted appointment as BOSN for TS on 9 May, 1949, to rank as such from 4/1/49. Pay & Allow. accrue from 4/1/49.
(nature of change in status)

*Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

W. G. Schaefer

W. G. SCHAEFER, Chief Pay Clerk,
Authorized Certifying Officer
3rd CG District.

CG Headquarters

Washington 25, D. C.

17 May 1949
(date)

Receipt of the above notification is hereby acknowledged, family allowance payments will be terminated after payment for the month of March 1949
Dependent wife paid for the month of April 1949. That check should be returned to the Navy Dep't., BuSandA, FADivision, Cleveland 14, Ohio for cancellation.

Chief, Military Morale Division

kg

NAVCG-9731

Date: 17 May 1949

MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

WOOD, Roy V. (111-209)	BMC	3rd CGD
Name	Rating	Unit

Class A & B	$27.00	Began: June 1946
Class B		Ter: September 1947
Class A	$22.00	Began: October 1947
		Ter: March 1949

Disbursing Officer	Monthly Checkage	Month of First Entitlement

EM accepted appointment 4-1-49.

S. K. FRICK
Chief, FA Section

kg
1920

56-A444
B-4149

FILE

Form approved.
Budget Bureau No. 76-R070.

APPLICATION FOR CONVERSION
NATIONAL SERVICE LIFE INSURANCE

Please read Instructions on reverse side before filling out form. Type or use ink.
Use a separate form for each POLICY on which conversion is requested.

DO NOT WRITE IN THIS SPACE
NUMBER ASSIGNED

1. FIRST NAME—MIDDLE NAME—LAST NAME (*Print or type*)
ROY VERNON WOOD

2. *List all Policy or Certificate Nos.*
FN OR N
FV OR V V 1400 30 26
FH OR H

3A. RESIDENCE ADDRESS (*Number and street or rural route, city or P. O., zone number, and State*)
199 Latimer Ave., Staten Island 14, New York

3B. MAIL PREMIUM NOTICES TO
As above

4. PLACE OF BIRTH (*City or town, county, and State*)	5. DATE OF BIRTH (*Month, day, and year*)	6. BRANCH OF SERVICE	7. SERVICE SERIAL NO.
Norfolk (Norfolk) Virginia	2/4/04	USCG	26361

Policy number V1400-30-26, in the amount of $10,000.00, is hereby returned for the purpose of converting from Five-Year Level Premium Term plan to the plan(s) listed below. Indicate in item 9 the amount of this policy to be continued as term insurance. (See paragraphs 1, 2, and 3 of Instructions.)

8. NEW PLAN OF INSURANCE

PLAN NOW DESIRED	AMOUNT OF INSURANCE	EFFECTIVE DATE
Ordinary Life	10,000.00	8/1/56

9. TERM INSURANCE CONTINUED

AMOUNT RETAINED
$ _____

If change of beneficiary and/or optional settlement is desired in the amount of Five-Year Level Premium Term Insurance continued in force, a separate request therefor must be made.

10. COMPLETE ONLY WHEN CONVERTING TO AN ENDOWMENT PLAN

ARE YOU NOW DISABLED?
☐ YES ☐ NO (*If "yes," give facts*)

HAVE YOU EVER APPLIED FOR COMPENSATION, RETIREMENT PAY, PENSION, WAIVER OF LIFE INSURANCE PREMIUMS, OR TOTAL DISABILITY INCOME BENEFITS?
☐ YES ☒ NO (*If "yes," give C-No.*)

C-NO.

11. AMOUNT REMITTED WITH THIS APPLICATION
(*See paragraphs 4 and 5 of instructions*)

AMOUNT OF FIRST INSURANCE PREMIUM	$
T. D. I. PROVISION PREMIUM (*If any*)	
RESERVE (*If any*)	
TOTAL	$

NOTE.—When, in items 12 and 13, it is indicated that premiums will be paid by allotment or deduction, applicant must authorize separately (*a*) registration of allotment with service department or (*b*) deduction from Veterans Administration benefits on VA Form 9-887, to cover the new amount. PREMIUMS MAY BE PAID BY MONTHLY DEDUCTION FROM COMPENSATION, PENSION, OR RETIREMENT PAY ONLY WHEN INSURANCE IS IN FORCE.

12. METHOD OF PAYMENT OF FIRST PREMIUM (*Check one*)

	MONTH ALLOTMENT EFFECTIVE	AMOUNT OF ALLOTMENT
☒ ALLOTMENT FROM ACTIVE SERVICE PAY	July 1956	$ 34.20
☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION (*Specify kind of remittance, and period covered*)	REMITTANCE BY (*Check, draft, money order, postal note or A. F. leave bond assigned to the Veterans Administration*)	PERIOD (*Monthly, quarterly, semiannually, or annually*) Monthly

MAKE ALL REMITTANCES PAYABLE TO THE TREASURER OF THE UNITED STATES

13. AMOUNT AND METHOD OF PAYMENT OF FUTURE PREMIUMS (*Check one*)

MONTHLY ALLOTMENT FROM ACTIVE SERVICE PAY, $	MONTHLY DEDUCTION FROM COMPENSATION, PENSION OR RETIREMENT PAY, $	DIRECT REMITTANCE TO VETERANS ADMINISTRATION (*Specify period*), $	PERIOD (*Monthly, quarterly, semiannually, or annually*)
34.20	☒ 34.20	☐	Monthly

14. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See para. 6 and 7 of instrs.*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
EMILY O. WOOD, (PRINCIPAL) 199 LATIMER AVE., S.I., 14, N.Y.	Wife	10,000	1
ROBERT V. WOOD (CONTINGENT) 199 LATIMER AVE., S.I., 14, N.Y.	Son	10,000	1
DIANE M. WOOD (CONTINGENT) 199 LATIMER AVE., S.I., 14, N.Y.	Daughter	10,000	1

WITNESSED BY (*See paragraph 8 of Instructions*)
A. S. Marsdale
A. S. MARSDALE
ADDRESS OF WITNESS
80 Lafayette Street,
New York 13, N.Y.

SIGNED AT
Off. Cdr 3rd CG District

DATE OF APPLICATION
6/12/56

SIGNATURE OF APPLICANT (*Do not print*)
Roy V. Wood
ROY V. WOOD

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than 1 year or both.

THE CERTIFICATE OR POLICY SHOULD BE RETURNED WITH THIS APPLICATION

VA FORM JUL 1947 9-358 REPLACES VA FORM 9-358, APR 1947, WHICH MAY BE USED.

16—52882-1

Form approved.
Budget Bureau No. 76-R070.

FILE

APPLICATION FOR CONVERSION
NATIONAL SERVICE LIFE INSURANCE

Please read Instructions on reverse side before filling out form. Type or use ink.
Use a separate form for each POLICY on which conversion is requested.

DO NOT WRITE IN THIS SPACE
NUMBER ASSIGNED

1. FIRST NAME—MIDDLE NAME—LAST NAME (*Print or type*)
ROY VERNON WOOD

2. *List all Policy or Certificate Nos.*
FN OR N
FV OR V V 1400 30 26
FH OR H

3A. RESIDENCE ADDRESS (*Number and street or rural route, city or P. O., zone number, and State*)
199 Latimer Ave., Staten Island 14, New York

3B. MAIL PREMIUM NOTICES TO
As above

4. PLACE OF BIRTH (*City or town, county, and State*)	5. DATE OF BIRTH (*Month, day, and year*)	6. BRANCH OF SERVICE	7. SERVICE SERIAL NO.
Norfolk (Norfolk) Virginia	2/4/04	USCG	26361

Policy number V1400-30-26, in the amount of $ 10,000.00, is hereby returned for the purpose of converting from Five-Year Level Premium Term plan to the plan(s) listed below. Indicate in item 9 the amount of this policy to be continued as term insurance. (See paragraphs 1, 2, and 3 of Instructions.)

8. NEW PLAN OF INSURANCE

PLAN NOW DESIRED	AMOUNT OF INSURANCE	EFFECTIVE DATE
Ordinary Life	10,000.00	8/1/56

9. TERM INSURANCE CONTINUED

AMOUNT RETAINED
$ ———

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ARE YOU NOW DISABLED?
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HAVE YOU EVER APPLIED FOR COMPENSATION, RETIREMENT PAY, PENSION, WAIVER OF LIFE INSURANCE PREMIUMS, OR TOTAL DISABILITY INCOME BENEFITS?
☐ YES ☒ NO (*If "yes," give C-No.*)

C-NO.

11. AMOUNT REMITTED WITH THIS APPLICATION
(*See paragraphs 4 and 5 of instructions*)

AMOUNT OF FIRST INSURANCE PREMIUM	$
T. D. I. PROVISION PREMIUM (*If any*)	
RESERVE (*If any*)	
TOTAL	$

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☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION (*Specify kind of remittance, and period covered*)	REMITTANCE BY (*Check, draft, money order, postal note or A. F. leave bond assigned to the Veterans Administration*)	PERIOD (*Monthly, quarterly, semiannually, or annually*) Monthly

MAKE ALL REMITTANCES PAYABLE TO THE TREASURER OF THE UNITED STATES

13. AMOUNT AND METHOD OF PAYMENT OF FUTURE PREMIUMS (*Check one*)

MONTHLY ALLOTMENT FROM ACTIVE SERVICE PAY, $	MONTHLY DEDUCTION FROM COMPENSATION, PENSION OR RETIREMENT PAY, $	DIRECT REMITTANCE TO VETERANS ADMINISTRATION (*Specify period*), $	PERIOD (*Monthly, quarterly, semiannually, or annually*)
☒ 34.20	☐ 34.20	☐	Monthly

14. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See pars. 6 and 7 of instrs.*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
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ROBERT V. WOOD (CONTINGENT) 199 LATIMER AVE., S.I., 14, N.Y.	Son	10,000	1
DIANE M. WOOD (CONTINGENT) 199 LATIMER AVE., S.I., 14, N.Y.	Daughter	10,000	1

WITNESSED BY (*See paragraph 8 of Instructions*)
A. S. Marsdale
A. S. MARSDALE
ADDRESS OF WITNESS
80 Lafayette Street,
New York 13, N.Y.

SIGNED AT
Off. Cdr 3rd CG District

DATE OF APPLICATION
6/12/56

SIGNATURE OF APPLICANT (*Do not print*)
ROY V. WOOD Roy V. Wood

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than 1 year or both.

THE CERTIFICATE OR POLICY SHOULD BE RETURNED WITH THIS APPLICATION

VA FORM JUL 1947 9-358 REPLACES VA FORM 9-358, APR 1947, WHICH MAY BE USED.

16—52882-1

56-A444
Box 149

COAST GUARD BASE
ST. GEORGE, S.I., N.Y.
5 June, 1951

From: Boatswain Roy V. Wood (26361)
To: Veterans Administration, Washington 25, D.C.
Via: 1. Authorized Certifying Officer, 3rd CG District, New York, N.Y.
2. Commandant (PMM)

Subj: Waiver of premiums for term insurance.

1. I do hereby apply for a waiver under the provisions of Section 622 of the National Service Life Insurance Act, as amended, of premiums falling due on the following Life Insurance policy (policies) V 1400-30-26

AMOUNT OF INSURANCE $10,000.00

AMOUNT OF PREMIUM: $9.90

DATE OF BIRTH: 4 February, 1904

DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 4 ~~NOV~~ MAY, 1925

2. I understand that the period of waiver will expire 120 days after the date of my separation from active service and that all premiums falling due more than 120 days after that date must be timely paid to the Veterans Administration, in order to continue the insurance in force. I further understand that I must inform the Veterans Administration of any change of beneficiary or settlement option on this policy (policies).

U.S.C.G.
FINANCE OFFICE
JUN 6 1951
RECEIVED
NEW YORK, N.Y.

Roy V. Wood
(Signature of Insured)
199 Latimer Ave.
Staten Island 14, New York
(Mailing address for insurance purpose)

I witnessed the signature of the applicant on the date shown above and certify the above service information and that the applicant has been in continuous active service for a period of 31 days or more.

T. C. CRABE, Chief Pay Clerk, USCG
(Signature and rank of witnessing officer)

DEL. VA. 7-3-51

Ind-1 6 June 1951 (date)

From: Authorized Certifying Officer, 3rd CG District, New York, N.Y.
To: Veterans Adminstration, Washington 25, D.C.
Via: Commandant (PMM)

1. Forwarded. Allotment in the amount of $ 9.90 first payment July (month) 1949 (year) for the payment of NSLI (USGLI or USNSLI) premiums stopped with last deduction May 1951 (month and year).

FLOYD BIERI, CPCLK, USCG
(Signature of Authorized Certifying Officer)

U.S. COAST GUARD
RECEIVED
DEC 22 1950
PERSONNEL OFFICE
NEW YORK, N. Y.

UNITED STATES COAST GUARD

1 BAY STREET
ST. GEORGE, STATEN ISLAND, N. Y.

ADDRESS REPLY TO
COMMANDING OFFICER
COAST GUARD OPERATING BASE
REFER TO FILE:

72
18 December, 1950
New File: P14-1

From: BOSN Roy V. Wood (26361), USCG
To: Commandant (P)
Via: (1) Commanding Officer, CG BASE, St. George, SINY
(2) Commander, 3rd CG District (p)

Subj: Consideration for permanent appointment; information concerning

Ref: (a) Personnel Circular No. 52-50

In accordance with information contained in reference (a), the Commandant is advised that I do desire consideration for appointment as a permanent warrant or commissioned officer, as appropriate, and that I will accept a permanent appointment at a later date if tendered.

Roy V. Wood
Roy V. Wood

19 December, 1950

Ind-1
CG BASE, St. George, SINY

From: Commanding Officer, CG BASE, St. George, SINY
To: Commandant (P)
Via: Commander, Third Coast Guard District (p)

Forwarded.

P. J. SMENTON

p
22 December, 1950

Ind-2

From: Commander 3rd CG District
To: Commandant (P)

Forwarded.

K. O. A. ZITTEL
By direction

WOOD, Roy Vernon
(NAME)

[redacted]-209
(SERVICE NUMBER)

MARITAL STATUS M
NUMBER OF DEPENDENTS

Other creditable service—
LIGHTHOUSE

YRS.	MOS.	DAYS
4	7	28

Birth, date of 4 February, 1904
Birth, place of Norfolk, Virginia
Citizenship N

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
STGEORGE BASE	4-1-49	BOS'N				Appointed Bos'n

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

CSC#1130 Issued 5[illegible]-32 #3

Service for Retirement 7-9-2

F.T. WOOD, Roy Vernon (111-209)
(NAME) (SERVICE NUMBER)

SINGLE
MARRIED X
WIDOWED
DIVORCED

Other creditable service—
LIGHTHOUSE YRS. 4 MOS. 7 DAYS 28 Nav. F.T.

Birth, date of February 4, 1904
Birth, place of Norfolk, Virginia
Citizenship N. 7-26-48

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
CGC SPRUCE	6-25-46	C.B.M.				REENLISTED FOR 6YRS, REGULAR
CGC OAK	7-17-46	C.B.M.				TR
Ft. Hancock Sup (3)	11-23-46	CBM				To Scotland Light Vessel
Ft. Hancock Sup (4)	7-2-78	BMC				Ce Fc #78 Dec 26-47

DIEBOLD 2116-787 16—11203-1

CSC#1130 I[illegible]ED 5-23-32 #2.

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised Mar., 1930

Service for Retirement
7-9-2 F.T.

REGISTER ENLISTED FORCE

WOOD, Roy Vernon (111-209)

DUE FOR INCR. 3-30-
DUE FOR VAC. 3-36

SINGLE
X MARRIED
WIDOWED
DIVORCED

7-24-42

Former Lighthouse employee, Enlisted pursuant to the Act of August 5, 1939.

Other creditable service—	YRS.	MOS.	DAYS
LIGHTHOUSE	4	7	28 Ver. F.T.

Birth, date of, February 4, 1904

Birth, place of, Norfolk, Virginia. ✓

Citizenship, N. R. 8-3-27-32

2—8095

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
BASE 2	5-16-32	C.Mo.M.M.				HD. Enl.ext. Sunday.
BASE 2	5-17-32	C.Mo.M.M.				RE.TWO YEARS.NEW DATE ENL. Auth.H/D.5-16-32.
ICARUS	5-23-32	C.Mo.M.M.				Tr.
ICARUS	6-6-33	C.Mo.M.M.	8	1	3	HD.Convenience of Govt.HL5-9-3 Auth. Form 2525-B 5-22-41
[illegible]IRE ISLAND STA(NYD)	7-10-41	B.M.1c.				Re THREE YEARS REGULAR.
Fire Island Sta	7-10-43	C.B.M.(2)(Pro)				CR.
Montauk Light Sta	4-14-43	C.B.M.(2)(Pro)				Tr.
P.C.G.O. Sea Gull Instructor	9-10-43	C.B.M.(2)(Pro)				Tr. (N.Y.) Coll. Ins.
[illegible]FF. TR. SCHOOL (NYD)	12-1-43	BOATSWAIN				APPTD BOATSWAIN (TEMP.SERVICE) TO RANK FROM 12-1-43.
T HANCOCK STATION.	12-19-43	BOATSWAIN				TR(AMBRASE CHANNEL LIGHT SHIP)
GC SPRUCE	1-22-44	BOATSWAIN				TR
CC SPRUCE	6-1-45	CH BOATSWAIN				APPT CH BOATSWAIN(TEMP SERVICE) TO RANK FROM 6-1-45
GC SPRUCE	12-31-45	CH BOATSWAIN				ISSUED PERM APPT AS C.B.M.
GC SPRUCE	6-24-46	C.B.M.				APPT REVOKED H/L 6-15-46
GC SPRUCE	6-24-46	C.B.M.				HD EXPIRATION OF ENLISTMENT AND EXTENSION

3-7 ● 111-209 ● Boatswain

STATEMENT OF PREVIOUS MILITARY SERVICE.

Roy V. Wood (NAME - Print) | Keeper (GRADE) | 3rd LH Dist Fire Island UNIT AND DISTRICT TO WHICH ATTACHED

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

BRANCH OF SERVICE*	SERVICE NUMBER	ORIGINALLY ENLISTED		LAST DISCHARGED	
		DATE	PLACE	DATE	PLACE
ARMY					
NAVY					
MARINE CORPS					
COAST GUARD	111-209	May 4, 1925	Norfolk Va.	June 6, 1933	Staten Island, N. Y.
COAST AND GEODETIC SURVEY					

8-1-3

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

Staten Island, N. Y.
August 15, 1939.

Military service was verified under date of April 13, 1936 from discharge papers for the period from May 4, 1925 to May 17, 1932.

F. W. Ockenfels,
Asst. to the District Commander.

Roy Vernon Wood
(SIGNATURE)

UNITED STATES COAST GUARD

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

25 March, 1949
FILE: PO 72

From: Commandant
To: WOOD, Roy V. (111-209) BMC
Via: Commander Third Coast Guard District

Subj: Appointment for temporary service.

Ref: (a) Treasury Department letter dated 25 March, 1949.

1. Pursuant to the authority provided by an Act of Congress approved 24 July, 1941, as amended (34 U. S. Code 350), and as stated in reference (a), the President of the United States on 25 March, 1949, appointed you to the rank of Boatswain for temporary service in the U. S. Coast Guard, effective 1 April, 1949, to rank from 1 April, 1949.

2. The procedures prescribed in Personnel Circular No. 5-49 will be carried out in effecting this appointment. If you are physically qualified and if you accept the appointment, the office vests in you and pay and allowances accrue from 1 April, 1949.

R. R. Waesche
By direction

B 1797

J.J.MCCARTHY:AMD:kr room 3108 3-5

UNITED STATES COAST GUARD

ADDRESS REPLY TO Relief Lightship #78

REFER TO FILE 73

3-5

Ch Bosn

12 February,1949

U. S. COAST GUARD HEADQTRS.
MAIL & RECORDS
SERVICE SECTION
RECEIVED FEB 25 1949 (5)

From: Commanding Officer
To: Comdr,3rd CG District (p)

Subj: Marks,abstract of current enlistment,of WOOD,Roy V.BMC.

7-1-46	CBM	Less than one month			4.0	7th CG Dist,A,L,Cunningham	
9-30-46	CBM	3.8	3.8	3.8	4.0	OAK, J Kruszuski,Bos,n	
11-22-46	CBM	3.8	3.8	3.8	4.0	"	"
12-4-46	CBM	Less than one month			4.0	E.Hulse. Ch.Bosn	
12-20-46	CBM	"	"	"	"	4.0	R.M.Ross.Comdr,USCG
12-31-49	CBM	"	"	"	"	4.0	E.Hulse. Ch.Bosn
3-31-47	CBM	3.8	3.8	3.8	4.0	LS#78 J.H.Conrad.Ch,Bosn	
6-30-47	CBM	3.8	3.8	3.8	4.0	"	" " "
9-30-47	CBM	3.8	3.8	3.8	4.0	"	" " "
12-31-47	CBM	3.8	3.8	3.8	4.0	"	" " "
3-31-48	CBM	3.8	3.8	3.8	4.0	"	" " "
6-30-48	BMC	3.8	3.8	3.8	4.0	"	" " "
9.30-48	BMC	3.8	3.8	3.8	4.0	"	" " "
12-31-48	BMC	3.8	3.8	3.8	4.0	"	" " "

J.H.Conrad.

J.H.Conrad.CBOSN

Ind-1

23 February, 1949
p 73

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

Forwarded. The delay in submission was due to awaiting receipt of the abstract of marks during current enlistment.

G. H. BOWERMAN,
By direction.

3-5

UNITED STATES COAST GUARD

ADDRESS REPLY TO Relief Lightship #78

REFER TO FILE 73

12 February,1949

U. S. COAST GUARD HEADQTRS.
MAIL & RECORDS
SERVICE SECTION
RECEIVED FEB 25 1949 (5)

From: Commanding Officer
To: Comdr,3rd CG District (p)

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12-20-46	CBM	"	"	"	"	4.0	R.M.Ross.Comdr,USCG
12-31-49	CBM	"	"	"	"	4.0	E.Hulse. Ch.Bosn
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6-30-47	CBM	3.8	3.8	3.8	4.0	"	"
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6-30-48	BMC	3.8	3.8	3.8	4.0	"	"
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J.H.Conrad.

J.H.Conrad.CBOSN

Ind-1

23 February, 1949
p 73

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

Forwarded. The delay in submission was due to awaiting receipt of the abstract of marks during current enlistment.

G. H.
By

UNITED STATES COAST GUARD

U. S. COAST GUARD RECEIVED
FEB - 1 1949
PERSONNEL OFFICE

ADDRESS REPLY TO Relief Lightship #78,WAL-505

REFER TO FILE 73

24 January,1949

From: Commanding Officer
To: Commandant (P)

Via: Comdr,3rd CG District(p)

Subj: Promotion,to Boatswain of WOOD,Roy V(111-209)BMC,Recommendation of

1. It is requested that subject named man be considered for promotion to Boatswain,in accordance with ALDISTS,135,Dated 12/28.

2. Wood reverted to enlisted status 6-24-46,from CBOSN (temp)

3. Subject named man has served on this unit since 11-23-46, and during this time his services has been very satisfactory. I also served with him during the last war when he was a BOSN,as a watch officer,and his ability in that capacity were satisfactory. Since reverting back to his present rate none of his marks were below 3.8.

4. Marks for adaptability for BOSN 3.8

J.H.Conrad

J.H.Conrad,CBOSN (TR)

Ind-1

3 February, 1949
p 73

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

Forwarded.

K. O. A. ZITTEL,
By direction.

Relief Lightship #78,WAL-505

73

24 January,1949

From: Commanding Officer
To: Commandant (P)

Via: Comdr,3rd CG District(p)

Subj: Promotion,to Boatswain of WOOD,Roy V(111-209)BMC,Recommendation of

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J.H.Conrad,CBOSN (TR)

Ind-1

3 February, 1949
p 73

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

Forwarded.

K. O. A. ZITTEL,
By direction.

Relief Lightship #78,WAL-505

73

From: Commanding Officer
To: Commandant (P)

24 January,1949

Via: Comdr,3rd CG District(p)

Subj: Promotion,to Boatswain of WOOD,Roy V(111-209)BMC,Recommendation of

1. It is requested that subject named man be considered for promotion to Boatswain,in accordance with ALDISTS,135,Dated 12/28.

2. Wood reverted to enlisted status 6-24-46,from CBOSN (temp)

3. Subject named man has served on this unit since 11-23-46, and during this time his services has been very satisfactory. I also served with him during the last war when he was a BOSN,as a watch Officer,and his ability in that capacity were satisfactory. Since reverting back to his present rate none of his marks were below 3.8.

4. Marks for adaptability for BOSN 3.8

J.H.Conrad,CBOSN (TR)

Ind-1

3 February, 1949
p 73

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

Forwarded.

K. O. A. ZITTEL,
By direction.

UNITED STATES ARMED FORCES INSTITUTE

MADISON 3, WISCONSIN

FILE
E.T.C.

IN REPLY
REFER TO:

NC521(P)/P11-1(b)/VGM-EMKL:RAD:mc 30 April 1948

From: Commandant, USAFI, Madison 3, Wisconsin
TO: **Commanding Officer, US Coast Guard Relief L/V #78, Staten Island, N.Y.**

Subject: United States Armed Forces Institute Course - Completion of.

Reference: (a) BuPers CIRCULAR LETTER NO. 266-43

Enclosures: (A) Letter to Student
(B) Certificate

1. The student indicated below has completed a course offered by the United States Armed Forces Institute under the Educational Services Program. It is requested that this information be entered on his service record as outlined in reference (a). The following form is suggested:

WOOD, Roy V.	111 209	CBM
(Name)	(Service No.)	(Rate)

has successfully completed EM302, Review Arithmetic II.

under the Educational Services Program.

2. The course completed by this student is a United States Armed Forces Institute Course for which a certificate is awarded. It is requested that the enclosed certificate and letter be presented to the student in person. This gesture will encourage the continued interest of men in utilizing their off-duty time wisely.

By direction of Commandant:

Victor G. Matusek
VICTOR G. MATUSEK
LieutComdr, U. S. Navy
Deputy Commandant

CC: BuPers

AN OFFICIAL AGENCY OF THE WAR AND NAVY DEPARTMENTS

USAFI Form No. A-120 (Acc)
21 January 1948

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WOOD, Roy V.	111-209	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, FT HANCOCK, N.J.	RELIEF LIGHTSHIP #78	AMBROSE STSTION

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
3rd CG District	1 April, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM CBM TO BMC EFFECTIVE 2 April, 1948

DUTY CODE NO. 68 (D) AUTH: Personnel Circular #36-47

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH: J.H.Conrad
J.H.Conrad.ChBosn USCGR(T)
(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
PEA-E 44	NOTED

Machine Accounting
Punched
Verified

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

3-13 file GRC

UNITED STATES COAST GUARD

ADDRESS REPLY TO THE COMMANDANT
WASHINGTON 25, D. C.

REFER TO FILE: CG-521
73

(FA-~~GP~~--PR)

~~Letter~~ of ~~Advice No~~. ~~16 October, 1947~~

From: Commandant
To: Commander, 3rd CG District

~~Via~~

Subj: WOOD, Roy V. (111-209) CBM;
termination of family allowance

1. Payment of family allowance benefits to dependents of subject named person has been discontinued with last payment for the month shown below and for the reason indicated:

CLASS OF FA AUTHORIZED	MONTH OF FIRST PAYMENT	MONTH OF LAST PAYMENT
B	June 1946	September 1947

Reason for discontinuance:

Dependent Mother-in-Law died 9/4/47
Class A FA which was effective June 1946 is still in effect.
Continue checkage at the rate of $22.00 per month.

2. Checkage on account of family allowance in this instance will be discontinued after checkage for the month of last payment as indicated in paragraph 1 above.

W. H. ROBERTS
By direction

U. S. COAST GUARD
MAIL SECTION
MAILED OCT 17 1947

FHC:mch 6-6

A 280 LCS-7.H.C. 12-7

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

WOOD, Roy V. (Name—Surname to left) | C.B.M. (Rank or rating 31 Aug. 1946) | (111-209) (Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 95 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

(If none, so state) | Emily O. Wood (Name of dependent) | Wife (Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on ..... (Date of discharge or promotion to officer rank), then holding the rating of ..... in the following service ..... (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, ... days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state) | (Name of dependent) | (Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Roy V. Wood. (Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at New York, N. Y.
this 12th day of December, 1946.

(SEAL)

V. PREIFFER, Lt. Comdr., USCG.
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

W. PFEIFFER, Lt.Comdr., USCG. — Personnel Office, 3rd CG District.

(*Signature of Commanding Officer*) (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(*Monthly pay (base and longevity)*)	(*Officer monthly rental allowance*)	(*Officer daily subsistence allowance*)
198.00		

W. G. SCHAEFER, LIEUT. (JG) USCG-ASS'T, DO.

(*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451-1

NAVCG-9626 (7-45)
UNITED STATES COAST GUARD

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 10 DECEMBER 1946

FROM COMMANDANT (PO)		SECRET
		CONFIDENTIAL
		RESTRICTED
TO (FOR ACTION)		URGENT
		PRIORITY
COMMANDER THIRD COAST GUARD DISTRICT (PO)	XX	ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE
TO (FOR INFORMATION)		URGENT
		PRIORITY
CO, CGC-OAK		ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

File

OUTGOING HEADING

102000

TEXT

NO RECORD ROY V WOOD PAREN ONE ONE ONE DASH TWO ZERO NINE PAREN HAVING EXAMINATION ACCORDANCE COMMANDANTS CIRCULAR TWENTY EIGHT DASH FORTY SIX X ADVISE X

HEYWARD:jjw (PO) H. A. LOUGHLIN, COMDR, USCG

TOD— 102000 # 63 CP/MC OFFICE OF ORIGIN: INITIALS OF RELEASING OFFICER:

OPERATOR'S RECORD TIME RELEASED:

Return to 3104, Sta. 3-5

U. S. GOVERNMENT PRINTING OFFICE 16—23739-2

Form 9620
TREASURY DEPARTMENT
U. S. Coast Guard
Sept. 1930

U. S. COAST GUARD

FILE
I. S. S.

OFFICIAL DISPATCH

TRANSMIT

538-669 3-4

11-6-43 ENSIGN,

DATE 15 JUNE 1942

FROM

COMDT COAST GUARD HEADQUARTERS

TO (FOR ACTION)

R 0 FTWORTH

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

	CODE
	CIPHER
	ACKNOWLEDGE
	PRIORITY
X	ROUTINE
	ACKNOWLEDGE
	PRIORITY
	ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

161628

TEXT

YOUR 132132 AFFIRMATIVE

Personnel

Ref. 132132 ROY WOOD APPLICANT FOR PHYSICAL EDUCATION PROGRAM PORT SECURITY DETAIL PASSED PHYSICAL EXAM EXCEPT FOR 16 LBS UNDERWEIGHT REQUEST WAIVER DRAFT BOARD HAS GIVEN MAN ONLY UNTIL 19 JUNE TO ENLIST

161628 PT 1Ø MC

OPERATOR'S RECORD

OFFICIAL BUSINESS.

W.J.A.
INITIALS OF "RELEASING" OFFICER.

U. S. GOVERNMENT PRINTING OFFICE 2—15417

FORM 9619
TREASURY DEPT.

U. S. COAST GUARD

HEADING

WUB244 34/32 GOVT FTWORTH TEX JU E 13 1942 424P

FROM

R O FTWORTH

ACTION

COMDT CG.

INFORM

Yeoman 1321 32 affirmative

TEXT

132132 ROY WOOD APPLICANT FOR PHYSICAL EDUCATION PROGRAM PORT SECURITY DETAIL PASSED PHYSICAL EXAM EXCEPT FOR 16 LBS UNDERWEIGHT. REQUEST WAIVER. DRAFT BOARD HAS GIVEN MAN ONLY UNTIL 19 JUNE TO ENLIST

6/13/42
OK
[illegible]

Asst. Comdt.	Law
Aviation Eng.	Marine Engineering
CG Reserve	Maritime Service
Civil Engineer	Material
Civilian Personnel	Medical
Commandant	Merchant Ship
Communications	Operations
Const. & Repair	Permanent Board
Finance	Personnel
Group Training	Procurement
Inspector	Public Relations
Intelligence	Radio Engineering

TOR 2250 WU 37 RCD SG
OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 8-45)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WOOD, Roy V.	111-209	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC OAK		St. George Base, SINY

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
Third District	22 November, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 0800
DATE 11-22-46

TRANSFERRED TO: CG GROUP, Ft. Hancock, NJ fft to SCOTLAND LIGHTSHIP
FOR assignment to duty.

AUTH: Comdr. 3rd. CG Dist./L 11-20-46 (73-701-531)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PEA-E-5

DUTY CODE NO. AUTH:

John Kruszewski
JOHN KRUSZEWSKI, Bosn. USCG
[Commanding]

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

RECORDS	
POSTING	CODING

MACHINE ACCOUNTING
Punched
Verified

UNITED STATES COAST GUARD

CUTTER OAK,
CGOB, ST. GEORGE, SINY

3-15

ADDRESS REPLY TO
CO, CGC OAK
AND REFER TO

16 August, 1946

AUG 19 '46 PM

To: The commandant

Subj: Transcript of Article 9, service records, request for

1. It is requested that a transcript of Article 9, service record, (Leave accounts) be furnished this unit in the cases of the following named men.

- BRADFORD, John E. (201-843) SM1c
- ✓KOETZNER, George D. (206-621) MM1c
- ✓GRAY, Jesse E. (104-247) BM1c
- MACE, Charles Jr. (211-729) MM1c
- ✓NICHOLS, John W. (217-570) QM1c
- ✓OSCARSEN, Peter K. (222-865) MM1c
- PAINTER, Harold S. (215-621) BM1c
- SALABOR, Stanley J. (201-604) BM1c
- SALMON, Jessie L. (115-686) CMM
- STARLING, Charles G. (201-285) SC1c
- WATSON, Elmer B. (222-848) CM1c

WOOD, Roy V. (111-209) CBM (officer) no rec of lv from 41

J. Kruszewski

J. KRUSZEWSKI, Bos'n
Commanding Officer.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. _____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WOOD, Roy V.	111-209	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CGC ~~OAK~~		St. George, SINY
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
CGOB St.George, SINY.		17 July, 1946

TIME 1440 REPORTED FROM: Comdr 3rd CG District.

DATE 17 July, 1946 FOR Assignment to duty.

DUTY CODE NO. AUTH: Comdr 3rd CG District L/ 299-46 July.

TIME TRANSFERRED TO:

DATE FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PAID

DUTY CODE NO. AUTH:

David O. Sawyer

DAVID O. SAWYER, ChMach

(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVPERS-2599 (REV. 6-45)

No.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WOOD, Roy V.	111-209	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGD SPRUCE		Chas., S.C.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
7th CGD		24 June, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / ~~RATING~~} FROM Ch.Boatswain TO CBM EFFECTIVE 24 June, 1946

DUTY CODE NO.

AUTH: HD 231710Z, June, 1946

OTHER CHANGES (SPECIFY)

Chief Boatswain for temporary service revoked effective 24 June, 1946; reverted to permanent enlisted status of Chief Boatswain's Mate.

At 1300, 24 June,1946: Issued Honorable Discharge Certificate No. A81222, and discharged from the Regular Establishment, for the convenience of the government.

DUTY CODE NO.

AUTH: HD 231710Z, June,1946

S. T. BAKETEL, Lt.Comdr.USCGR.
By direct~~ion~~ (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding
PE 66	CODED NO.18

Machine Accounting
Punched
Verified

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WOOD, Roy V.	111-209	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC SPRUCE		Chas. SC.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
7th CGD		25 June, 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)

At 1300, 25 June, 1946: Reenlisted in the Regular Establishment as Chief Boatswain's Mate for six (6) years.

DUTY CODE NO.

AUTH: HD 231710Z, June, 1946

S. T. BAKETEL, Lt.Comdr.USCGR.
By direction. (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding
66	CODED NO.18

Machine Accounting
Punched_____
Verified_____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
Hood, Roy V.	111-209	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CGC SPRUCE		Chas., S.C.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
7th CGD		24 June, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM Ch.Boatswain TO CBM EFFECTIVE 24 June, 1946

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

HD 231710Z, June, 1946

Chief Boatswain for temporary service revoked effective 24 June, 1946; reverted to permanent enlisted status of Chief Boatswain's Mate.

At 1300, 24 June,1946: Issued Honorable Discharge Certificate No. A81223, and discharged from the Regular Establishment, for the convenience of the government.

DUTY CODE NO.
AUTH:
HD 231710Z, June,1946

S. T. BAKWIN, Lt.Comdr.USCGR.
(Commanding)
By direction.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding
	CODED NO.18

Machine Accounting
Punched
Verified

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. _____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WOOD, Roy V.	111-209	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CGC SPRUCE		Chas. SC.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
7th CGD		25 June, 1946

TIME _____ REPORTED FROM:

DATE _____ FOR

DUTY CODE NO. _____ AUTH: _____

TIME _____ TRANSFERRED TO:

DATE _____ FOR

AUTH: _____

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

DUTY CODE NO. _____ AUTH: _____

OTHER CHANGES (SPECIFY)

At 1300, 25 June, 1946: Reenlisted in the Regular Establishment as Chief Boatswain's Mate for six (6) years.

DUTY CODE NO. _____ AUTH: HD 2317102, June, 1946

S. T. BAKER, Jr., Comdr. USCGR. (Commanding)
By direction.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding
	CODED NO. 18

Machine Accounting
Punched _____
Verified _____

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

-9626 (7-45)
ES COAST GUARD

U. S. COAST GUARD
OFFICIAL DISPATCH

TRANSMIT

23
22 JUNE 1946

TE

ROM
COMMANDANT (PO)

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
XXX	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION)
SPRUCE (AT CHARLESTON SC)

FILE
F.P.V.

TO (FOR INFORMATION)
CDR 10 CGD (P)
CO CHAS SEC 7 CGD (P)

	URGENT
	PRIORITY
	ROUTINE
XXX	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

231810

XXXX REF CDR 10 CGD DISP 221454Z YOUR INFO X

SEC TREAS ACTION 10 JUNE REVOKES TEMP APPT CH BOSN ROY V WOOD EFFEC 24 JUNE

AUTH TO DISCHGE THAT DATE AND REENL 25 JUNE X IF DOES NOT DESIRE DISCHGE

REENL PRIOR 1 JULY RETAIN XF PRESENT STATUS UNTIL REVOC 14 AUG TO ENLISTE

TAKE NEC ACTION

ref: po x ch bosn roy v wood on spruce at charleston requests info per
alcoast 100 x this office has no info as reported my 182117 to HQ

231710 NR16 AC/TH

TOD— 3-5 808

OFFICE OF ORIGIN (PO)

INITIALS OF RELEASING OFFICER:
CAPT F P VETTERICK USCG

TIME RELEASED:

RATOR'S RECORD
CAPT F P VETTERICK

U. S. GOVERNMENT PRINTING OFFICE 16—23739-2

CH OFF PERS DIV

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2927 (6-47)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS AND/OR WORLD WAR II VICTORY MEDAL

INSTRUCTIONS

Return this form to Commandant (PMM), U. S. Coast Guard, Washington 25, D.C. Typewrite or print in ink. Give home address in Section A only if separated from the Service.

A. GENERAL DATA

NAME (Last)	(First)	(Middle)
WOOD	Roy	Vernon

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
111-209	CBM	Relief Lightship #78

HOME ADDRESS (Give Number, Street, City, Zone No., and State)

371 Cheves Ave. Westerleigh, Staten Island. N.Y.

INDICATE STATUS BY CHECK MARK

- [X] Active duty USCG, ~~USCGR, or USPHS~~
- [ ] Officer – (Inactive) USCGR or USPHS
- [ ] Retired from USCG or USCGR
- [ ] Discharged from USCG, USCGR, or USPHS
- [ ] Disenrolled from USCGR (T)

B. STATEMENT OF ELIGIBILITY

Do not fill in this statement unless you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- [X] American Defense Service Medal
  - [ ] Fleet Clasp
  - [X] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [X] World War II Victory Medal (No Clasp)

_____
(Signature)

A WILLFULLY FALSE CERTIFICATION IS A CRIMINAL OFFENSE. U.S. CODE, TITLE 18, SEC. 80

C. RECEIPT FOR AWARDS

I hereby acknowledge receipt of the awards checked below. I certify that I have not previously received these awards from any other source.

- [X] American Defense Service Medal
  - [ ] Fleet Clasp
  - [X] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [X] World War II Victory Medal (No Clasp)

Roy V. Wood
(Recipient sign here)

(Do not sign unless awards are actually received)

A-1164

3-285

FORM NAVCG-9619

U. S. COAST GUARD

PO

3-1

WN 80
HEADING
OZTTOUN NR 17

FROM 2-2-2
R R R
WNJC MAJC V OUNJ NR 5 R
QUYB CLIX T NRWH
QUAR 2214547 QUAH Q NRWH GR 30 BT
INFO CCGD TEN SAN JUAN
TO COMDT CG
INFO CG SPRUCE

TEXT

PO X CHIEF BOATSWAIN ROY V WOOD ON SPRUCE AT CHARLESTON SC REQUESTS INFORMATION AS PER ALCOAST 100 X THIS OFFIICE HAS NO INFORMATION AS REPORTED MY 182117 TO HQ BT 2214547

1506/22 JUNE AP 2214547 100 182117

C OFFICE

RU
OPERATOR'S RECORD AND DATE

OFFICIAL INIT

U. S. COAST GUARD

NR 17

2-2
R R
JC MAJC V OUNJ NR 5 R
YB CLIX T NRWH

QUAR 221454Z QUAH Q NRWH GR 30 BT

ACTION
CCGD TEN SAN JUAN

INFORM
COMDT CG
INFO CG SPRUCE

TEXT

PO X CHIEF BOATSWAIN ROY V WOOD ON SPRUCE AT CHARLESTON SC REQUESTS INFORMATION AS PER ALCOAST 100 X THIS OFFIICE HAS NO INFORMATION AS REPORTED MY 182117 TO HQ BT 221454Z

1506/22 JUNE AP 221454Z 100 182117

C OFFICE

3

RU

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

$

PRIORITY

To: SPRUCE (at Chasn SC)

Inf: Comdr 10 CGD
CO Chasn Sect 7 CGD

Sec Treas action 10 June revokes temp appt Ch Boson Roy V Wood effective 24 June auth to discharge that date and reenl 25 June × if does not desire disch and reenl prior 1 July retain present status until revoc 14 August to enlisted × take nec action

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

ADDRESS REPLY TO
THE COMMANDANT (PO)
REFER TO FILE: CG-72

15 June, 1946

To: Chief Boatswain Roy V. Wood, USCG -

Via: Commander, 3rd CG District (p)

Subj: Revocation of appointments for temporary service; discharge; re-enlistment

1. By virtue of the authority provided by an Act of Congress approved July 24, 1941 (Public Law No. 188 - 77th Congress), as amended, the President of the United States revoked your appointments for temporary service effective 24 June, 1946, subject to the provisions contained herein. On that date you will revert to your permanent enlisted status provided you wish to be discharged and re-enlisted in the Coast Guard prior to 30 June, 1946. The Commandant was advised of this revocation by Secretary of the Treasury letter of 10 June, 1946.

2. If you do not wish to be discharged and re-enlisted prior to 30 June, 1946, and so advise Headquarters via your commanding officer, then by Secretary of the Treasury letter of 10 June, 1946, your revocation is effective 14 August, 1946.

3. Subject to the foregoing provisions, on 24 June, 1946, your commanding officer is hereby directed to discharge you from the Coast Guard for the convenience of the government. On 25 June, 1946, your commanding officer is authorized to re-enlist you in your permanent rating in the U. S. Coast Guard. Your discharge and re-enlistment is authorized on 24 and 25 June, 1946, respectively, even though you may be ashore or afloat beyond the continental United States on those dates. If you are serving in an involuntary extension of a special temporary enlistment, you should take your physical examination for re-enlistment in advance in order that Headquarters may approve your re-enlistment prior to 25 June, 1946; if you fall in this category and are unable to take your physical examination prior to 18 June, 1946, advise Headquarters by dispatch in order that special authorization for re-enlistment may be given, if such is indicated.

4. Your revocation has been effected in order to reduce the number and ranks of commissioned and warrant officers of the Coast Guard to conform with budgetary restrictions, and for the purpose of permitting you to be discharged in your permanent enlisted status, and if you so desire, to re-enlist in the Coast Guard on 25 June, 1946.

U.S. COAST GUARD
MAIL SECTION (8)
MAILED JUN 17 1946

R. T. McELLIGOTT
By direction

ajc:cdd Return 3-5

C-48504

(PO)
CG-71
531

23 April, 1946

To: Chief Boatswain Roy V. Wood, USCG - CGC SPRUCE

Via: Commandant, CG YARD, Curtis Bay, Md.
Commanding Officer

Subj: New assignment; orders; travel

1. You are detached from all duty previously assigned, upon decommissioning of the CGC SPRUCE. Proceed to New York, N. Y., and report to the Commander, 3rd Coast Guard District for assignment to duty.

2. This order constitutes a permanent change of station from San Juan, P. R., home port of the CGC SPRUCE, to such permanent station as may be designated by the Commander, 3rd Coast Guard District.

3. The travel necessary to the execution hereof is required by the public interests.

4. Mileage is allowed, chargeable against HQ travel allotment symbol No. 051-20.

5. You are hereby granted ten (10) days' delay enroute, such delay to count as leave.

F. P. WATTERICH
By direction

U.S. COAST GUARD
MAIL DIVISION (4)
MAILED APR 23 1946

CC: Comdr, 3rd CG District

Post Index	
Change Sheet	
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Abstract	MAY 3 1946
Leave	
Filed by	

LAC:gb return 3-5

Ind-2
O,DCGO,lOND(p)
16 January, 1946

JAN 2 46 PM

3-5

To: The Commandant (POA) Spruce

Subj: Roy V. Wood, Ch. Bos'n., USCG; change of assignment; request for

1. Forwarded, approved provided competent relief is furnished.

2. The CGC-SPRUCE will be at the CG YARD, Curtis Bay, Md. during March and it is recommended that the change be made at that time.

D. H. DEXTER
Ass't DCGO

age 42

Ch Boatswain's Mate?
Engineman 1st Class
(Motor Boat Stat)
Boatswain's Mate 1st Class - SPAR
Lt (jg) Dayton B Pemberton SPAR
Lt Comdr James B Pemberton SPAR
age 33

L.J.C.

UNITED STATES COAST GUARD



ADDRESS REPLY TO
CO, CGC SPRUCE
Navy #49, FPO NY NY
AND REFER TO

File: 72-720

14 January, 1946

To: Commandant

Via: CO, CGC SPRUCE

DCGO, 10th Nav. Dist.

Subj: Roy V. Wood, Ch. Bos'n. USCG
Change of assignment; request for

1. It is requested that I be transfered to the 3rd Naval District for duty afloat or ashore.

2. I have served as Watch Officer aboard the CGC SPRUCE from 22 January, 1944 to the present date.

R. V. Wood

Roy V. Wood
Ch. Bos'n.

Ind-1
CGC SPRUCE
14 January, 1946

Forwarded for consideration, provided a suitable relief can be obtained.

O. R. Olsen

O. R. OLSEN, Lt. Comdr., USCG
Commanding Officer, CGC SPRUCE

(PEA-C)
CG- 72

File O.R.R.

7 January, 1946

AIR MAIL

To: Commanding Officer, SPRUCE

Subj: Chief Boatswain Roy V. Wood, USCG ; permanent appointment; forwarding of

Inclosure is forwarded herewith for delivery to the above-named(man)(officer).

E. Van Lopik

E. VAN LOPIK
By direction

Incl: CPO Rating certificate (permanent appointment) to CBM
dated December 31, 1945

Mailed JAN 8 1946 ORR

CC: DCGO, 1OND

Post Index
Change sheet
Lexington
Navy
Navy Yard

A 414

BEABES:jhc
Return to 3-7

ORR

UNITED STATES COAST GUARD

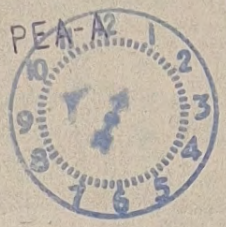
3-11
3-12



ADDRESS REPLY TO
CGC SPRUCE
Navy 49 FPO NY
AND REFER TO

File:
CG-782

1945 DEC 12 15 20
DEC 12 '45 AM





6 December, 1945

To: Commandant

Via: DCGO, 10th NavDist

Subj: Chief Boatswain Roy V. Wood; Chief Boatswain's Mate rating, permanent

1. Service Record of subject officer indicates CBM (a) on 10 April, 1943 and in accordance with ALCOAST 143-45 it is recommended that this rating be changed to Chief Boatswain's Mate permanent.

2. I certify that subject officer is normally, morally, and fully qualified to perform the duties of the rate to which he is recommended and is not involved in disciplinary action.

O. R. Olsen
O. R. OLSEN
Commanding Officer

Ind-1
O,DCGO,10ND(p)
7 December, 1945

Forwarded.

L. G. Coleman
L. G. COLEMAN
By direction

Ofc. Journ CBM
BOB

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

12

REPORT OF CHANGE IN PERSONNEL

WOOD	Roy	V.		Ch. Bos'n
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CGC SPRUCE	10th NavDist.	Navy#49 FPO NY NY	27 December, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

1100 12/24/45 Dpt. this unit for impatient treatment at the U.S. Marine Hospital, San Juan, Puerto Rico.

Post Index
Change Sheet
Flexoline
Abstract
Leave
Filed by

DUTY CODE No.: 76-S
AUTHORITY: VO DCGO 12/24/45

O. R. Olsen
O. R. OLSEN, Lt. Comdr., USCG
(Commanding)

Commanding Officer
(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)

REPORT OF CHANGE IN PERSONNEL

WOOD	Roy	V.		Ch. Bos'n
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CGC SPRUCE	10th NavDist.	Navy #49 FPO NY NY	7 January, 1946
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

1305 1/5/46 Rpdt. abd. this unit from U.S. Marine Hospital, San Juan, P.R. for resumption of reg. duties.

Post Index
Change Sheet
Abstract
Leave
Filed by

DUTY CODE No.: 76-S
AUTHORITY:

O. R. Olsen
O. R. OLSEN, Lt.Comdr., USCG
(Commanding)

Commanding Officer
(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

3 pocket

(CMP)
CG-628

29 October, 1945

To: Chief Boatswain Roy V. Wood, USCG

Subj: Executive Order No. 9083; authority to act under

1. You are hereby authorized and empowered to administer and enforce, outside the geographic limits of the United States and with respect to vessels of the United States and personnel thereof (including all licensed and certificated persons thereon), all laws and all regulations relating to the functions transferred to the Commandant of the U.S. Coast Guard under Executive Order No. 9083 which are applicable to such vessels and personnel in such places.

2. You are hereby designated an Examining Officer with the powers and authority of an Examining Officer designated pursuant to section 136.104(b) and (d) of the Temporary Wartime Rules Governing Investigations of Accidents and Casualties, such powers and authority to be exercised and performed only outside the geographic limits of the United States and with respect to vessels of the United States and personnel thereof (including all licensed and certificated persons thereon).

3. In exercising the powers and authority vested in you under paragraph 2 hereof, you shall follow the provisions of the Temporary Wartime Rules Governing Investigation of Accidents and Casualties to the extent that they are applicable.

L. T. CHALKER
Acting Commandant

D

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(POA)

CG-72

25 October, 1945

To: Chief Boatswain Roy V. Wood - CGC SPRUCE

Via: DCGO, 10th Naval District

Subj: Change in assignment; request for

HQ contemplates no action at this time on your request for transfer to duty afloat or ashore in the 3rd Naval District, indicated in your letter of 10 October, 1945 (72-720), in view of the fact that no relief is readily available.

F. P. VETTERICK
By direction

3-5

Ind-2
DCGO, 10ND (d)
File: 72
12 October, 1945

To: The Commandant (POA)

Subj: Chief Boatswain Roy V. Wood, USCG; change in assignment; request for

1. Forwarded, approved.

2. As Wood will soon have served two years in this area, it is recommended that he be transferred for reassignment, as requested.

3. A qualified relief will be required.

W. H. BARTON

Orders issued awaiting relief

Done 10-25-45

UNITED STATES COAST GUARD



ADDRESS REPLY TO
CO, CGC SPRUCE
Navy #49, FPO NY
AND REFER TO

72-720



10 October, 1945

To: Commandant

Via: CO, CGC SPRUCE

Via: DCGO, 10th Nav. Dist.

Subj: Roy V. Wood, Ch. Bos'n. USCG
Change in assignment; request for

1. It is requested that I be transferred to the 3rd Naval District for duty afloat or ashore.

2. I have served as Watch Officer aboard the CGC SPRUCE from 22 January, 1944 to present date.

Roy V. Wood.
ROY V. WOOD
Ch. Bos'n.

Ind-1
CGC SPRUCE
10 October, 1945

Forwarded for consideration.

O. R. Olsen
O. R. OLSEN
CO, CGC SPRUCE

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

"5"

WOOD	Roy	V.	-	Ch. Boatswain
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

SPRUCE, 10th ND, c/o Fleet P.O., New York, N.Y.	18 July, 1945
(Unit) (Place)	(Date)

0545 10 June, 1945: Departed this unit on 30 days leave of absence in continental United States.

1710 12 July, 1945 Reported to O,DCGO 10th ND, San Juan, PR from Patuxent, Md. upon completion of leave of absence and assigned temporary duty status awaiting arrival of this unit at Guantanamo Bay, Cuba.

0900 16 July, 1945 Departed O,DCGO, 10th ND, San Juan, PR at 0900, 16 July, 1945.

2100 17 July, 1945: Reported aboard this unit this date for resumption of regular duty from 30 days AL in continental US via TD at ODCGO, 10th ND.

AUTHORITY:
86-S
VO CO 5-31-45
Auth: DCGO, 10th ND
5-31-45

O. R. Olsen
(Commanding)
O. R. OLSEN Lt.
Commanding Officer (a)
(Title)

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Abstract
Leave
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LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
WOOD, Roy V.		Boatswain, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit No. 100		Navy #49, FPO, NY, NY

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 17 July, 1945

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)

Dexcline
bstract
Leave
Filed by

0915, 16 July, 1945: This date departed this unit for CGC-SPRUCE for resumption of regular duties.

DUTY CODE NO. 18(F) AUTH: Art.1936(2) Regs.

L. G. COLEMAN, Lieutenant (jg) USCG
(Commanding) By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

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

Spruce

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
WOOD, Roy V.		CH. Boatswain, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Unit No. 100		Navy #49, FPO, NY, NY

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 14 July, 1945

FILE

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

Post Init.
Change Sheet
Flexoline
Abstract
Leave
Filed by

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1710, 12 July, 1945: This date reported this unit from thirty (30) days' annual leave in the continental U.S., and assigned temporary duty pending further transfer to CGC-SPRUCE for resumption of regular duties.

DUTY CODE NO. 18(F) AUTH: Art.1936(2) Regs.

L. G. Coleman
L. G. COLEMAN, Lieutenant (jg) USCG
(Commanding) By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

"3"

WOOD	Roy	V.	**	Chief Boatswain
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

SPRUCE, 10th ND, c/o Fleet P.O., New York, N.Y.	1 July, 1945
(Unit) (Place)	(Date)

Completed a three (3) year period of service and will be credited with increased pay on the following statement of service, attached herewith.

Enlisted:	5-4-25	5-3-28	Appointed Bos'n for temporary service
	5-4-28	5-6-29	12-1-43
	5-7-29	5-8-30	Appointed Chief Boatswain for temp. Serv.
	5-9-30	5-15-31	6-1-45
	5-16-31	5-16-32	
	5-17-32	6-6-33	Now serving
	7-10-41		Completed 12 years service 6 June, 1945

AUTHORITY: 76-S
Art. 176 (1) P&SI

Service Sheet
Change Sheet
Flexoline
Abstract
Leave
Filed by

By direction
O. R. Olsen
(Commanding)
O. R. OLSEN, Lt.
Commanding Officer (a)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

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

"16"

REPORT OF CHANGE IN PERSONNEL

WOOD	Roy	V.	-	Ch. Boatswain
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

SPRUCE, 10th ND, c/o Fleet P.O., New York, N.Y.		20 June, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Date)

(Minor unit)

Promoted to the Rank of Chief Boatswain, USCG from Boatswain, USCG for temporary services; to rank as such from 1 June, 1945; pay and allowances to accrue from 1 June, 1945.

DUTY CODE No.: 76-S
AUTHORITY: ALCOAST 35-45

O. R. Olsen
(Commanding)
O. R. OLSEN, Lt.
Commanding Officer (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—29594-2

UNITED STATES COAST GUARD
SAN JUAN, PUERTO RICO

3-5

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

OFFICE OF
DISTRICT COAST GUARD OFFICER
TENTH NAVAL DISTRICT

Address Reply To:
CO, CGC Spruce
File: CG-72

JUN 15 '45 AM

9 June, 1945

To: Commandant, Coast Guard Headquarters, Washington, D.C.

Subj: Appointment for temporary service; acceptance of

I hereby accept appointment as Chief Boatswain for temporary service in the U.S. Coast Guard (Reserve) to rank from 1 June, 1945 under authority of ALCOAST 35-45, dated 1 June, 1945

R. V. Wood.
R. V. WOOD, Chief Boatswain

CC: DCGO, 10th ND
Pay Officer
File

Post Initial
Change Sheet
Flexoline
Abstract
Leave
Yield by

FILE
I. H. P.

CG-72 (POA)

9 April, 1944

To: Commanding Officer - SPRUCE

Subj: Boatswain Roy V. Wood, leave, information; request for

1. Records at Headquarters indicate subject officer was appointed Boatswain, for temporary service, on 2 December, 1943. Upon appointment, he was entitled to be credited with the leave provided for in Personnel Bulletin 106-43. Headquarters has no record of enlisted mens' leave prior to appointment to commissioned or warrant grade. However, any leave taken subsequent to appointment should be charged against this amount until such leave is exhausted or otherwise expires.

2. It is requested that Headquarters be furnished the amount of leave to his credit when appointment was effected, computed as indicated in the above mentioned bulletin.

N. R. STILES
By direction

U. S. COAST GUARD
MAIL SECTION (1)
MAILED APR 8 1944

eiy Return to 3-6

(POA)
CG-72

9 April, 1944

To: Commanding Officer - SPRUCE

Subj: Boatswain Roy V. Wood, leave, information; request for

1. Records at Headquarters indicate subject officer was appointed Boatswain, for temporary service, on 2 December, 1943. Upon appointment, he was entitled to be credited with the leave provided for in Personnel Bulletin 106-43. Headquarters has no record of enlisted mens' leave prior to appointment to commissioned or warrant grade. However, any leave taken subsequent to appointment should be charged against this amount until such leave is exhausted or otherwise expires.

2. It is requested that Headquarters be furnished the amount of leave to his credit when appointment was effected, computed as indicated in the above mentioned bulletin.

N. R. STILES
By direction

eiy Return to 3-6

(POA)
CC-72

9 April, 1944

To: Commanding Officer - SPRUCE

Subj: Boatswain Roy V. Wood, leave, information; request for

1. Records at Headquarters indicate subject officer was appointed Boatswain, for temporary service, on 2 December, 1943. Upon appointment, he was entitled to be credited with the leave provided for in Personnel Bulletin 106-43. Headquarters has no record of enlisted mens' leave prior to appointment to commissioned or warrant grade. However, any leave taken subsequent to appointment should be charged against this amount until such leave is exhausted or otherwise expires.

2. It is requested that Headquarters be furnished the amount of leave to his credit when appointment was effected, computed as indicated in the above mentioned bulletin.

N. R. STILES
By direction

eiy Return to 3-6

ADDRESS REPLY TO
THE COMMANDANT (POA)
REFER TO FILE: CG-72

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

File—6
7/11/44

1944 APR 22 PM 12 48

FILE J. S. S.

C. G. HEADQUARTERS
MAIL SECTION

9 April, 1944

To: Commanding Officer - SPRUCE

Subj: Boatswain Roy V. Wood, leave, information; request for

1. Records at Headquarters indicate subject officer was appointed Boatswain, for temporary service, on 2 December, 1943. Upon appointment, he was entitled to be credited with the leave provided for in Personnel Bulletin 106-43. Headquarters has no record of enlisted mens' leave prior to appointment to commissioned or warrant grade. However, any leave taken subsequent to appointment should be charged against this amount until such leave is exhausted or otherwise expires.

2. It is requested that Headquarters be furnished the amount of leave to his credit when appointment was effected, computed as indicated in the above mentioned bulletin.

N. R. STILES
By direction

Ind-1
SPRUCE
18 April, 1944

1. Subject warrant officer arrived at this unit, 1130, 22 January, 1944, with no records other than his orders.

2. Mr. Wood states he had (5) days leave in the year prior to his appointment to warrant grade.

3. Ten (10) days leave were granted subsequent to his appointment on December 1, 1943.

A. E. LARSEN, Lieut. Comdr.
Commanding Officer

FILE
L.M.P.

(POA)
CC-72

28 January, 1944

To: Commanding Officer - SPRUCE

Via: DCGO, 10th Naval District

Subj: Boatswain Roy V. Wood; leave, information concerning

Records at Headquarters indicate subject officer was temporarily appointed Boastswain from an enlisted status, on 1 December, 1943. On appointment he was entitled to be credited with the leave provided for in Personnel Bulletin 106-43, of which Headquarters has no record. Any leave taken subsequent to appointment should be charged against this amount until such leave is exhausted or otherwise expires.

It is requested that Headquarters be furnished the amount of leave to his credit when appointment was effected, computed as indicated in the above mentioned bulletin.

N. R. STILES
By direction

U.S. COAST GUARD (HQ)
JAN 28 1944

jmb
Return to 3-6 JMP

(POA)
06-72

28 Jamunry, 1944

To: Commanding Officer - SPRUCE

Via: DCSO, 10th Naval District

Subj: Boatswain Roy V. Wood; leave, information concerning

Records at Headquarters indicate subject officer was temporarily appointed Boatswain from an enlisted status, on 1 December, 1943. On appointment he was entitled to be credited with the leave provided for in Personnel Bulletin 106-43, of which Headquarters has no record. Any leave taken subsequent to appointment should be charged against this amount until such leave is exhausted or otherwise expires.

It is requested that Headquarters be furnished the amount of leave to his credit when appointment was effected, computed as indicated in the above mentioned bulletin.

M. R. STILES
By direction

jmb
Return to 3-6

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

REPORT OF CHANGE IN PERSONNEL

WOOD	Roy	V.		Boatswain
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

SPRUCE	c/o Fleet Post Office, N.Y.	24 January, 1944
(Major unit)	(Unit, item No. or vessel's assigned district) (Place)	(Date)

(Minor unit)

1130, 22 January, 1944: Reported aboard this unit from DCGO, 3rd Naval District for assignment to duty.

DUTY CODE No.: 76
AUTHORITY:
Commd. Ltr.
CG-72 (531)
18 Dec., 1943

Post Index
Change Sheet
Flexoline
Abstract
Leave

J E M

A. E. LARSEN, Lieutenant
(Commanding)

Commanding Officer.
(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

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

WOOD	Roy	wyn		Boatswain.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Unit #108
Navy #115
(Unit)

F.P.O., N.Y, N.Y.,
(Place)

22 January, 1944
(Date)

1130 - This date, temporary duty this unit terminated, transferred to CGC-SPRUCE, for assignment to duty.

(40)

AUTHORITY:

H/L 18 Dec., 1943,
CG-72-531 (POA)

Post Index
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Filed by

W. S. GRAY.
(Commanding)

Ensign, USCGR.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

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

REPORT OF CHANGE IN PERSONNEL

FILE J.S.O.

WOOD (Surname) | [illegible] (First name) | [illegible] (Middle initial) | [illegible] (Service No.) | [illegible] (Rank or rating)

Unit #102 (Major unit) | Navy #49, c/o F.P.O., N.Y., N.Y. (Unit item No. or vessel's assigned district) (Place) | 12 January, 1944 (Date)

(Minor unit)

0635, 10 January, 1944: Temporary duty this unit terminated. Transferred to unit #108, Navy #115, c/o F.P.O.,N.Y.,N.Y., for further transfer to CGC-SPRUCE, and assignment to duty.

J. A. HOLLINSHEAD, Lieut.,USCGR
by direction.

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(Commanding)

(Title)

DUTY CODE No.: 37
AUTHORITY:

H/L 18 Dec.1943
file CG-72-531

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

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

JAN 24 1944

(*) REPORT OF CHANGE IN PERSONNEL

WOOD	Roy	V.	- - - -	Boatswain USCG
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

07-001

D.C.G.01 7ND	Miami, Florida	10 January, 1944
(Unit)	(Place)	(Date)

1000, 4 January, 1944

Reported this office this time and date from CGC TULIP, for further transportation to San Juan, P.R.

0715, 6 January, 1944

Departed this office this time and date for San Juan, P.R. directed to report to the DCGO 10th Naval District for assignment to duty on the SPRUCE.

18

AUTHORITY:
H/L 12/18/43
(POA) CG-72-531

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JAN 24 1944

Beatrix Bakker
BEATRIX BAKKER
(Commanding)

By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

JAN 22 1944

REPORT OF CHANGE IN PERSONNEL

FILE J.S.S.

WOOD,	Roy	"V"		Boatswain
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Unit #108 Navy #115	F.P.O., N.Y., N.Y.	10 January, 1944
(Unit)	(Place)	(Date)

1200 this date, reported this unit, assigned to temporary duty pending further transportation to CGC-SPRUCE.

(40)
AUTHORITY:

H/L 18 Dec., 1943,
CG-72-531 (POA)

Post Index JSA
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Filed by

W. S. GRAY,
(Commanding)

Ensign, USCG.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE

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

JAN 24 1944

REPORT OF CHANGE IN PERSONNEL

WOOD (Surname) Roy (First name) V (Middle initial) ... (Service No.) Boatswain (Rank or rating) USCG

Unit # 102 (Major unit) Navy #49, c/o F.P.O., NY., NY. (Unit item No. or vessel's assigned district) 7 January, 1944 (Date)

(Minor unit)

1745, 6 January, 1944. Reported Unit # 100, Navy #49, c/o F.P.O., NY.,NY. from DCGO, 3rd NavDist and immediately assigned to temporary duty with this unit further assignment to CGC-SPRUCE.

F.S.D. Pay starts 6 January, 1944, date of departure from continental United States.

DUTY CODE No.: 37

AUTHORITY:

HQ letter 18 December, 1943, file (POA) CG-72-531

V/O DCGO, 10th NavDist 1-6-44

Art. 137 P & SI

J. A. HOLLINSHEAD, Lieut. USCGR (Commanding)

JAN 24 1944 By direction (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

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

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

REPORT OF CHANGE IN PERSONNEL

WOOD (Surname) Roy (First name) V. (Middle initial) - - - (Service No.) Boatswain C(68) (Rank or rating)

FORT HANCOCK STATION (Major unit) (5-03-37-1) (Unit Item No. or vessel's assigned district) Fort Hancock, New Jersey (Place) 1 January, 1944. (Date)

Ambrose Channel Lightship (Minor unit)

1100 29 December, 1943 Transferred this time and date to the Office of the District Coast Guard Officer, SEVENTH NAVAL DISTRICT, Miami, Florida, for transportation to Office of the District Coast Guard Officer, TENTH NAVAL DISTRICT, San Juan, Puerto Rico, for assignment to duty on the SPRUCE.

Terminate sea duty (domestic) status, aboard Ambrose Channel Lightship.

DUTY CODE No.: 68
AUTHORITY:

HQ/ L - 18 December, 1943 (72-531)(POA)

P. ROSENTHAL, Lieut. (R)
(Commanding)

Executive Officer.
(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
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Verified

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

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

REPORT OF CHANGE IN PERSONNEL

WOOD	Roy	V.		Boatswain
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

OFFICE, DISTRICT COAST GUARD OFFICER, THIRD NAVAL DISTRICT	(03-001)	New York, N. Y.	31 December, 1943
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

1200, 29 December, 1943: Temporary duty aboard AMBROSE LIGHTSHIP terminated and transferred to District Coast Guard Office, Tenth Naval District, for transportation and Assignment to duty on the SPRUCE, via the District Coast Guard Office, Seventh Naval District.

Post Index
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Abstract

DUTY CODE No.: 18
AUTHORITY:

H/L 18 December, 1943 (72-531).

R. N. Larson
(Commanding)
R. N. LARSON
By direction
(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
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Verified

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

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

REPORT OF CHANGE IN PERSONNEL

WOOD,	Roy	V.		Boatswain G (68)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

FORT HANCOCK STATION	5-03-37- Fort Hancock, N. J.	22 December, 1943
(Major unit)	(Unit Item No. or vessel's assigned district) (Place)	(Date)

Ambrose Channel Lightship
(Minor unit)

Spruce

1350, 19 December, 1943 — Reported this time and date from DCGO, 3rd Naval District, New York, for immediate assignment to temporary duty at Ambrose Channel Lightship as Officer-in-Charge.

Entitled to sea duty pay (domestic) while attached to Ambrose Channel Lightship.

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DUTY CODE No.: (68)
AUTHORITY:
Ltr. DCGO, 3rd NavDist., 18 December, 1943 (72-531)

P. ROSENTHAL, Lieut.(R).
(Commanding)

Executive Officer
(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

REPORT OF CHANGE IN PERSONNEL

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
WOOD	Roy	V.		Boatswain

(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)
OFFICE, DISTRICT COAST GUARD OFFICER, THIRD NAVAL DISTRICT	(03-001)	New York, N. Y.	18 December, 1943

(Minor unit)

Spruce

1300, 18 December, 1943: Transferred to AMBROSE LIGHTSHIP for assignment to temporary duty, having reported at this office 1115, 17 December, 1943 from ten (10) days authorized leave of absence.

Check leave account ten (10) days.

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Filed by	

DUTY CODE No.: 18
AUTHORITY:
DCGO-3rd ND ltr. (72-531)
18 December, 1943.

R M Larson
(Commanding)
R. N. LARSON
By direction
(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

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Punched
Verified

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

(POA)
CG-72
531

RESTRICTED
18 Dec., 1943

To: Boatswain Roy V. Wood

Via: DCGO, 3rd Naval District

Subj: New assignment; order; travel

1. You are detached from further duty in the 3rd Naval District. Proceed to Miami, Fla., and report to the DCGO, 7th Naval District for transportation to San Juan, Puerto Rico. Upon arrival thereat, report to the DCGO, 10th Naval District for transportation and assignment to duty on the SPRUCE.

2. This order constitutes a permanent change of station from New York, N. Y. to San Juan, Puerto Rico.

3. The travel necessary to the execution hereof is required by the public interests.

4. Mileage is allowed chargeable against HQ travel allotment symbol No. 051-20.

N. R. STILES
By direction

CC: DCGO 7th ND
DCGO 10th ND
SPRUCE

U. S. COAST GUARD (11)
DEC 20 1943

mju return to 3-5

(POA)
CG-72
531

RESTRICTED
18 Dec., 1943

To: Boatswain Roy V. Kood

Via: DCGO, 3rd Naval District

Subj: New assignment; order; travel

1. You are detached from further duty in the 3rd Naval District. Proceed to Miami, Fla., and report to the DCGO, 7th Naval District for transportation to San Juan, Puerto Rico. Upon arrival thereat, report to the DCGO, 10th Naval District for transportation and assignment to duty on the SPRUCE.

2. This order constitutes a permanent change of station from New York, N. Y. to San Juan, Puerto Rico.

3. The travel necessary to the execution hereof is required by the public interests.

4. Mileage is allowed chargeable against HQ travel allotment symbol No. 051-20.

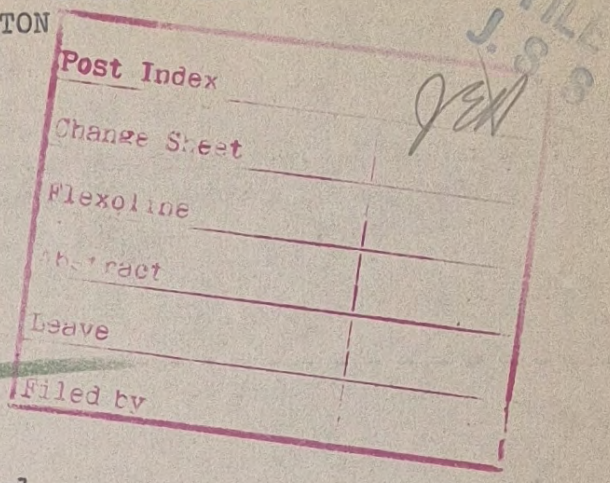
N. R. STILES
By direction

CC: DCGO 7th ND
DCGO 10th ND
SPRUCE

mju return to 3-5

C
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P
Y

UNITED STATES COAST GUARD
WASHINGTON



FILE J.S.S.

Address reply to
THE COMMANDANT (POA)
Refer to File: CG-272
531

R E S T R I C T E D

18 Dec., 1943

To: Boatswain Roy V. Wood

Via: DCGO, 3rd Naval District

Subj: New assignment; order; travel

1. You are detached from further duty in the 3rd Naval District. Prodeed to Miami, Fla., and report to the DCGO, 7th Naval District for transportation to San Juan, Puerto Rico. Upon arrival thereat, report to the DCGO, 10th Naval District for transportation and assignment to duty on the SPRUCE.

2. This order constitutes a permanent change of station from New York, N. Y. to San Juan, Puerto Rico.

3. The travel necessary to the execution hereof is required by the public interests.

4. Mileage is allowed chargeable against HQ travel allotment symbol No. 051-20.

/s/ N. R. STILES
By direction

CC: DCGO 7th ND
DCGO 10th ND
SPRUCE

- - - -

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

JAN 6 1944

REPORT OF CHANGE IN PERSONNEL

Spruce

WOOD	Roy	V.		Boatswain
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

OFFICE, DISTRICT COAST GUARD OFFICER, THIRD NAVAL DISTRICT	(03-001)	New York, N. Y.	15 December, 1943
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

1000, 2 December, 1943: Reported from Officers' Training School, Seaman's Church Institute, 25 South Street, New York, N. Y., for further assignment to duty.

1200, 6 December, 1943: Departed on ten (10) days authorized leave of absence.

Address on leave:
449 South Ocean Avenue
Patchogue, Long Island, N. Y.

DUTY CODE No.: 18
AUTHORITY:
H/D 012006 December, 1943.
Art. 1936 Regs.

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JAN 8 1944

R. N. LARSON
(Commanding)
By direction
(Title)

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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

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U. S. GOVERNMENT PRINTING OFFICE 16—29504-2

NCG 2519
(Revised Nov. 1939)

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

WARNING: YOU ARE WARNED NOT TO DIS-CUSS ANY ACTIVITIES OR MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICI-PATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER SPECIFIC AUTHORIZATION BY THE COMMANDANT.

Unit Office, District Coast Guard Officer, 3rdND

Date 6 December, 1943

From: WOOD, Roy V., Boatswain, USCG
To: ODCGO-3rdND
Via:

Subject: Leave of absence.

1. I request ten (10) days' leave of absence to depart 6 December, 1943

2. My reason for the above request is recreation

Address on leave: 449 South Ocean Ave., Patchogue, Long Island, NY.

[a]3. I have had _____ days' leave of absence during my current enlistment—during the current fiscal year.

Roy V. Wood, Boatswain, USCG
(Signature)

1st Endorsement

[a]~~Leave account certified correct.~~
[a]Forwarded, approved.
[a]~~Forwarded, disapproved~~ YOUR LEAVE EXPIRES PRIOR TO NOON 17 DECEMBER, 1943

C. R. KIMMEL, Ensign
By direction
Commanding—Executive Officer.

2d Endorsement

[a]Forwarded, approved.
Returned, granted.
Returned, not granted _____

[b]Forwarded, disapproved _____

District Commander—Commanding.

3d Endorsement

Coast Guard Headquarters,
Washington, D. C., (Date) _____

[a]1. Returned, granted.
2. Returned, not granted _____

[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

Commandant.

[OVER]

16—8556-1

REPORT OF CHANGE IN PERSONNEL

SEE BELOW

CDCSO, 3RD ND
Officer's Tra.School
25 South Street (ABLE)

New York, New York 6 December, 1943

0900 2 December, 1943: Transferred this ~~time~~ and date to the Office, District Coast Guard Officer, Third Naval District, for assignment to duty, having completed a course of instruction at the Officer's Training School.

PLUNKARD, Charles N.,	Chief Bosn, USCG
VINEYARD, Charles P.,	Chief Bosn, USCG
ANDERSON, Carl F. W.,	Bosn, USCG
BABCOCK, Reginald F.	Bosn, USCGR
BASSETT, David R.	Bosn, USCG
BEAL, Garfield	Bosn, USCG
BUSSIERE, Adelard	Bosn, USCG
CIESLAK, Joseph F.	Bosn USCG
FULCHER, Josephus H.	Bosn, USCG
HARKNESS, William A.	Bosn, USCG
HASSEL, William W.	Bosn, USCGR
JEFFREYS, Gray E.	Bosn, USCG
LINEHAN, James T.	Bosn, USCGR
PERRY, Marvin A.	Bosn, USCG
SCHRECK, Clarence C.	Bosn, USCGR
SIEGEL, Daniel J.	Bosn, USCG
SOOY, Victor A.	Bosn, USCG
SYLVANDER, Stan	Bosn, USCGR
WOOD, Roy V.	Bosn, USCG
YEOMANS, Russell A.	Bosn, USCG
ZULIUS, Anthony G.	Bosn, USCG

Auth:
ND 012149 Dec.43

R. M. LARSON
By direction

FILE AVR.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

UNITED STATES COAST GUARD

42 BROADWAY
NEW YORK 4, N.Y.

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
REFER TO FILE:

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DEC 8 1943

2 December, 1943

To: Commandant.

Via: DCGO, 3rd Naval District.

Subj: Appointment as Boatswain for temporary service; acceptance of.

1. In accordance with Headquarters Dispatch 012149, 1 December, 1943, I hereby acknowledge and accept appointment as Boatswain for temporary service in the U. S. Coast Guard Reserve, with the rank as such from 1 December, 1943.

Roy V. Wood,
Boatswain, USCG

Ind-1
ODCGO,3rdND
2 December, 1943

To: Commandant.

Forwarded, with inclosure.

G. U. STEWART
Assistant - DCGO 3rd ND

Incl.
Form 2525-B.

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

REPORT OF CHANGE IN PERSONNEL

WOOD,	Roy	V.	-	Boatswain
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

OFFICER OF THE DISTRICT COAST GUARD
OFFICER, 3rdND (03-001) New York, New York 1 XX 2 December, 1943
(Major unit) (Unit Item No. or vessel's assigned district) (Place) (Date)

(Minor unit)

Appointed Boatswain for temporary service in the U. S. Coast Guard Reserve, with the rank of such as of 1 December, 1943, and accepted appointment this date.

Entitled to be paid a uniform gratuity of $250.00 as provided by Section 7 (b) Act approved 24 July, 1941 (Public No. 188, 77th Congree).

Previous status: C.P.M.

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DUTY CODE No.:
AUTHORITY:
H/D 012149 (December, 1943).
Finance Circular No. 17-42
Navy Department letter,
1 December, 1943 (CG-PO-A71)

R. N. LARSON,
(Commanding)
By direction
(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

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Verified

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

Merchant Marine School
of the
Seamen's Church Institute of New York

FILE
J. S. S

FINAL REPORT
Junior Officer's Course

Name Wood, Roy V.
Rating C.B.M.
Service Number 111-209

	Average Marks		
1. NAVIGATION			
Compass and Course Correction	100		
Plane and Middle Latitude Sailing	77.5		
Traverse Sailing	70		
Mercator Sailing	90		
Time Equation	87.3		
Chronometer Corrections	65.5		
Meridian Altitude	83.3		
Polaris	85		
Deviation of Compass by Azimuth of the Sun	80		
Sun's Line of Position - Ageton	80		
Plotting - Part I	70		
Plotting - Part II	83		
Longitude by Time Sight	70		
Review	70		
Average		79.4	
Special Examinations			
Meridian Altitude	90		
Time Sight and Azimuth	85		
Dead Reckoning	80		
Pitch and Slip, Mercator Sailing			
Average		85	
Combined Average			80.4
2. PILOTING			
Piloting	70		
Rules of the Road	75		
Plotting	78		
Average		74.3	
Special Examination			
Piloting and Chart Work	66		
Rules of the Road	79		
Average		72.5	
Combined Average			73.6

Name Wood, Roy V.

		Average Marks		
3. SIGNALING				
Procedure		85		
Blinker				
Receiving -	Plain language	83		
	Code Language	83		
Sending -	Plain language	83		
	Code Language	83		
Semaphore				
Receiving -	Plain Language	95		
	Code Language	95		
Sending	Plain Language	87		
	Code Language	87		
Special		80		
	Average		86.1	
Special examination, Bureau of Marine Inspection		100		
	Combined Average			87.4
4. INSTRUMENTS				
Gyro		69		
Special Examination		85		
	Combined Average			77
5. METEOROLOGY				
Examination Part 1		90		
Part 11		95		
	Combined Average			92.5
6. CARGO HANDLING		____		90
7. SEAMANSHIP		____		82
Combined Class Average				82.2

Dated NOV 29 1943

Submitted by E. L. Halberstadt Jr. U.S.C.G.R.

Approved by H C Eglar

Third Mate's License Examination _____

Recommended for _____

ADDRESS REPLY TO:
DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT
42 BROADWAY
NEW YORK, N. Y., AND REFER TO FILE No. 51 (fpd)

1943 NOV 11 PM 3 23

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

UNITED STATES COAST GUARD

OFFICE OF THE
DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT

3-12
file
N.P.T.

9 November, 1943

To: The Commandant (FA-AE)

Via: DCGO, 3rd Naval District

Subj: WOOD, Roy V. (111-209), B.M.1c.; transportation of household effects; collection of excess cost

In compliance with HQ letter 27 October, 1943, File CG-532-73, the amount of $8.12 has been charged against the pay account of subject-named man to cover excess cost for the transportation of his household effects. Checkage will appear on Voucher No. 8005, payroll of SHORE UNITS, 3RD DIST. (FOX), month of November, 1943, settled in the account of Floyd Bieri, SDA, Symbol No. 55-365.

FLOYD BIERI
Pay Officer

- -

Ind-1
DCGO, 3rd Naval District
9 November, 1943

To: The Commandant

Forwarded.

GARLAND SPONBURGH
By direction

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

Boatswain

HQ
3-7

S. V. No. .....
Pay No. 1272 73

File
Rec'd

REPORT OF CHANGE IN PAY STATUS

WOOD,	Roy	V.	111-209	C.B.M.(a)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

OFFICERS TRAINING SCHOOL, SEAMEN'S INSTITUTE.	25 South St., New York, N.Y.	9 November, 1943
(Unit)	(Place)	(Date)

SHORE UNITS, 3RD DIST. (FOX)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Check pay account in the amount of $8.12 to cover collection of excess cost for transportation of household effects.

AUTHORITY: HL 10/27/43 (PA-AE) (CG-532-73), attached hereto.

GARLAND SPONBURGH,
(Commanding)

By direction.
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

9 November, 1943
(Date)

W. H. REED, Pay Clerk, USCG,
Ass't Pay Officer, DCGO3ND.

U. S. GOVERNMENT PRINTING OFFICE : 1942 — O - 426485

(538-097)

UNITED STATES COAST GUARD

Address Reply to
THE COMMANDANT (PA-AE)
Refer to File : CG-552
73

WASHINGTON

27 October, 1943

To: DCGO, 3rd Naval District

Subj: WOOD, Roy V. (111-209), B.M.1c.; transportation of household effects, collection of excess cost

1. Voucher, Home Sweet Home Moving & Storage Co., Inc., $64.38, covers cost of hauling by van 5105 pounds household effects of Roy V. Wood, B.M.1c, from East Hampton, Long Island, New York, to Patchogue, Long Island, New York. His authorized weight allowance of 4500 pounds has been exceeded by 650 pounds, resulting in an excess cost of $8.12, computed as follows:

$$\frac{650}{5150} \times 64.38 = 8.12$$

2. Since he authorized checkage of his personal pay account for any excess cost resulting from the shipment, checkage in the amount of $8.12 should be made from pay and HQ notified by letter as to the payroll on which checkage was made, the disbursing officer, voucher number and account in which settled.

W. H. WEBB
By direction

CERTIFIED TO BE A TRUE COPY:

W. H. Reed

W. H. REED, Pay Clerk, USCG.

FILE
B.A.S.

4 November, 1943.

This is to certify that Chief Boatswain's Mate (acting) Roy Vernon Wood (111-209) has served at least 18 months in a deck rating on Coast Guard coastwise, ocean-going or Great Lakes vessels.

Wood originally enlisted in the Coast Guard on 4 May, 1925, discharged 6 June, 1933, reenlisted 10 July, 1941, and has served continuously to date.

S. C. CRANDALL, Lieut., U.S.C.G.
Assistant Chief, Enlisted Assignments Division,

3-1
File
NPH

(FA-AE)
CO-532
73

27 October, 1943

To: DCGO, 3rd Naval District

Subj: WOOD, Roy V. (111-209), B.M.1c.; transportation of household effects, collection of excess cost

1. Voucher, Home Sweet Home Moving & Storage Co., Inc., $64.38, covers cost of hauling by van 5105 pounds household effects of Roy V. Wood, B.M.1c., from East Hampton, Long Island, New York, to Patchogue, Long Island, New York. His authorized weight allowance of 4500 pounds has been exceeded by 650 pounds, resulting in an excess cost of $8.12, computed as follows:

$$\frac{650}{5150} \times 64.38 = 8.12$$

2. Since he authorized checkage of his personal pay account for any excess cost resulting from the shipment, checkage in the amount of $8.12 should be made from pay and HQ notified by letter as to the payroll on which checkage was made, the disbursing officer, voucher number and account in which settled.

W. H. WEBB
By direction

NPH:lpf Return to 6-1

Form NAVCG-2658

UNITED STATES COAST GUARD

46

New York, N.Y.

11 October, 1943

From: Roy V. WOOD (111-209) S.M. 1c

To: District Coast Guard Officer, 3rd Naval District.

1. It is requested that I be granted authority to incur expenses during the month of October 1943, for the preparation for shipment, shipment, and unpacking at destination, of my personal household effects, as indicated below, under permanent change of station orders from Bay Shore, L.I., New York, to Montauk, L.I., New York, issued by NY District Coast Guard Officer #23 3RD Nav. Dist. Letter, dated 8 April 1943 file AM 78-581, certified copies attached.

4500 Pounds	From: East Hampton, L.I. New York. To: Patchogue, L.I., N.Y.	Remarks $22.00 No previous requests.
Pounds	From: To:	
Pounds	From: To:	

2. I certify that the above-requested shipment consists of household or personal effects belonging to me and are not intended, directly or indirectly, for any other person or persons, or for sale.

3. I hereby authorize the checkage of my personal pay account for all excess costs involved.

Roy V. Wood
(Signature)

AUTHORIZED: Garland Sponburgh

OCT 11 1943

GARLAND SPONBURGH, Lieut.
By direction, DCGO 3rd NAVDIST.

(Over)

Amagansett, New York

Address reply to:
COMMANDING OFFICER, COAST
GUARD STATION, Amagansett, N.Y.
Refer to file: 73-701-531

10 September, 1943

To: WOOD, Roy V. (111-209) C.B.M.(a)(P)

Subj: Orders; transfer; travel

1. In accordance with DCGO 3rd Naval District dispatch 082255 (Sept 1943) you are detached from further duty at this unit and directed to proceed to 42 Broadway, New York, New York and report to District Coast Guard Officer, Third Naval District for assignment to a course of instruction in officers training of approximately 11 weeks duration.

2. The travel necessary to the execution of this order is required by the public interests and is chargeable against the Coast Guard Travel Allotment of the Third Naval District, Symbol 03-20. Allowances for subsistence and quarters, as prescribed by Article 220 Pay and Supply Instructions, are applicable in this case.

3. You are warned not to discuss any activities or movements or locations of vessels; nor to participate in a press conference or talk to reporters or over the radio except after specific authorization by the Commandant.

4. Departed this unit at 0630 this date.

CC: Pay
Personnel
Finance
DCGO3rdND
HQ
File

C. B. LEMON,
By direction

Incl
Government Transportation Request No. Neg 194,446 ($2.30).

3-12

Amagansett, New York

Address reply to:
COMMANDING OFFICER, COAST
GUARD STATION, Amagansett, N.Y.
Refer to file: 73-701-531

10 September, 1943

To: WOOD, Roy V. (111-209) C.B.M.(a)(P)

Subj: Orders; transfer; travel

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4. Departed this unit at 0630 this date.

C. B. LEMON,
By direction

CC: Pay
Personnel
Finance
DCGO3rdND
HQ
File

Incl
Government Transportation Request No. Neg 194,446 ($2.30).

Amagansett, New York

Address reply to:
COMMANDING OFFICER, COAST
GUARD STATION, Amagansett, N.Y.
Refer to file: 73-531

18 August, 1943

To: WOOD, Roy V. (111-209) C.B.M. (a)

Subj: Orders; temporary duty; travel

1. In accordance with DCGO 3rd Naval District letter 12 August, 1943 file 73-783, you are directed to proceed to New York, N.Y. and report to the Embassy Hotel, Broadway and Seventieth Street at 0830 Thursday, 19 August, 1943 for an examination for enlisted personnel to qualify for deck officer. Upon completion of this temporary duty, you will return to your regular station for resumption of your duties.

2. The travel necessary to the execution of this order is required by the public interests and is chargeable against the Coast Guard Travel Allotment of the Third Naval District. Allowances for subsistence and quarters, as prescribed by Article 248 Pay and Supply Instructions, are applicable in this case.

3. You are warned not to discuss any activities or movements or locations of vessels; nor to participate in a press conference or talk to reporters or over the radio except after specific authorization by the Commandant.

4. Departed this unit at 1740, this date.

CC: Pay
Personnel
Finance ✓
DCGO3rdND
HQ
File

C. R. PEELE

Incl
Government Transportation Request No. Neg 194,415 ($4.95).

3-13

Amagansett, New York

Address reply to:
COMMANDING OFFICER, COAST
GUARD STATION, Amagansett, N.Y.
Refer to file: 73-531

18 August, 1943

To: WOOD, Roy V. (111-209) C.B.M. (a)

Subj: Orders; temporary duty; travel

1. In accordance with DCGO 3rd Naval District letter 12 August, 1943 file 73-783, you are directed to proceed to New York, N.Y. and report to the Embassy Hotel, Broadway and Seventieth Street at 0830 Thursday, 19 August, 1943 for an examination for enlisted personnel to qualify for deck officer. Upon completion of this temporary duty, you will return to your regular station for resumption of your duties.

2. The travel necessary to the execution of this order is required by the public interests and is chargeable against the Coast Guard Travel Allotment of the Third Naval District. Allowances for subsistence and quarters, as prescribed by Article 248 Pay and Supply Instructions, are applicable in this case.

3. You are warned not to discuss any activities or movements or locations of vessels; nor to participate in a press conference or talk to reporters or over the radio except after specific authorization by the Commandant.

4. Departed this unit at 1740, this date.

CC: Pay
Personnel
Finance
DCGO3rdND
HQ ✓
File

C. R. PEELE

Incl
Government Transportation Request No. Ncg 194,415 ($4.95).

(Name) (Number) (Grade or rate) PE-73 (Date)

Health Weight Weight

bol

Wood, Roy V. (111-209) 2 April, 1943.

Born ( ) Army, Navy, Lighthouse
Commendations

Grammar School ( ) High School ( )
Courses, Special qualifications, etc.

From: Commandant.
To: District Coast Guard Officer, Third Naval District.

Subject: Personnel; advancement in rating.

1. Upon receipt hereof, you are authorized to advance the below-listed men in rating as follows:

BUNICH, Peter D. (227-570) M.M.lc.(Pro.) to C.M.M.(a)(Pro.)
BYRD, Oris L. (226-617) B.M.lc.(Pro.) to C.B.M.(a)(Pro.)
GIBBS, Hugh L. (201-688) B.M.lc.(Pro.) to C.B.M.(a)(Pro.)
HULSE, Lewis A. (105-154) M.M.lc. to C.Mo.M.M.(a)(Pro.)
WOOD, Roy V. (111-209) B.M.lc. to C.B.M.(a)(Pro.)

2. Report action on Form 2599.

E. J. ROLAND,
By direction.

Con.	Sob.	Ld. Ship
4	4	3.2
4	4	=
4	4	=
4	4	3.4
4	4	3.6
4	4	3.5

U. S. COAST GUARD (?)
RECD APR 3- 1943

Remarks

3-12

(Yes) (No) (?) Officer checking

Wood, Roy Vernon (6[illegible]1-209) B.M.1c 3-30-43

(Name) (Number) (Grade or rate) (Date)

Health Height Weight

Enlisted (5-4-25) Rate (7.1c) Born (2-4-04) Army, Navy, Lighthouse

Changed Rate to	Date
Mo. M.M. 2c	7-1-25
Mo. M.M. 1c	11-1-25
C. Mo. M.M.	9-16-26
Hon. Disch.	6-6-33
Re Enl. B.M. 1c	7-10-41

Commendations

Grammar School (7) High School (

Courses, Special qualifications, etc.

Censure, Investigations, Debts, etc.

Ltr. indebtedness 9-7-34

Courts.

Reports of Fitness. (Favorable)

Reports of Fitness. (Unfavorable)

Yrs.	Ships and Stations	Prof.	Con.	Sob.	Ld. Ship.
3	Section Base Two	3.4	4	4	3.2
1	" " "	3.6	4	4	—
1	" " "	3.6	4	4	—
1	" " "	3.74	4	4	3.62
1	" " "	3.71	4	4	3.6
1	" " "	3.6	4	4	3.5
2	Icarus				

Eligible list - (Yes) - (No) - (Because) -

Remarks

(Yes) (No) (?)

Officer checking

G C M & B

1943 MAR 28 AM 11 26

3-1

73-701

OFFICE, DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT
42 Broadway

New York, New York,
22 March, 1943.

From: District Coast Guard Officer, THIRD NAVAL DISTRICT.
To: Commandant.

Subject: WOOD, Roy V. (111-209) B.M.1c.; appointment to chief petty officer rating; recommendation for.

Reference: (a) Personnel Bulletin 10-42.
(b) Letter, Commanding Officer, FIRE ISLAND STATION, 29 October, 1942 (73).

Inclosure: (A) Reference (b).

1. The subject-named man is hereby recommended for appointment to the rating of Chief Boatswain's Mate (acting) (Provisional), in excess of the complement of this district in that particular rating.

2. He is deemed morally, professionally and physically qualified for advancement to the chief petty officer grade, and has served at least twelve months in the first class petty officer rating.

3. He is fully qualified in respect to the requirements of Chapter VI, Personnel Instructions, and inclosure (A) is forwarded herewith to show his proficiency in the performance of the duties of his particular rating.

Stanley V. Parker

STANLEY V. PARKER

ADDRESS REPLY TO:
DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT
411 CUSTOMHOUSE
NEW YORK, N. Y., AND REFER TO FILE No. 73.

UNITED STATES COAST GUARD

OFFICE OF THE
DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT

FIRE ISLAND STATION.

Bay Shore, N. Y.
29 October, 1942.

From: Commanding Officer, FIRE ISLAND STATION.
To: Commandant.

Via: 1. District Coast Guard Officer, THIRD NAVAL DISTRICT.

Subject: WOOD, Roy V. (111-209) B.M.1c. - Fire Island Light Station - recommendation for advancement in rating.

1. Subject man is recommended for advancement to the rating of Chief Boatswain's Mate, acting, provisional. Wood has served in his present rating and under my command since 10 July, 1941. He has proven himself to be an excellent boatswain's mate, thorough and efficient in his duties, trustworthy, and fully capable of performing the duties of Chief Boatswain's Mate.

2. The applicants marks for the current enlistment are Proficiency in rating, 3.6; Conduct, 4.0; Ability as leader of men, 3.6; Health 4.0.

3. It is requested that if subject man is advanced to the rating of Chief Boatswain's mate, that he remain as Officer in Charge of Fire Island Light Station.

P. H. Simpson

P. H. SIMPSON.

Wood, Roy Vernon (6[redacted]1-209) B. M. 1c 9-30-43

(Name) (Number) (Grade or rate) (Date)

Health Height Weight

Enlisted (5-4-25) Rate (7.1c) Born (2-4-04) Army, Navy, Lighthouse

Changed Rate to	Date
Mo. M. M. 2c	7-1-25
Mo. M. M. 1c	11-1-25
C. Mo. M. M.	9-16-26
Hon. Disch.	6-6-33
Re Enl. B. M. 1c	7-10-41

Commendations

Grammar School (7) High School (

Courses, Special qualifications, etc.

Censure, Investigations, Debts, etc.

Ltr. of indebtedness 9-7-34

Courts.

Reports of Fitness. (Favorable)

Reports of Fitness. (Unfavorable)

Yrs.	Ships and Stations	Prof.	Con.	Sob.	Ld. Ship.
3	Section Base Two	3.4	4	4	3.2
1	" " "	3.6	4	4	—
1	" " "	3.6	4	4	—
1	" " "	3.74	4	4	3.62
1	" " "	3.71	4	4	3.6
2	Pearus	3.6	4	4	3.5

Eligible list - (Yes) - (No) - (Because) -

Remarks

G C M & B (Yes) (No) (?) Officer checking

CP475.

3 October, 1941.

From: Commandant.
To: Commander, New York District.

Subject: Roy V. Wood, keeper; change in status.

Reference: (a) Your letter 26 September, 1941.
(b) Form 93 dated 10 July, 1941.

1. Form 2249 has not yet been issued for the change in status of Mr. Wood from civilian to military. When available, the usual notice will be forwarded your office in this connection.

T. O. ROBERTSON,
By direction.

MAILED
OCT 4 1941

73

FILE

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE Two

U. S. COAST GUARD RECEIVED NOV 12 1931. NEW YORK DIVISION NEW YORK, N. Y.

Rush

31, October, 1931.

U. S. COAST GUARD REC' NOV 13 1931 BY ANS.

From: Roy V. Wood, Chief Motor Machinist Mate.
To: Commandant, (Via, Commander, Section Base Two and Commander New York Division.

Subject: Examination for appointment as Temporary Warrant Officer.

Reference: (a) Treasury Department letter dated September 1931 (C.G.705)

Inclosed: (1) copy of letter to Captain J. I. Bryan
(2) copy of letter to Commander E. D. Jones.
(3) copy of letter to Captain W. H. Munter.
(4) schedule showing length of service under each former Commanding Officer of whom recommendations were requested.

1. It is requested that I be considered an applicant for examination for appointment as Temporary Warrant Machinist in the United States Coast Guard, being eligible in accordance with paragraph 3, reference (a).

2. In compliance with paragraph 4 reference (a) inclosures (1)(2)(3)(4) are forwared herewith.

Roy V. Wood.

Section Base Two 73-705 1st Indorsement Stapleton, S. I., N. Y. 7 November, 1931.

1. Forwarded approved.

2. This chief petty officer is energetic, a good leader of men, and his professional knowledge is above the average. He has good judgement and common sense; has good tact and keeps an excellent engine room. He is good as a mechanic and accomplishes the required amount of work in his department. I believe that this man has all of the necessary qualifications for a machinist in the service.

Cecil M. Gabbett.

CMG/bjc

NEW YORK DIVISION - 73-705 2nd indorsement New York, N.Y., 12 Nov., 1931.

1. Forwarded, with inclosure, for consideration by Headquarters.

DS

P. W. LAURIAT, Acting.

Two

Enah

31,October,1931.

From: Roy V. Wood, Chief Motor Machinist Mate.
To: Captain W. H. Hunter, Commander, Eastern Division, Custom House. Boston, Mass.

Subject: Examination for appointment as Temporary Warrant Officer, request for recommendation.

Reference: (a) Treasury Department letter, Dated:1,September,1931. (C.G.705)

1. Reference(a) advisesthat an examination for appointment as Temporary Warrant Officer is to be held on or about 19,January,1932.

2. In compliance paragraph 4 of reference (a) I am,this date, submitting my application for consideration and it is requested that you write Headquarters setting forth your estimate of my qualifications to take this examination.

3. I served under your command,Section Base Two, as Chief Motor Machinist Mate, from March,1929 to May,1930.

Roy V. Wood.

Two
Rush

31,October,1931.

From: Roy V. Wood, Chief Motor Machinist Mate.
To: Captain [illegible]Bryan,Commander, New York Division.
Custom House, New York,N.Y.

Subject: Examination for appointment as Temporary Warrant Officer, request for recommendation.

Reference: (a) Treasury Department letter, Dated:1,September,1931. (C.C.705)

1. Reference(a) advises that an examination for appointment as Temporary Warrant Officer is to be held on or about 19,January,1932.

2. In compliance paragraph 4 of reference (a) I am, this date, submitting my application for consideration and it is requested that you write Headquarters setting forth your estimate of my qualifications to take this examination.

3. I served under your Command, Section Base Two, from June 1925 to November 1926.

4. I held the following ratings: fireman 1/c, Motor Machinist Mate 2/c, Motor Machinist Mate 1/c, and Acting Chief Motor Machinist Mate.

Roy V. Wood.

Two
Rush

31,October ,1931.

From: Roy V. Wood, Chief Motor Machinist Mate.
To: Commander E.D.Jones, New York Division, Custom House, New York,N. Y.

Subject: Examination for appointment as Temporary Warrant Officer, request for recommendation.

Reference: (a) Treasury Department letter, Datedl,September,1931. (C.G.706)

1. Reference(a) advises that an examination for appointment as Temporary Warrant Officer is to be held on or about 19,January,1932.

2. In compliance with paragraph 4 of reference (a) I am, this date, submitting my application for consideration and it is requested that you write Headquarters setting forth your estimate of my qualifications to take this examination.

3. I served under your command,Section Base Two, as Acting Chief Motor Machinist Mate, and Chief Motor Machinist Mate, from November 1926 to March 1929.

Roy V. Wood.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE

Two

Rush

31,October,1931.

(To accompany the application of Roy V. Wood, Chief Motor Machinist Mate).

Schedule showing length of service under former commandering officers of whom recommendations have been requested.

Captain J.I.Bryan,Section Base Two, from June 1925 to November 1926.

Commander E. D. Jones, Section Base Two, from November 1926 to March 1929.

Captain W.H.Munter, Section Base Two, from March 1929 to May 1930.

Roy V. Wood.

Two
Rush

31,October,1931.

(To accompany the application of Roy V. Wood, Chief Motor Machinist Mate).

Schedule showing length of service under former commanding officers of whom recommendations have been requested.

Captain J.I.Bryan,Section Base Two, from June 1925 to November 1926.

Commander E. D. Jones, Section Base Two, from November 1926 to March 1929.

Captain W.H.Hunter, Section Base Two, from March 1929 to May 1930.

Roy V. Wood.

Two
Rush

31,October,1931.

(To accompany the application of Roy V. Wood, Chief Motor Machinist Mate).

Schedule showing length of service under former commanding officers of whom recommendations have been requested.

Captain J.I.Bryan,Section Base Two, from June 1925 to November 1926.

Commander E. D. Jones, Section Base Two, from November 1926 to March 1929.

Captain W.H.Hunter, Section Base Two, from March 1929 to May 1930.

Roy V. Wood.

73

FILE C.M. 73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

NEW YORK, N.Y.

OFFICE OF
THE DIVISION COMMANDER
NEW YORK DIVISION
307-311 CUSTOMHOUSE
NEW YORK, N.Y.

2 November, 1931.

U.S. COAST GUARD
REC'D NOV 9 1931 By

From: Captain (E) J. I. Bryan.
To: Commandant.

Subject: WOOD, Roy V., C.Mo.M.M., examination for appointment as Temporary Warrant Officer; recommendation for.

Reference: (a) Headquarters Circular 1 September, 1931(CO-311).
(b) Roy V. Wood, C.Mo.M.M., letter 31 October, 1931 (CO-311).

1. Headquarters is advised that the subject named man has applied to me to write a letter to Headquarters setting forth my opinion of his qualifications. During the time Wood served under my command at Section Base 2, From June, 1925 to November, 1926, his qualifications were such that I would recommend that He be given an opportunity to appear for examination for promotion to Temporary Warrant Officer.

J. I. Bryan.

2 November, 1931.

U. S. COAST GUARD
REC'D NOV 3 1931 By

From: Captain (E) J. I. Bryan.
To: Commandant.

Subject: WOOD, Roy V., C.Mo.M.M., examination for appointment as Temporary Warrant Officer; recommendation for.

Reference: (a) Headquarters Circular 1 September, 1931(CO-311).
(b) Roy V. Wood, C.Mo.M.M., Letter 31 October, 1931 (CO-311).

1. Headquarters is advised that the subject named man has applied to me to write a letter to Headquarters setting forth my opinion of his qualifications. During the time Wood served under my command at Section Base 2, From June, 1925 to November, 1926, his qualifications were such that I would recommend that He be given an opportunity to appear for examination for promotion to Temporary Warrant Officer.

J. I. Bryan.

73-705

SS COMMANDER, EASTERN DIVISION
U. S. COAST GUARD

73

FILE

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

BOSTON, MASS.

OFFICE OF
THE DIVISION COMMANDER
EASTERN DIVISION

4 November, 1931.

U. S. COAST GUARD
REC'D NOV 5 1931 BY
ANS.

From: Captain W. H. Munter.
To: Commandant.

Subject: WOOD, Roy V., C.Mo.M.M.; qualifications for promotion to temporary warrant officer.

Reference: (a) Department letter 1 September, 1931 (CG-705).

1. In accordance with reference (a), chief motor machinist's mate Roy V. Wood has requested that I inform Headquarters my estimate of his qualifications for advancement to temporary Machinist.

2. Subject man served under my command at Section Base 2 from March, 1929 to May, 1930. During this period he did not come to my attention in any outstanding way. I do not recall anything detrimental to his advancement and cannot recommend him for same, due to lack of knowledge.

W. H. MUNTER.

CALIFORNIA DIVISION 73 NOV 25 1931 U.S. COAST GUARD

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER

NORTHLAND

Oakland, California,
23 November 1931

U. S. COAST GUARD
REC'D NOV 30 1931
A.M.S.

From: Commander E. D. Jones.
To: Commandant (via California Division).

Subject: WOOD, Roy V., C.Mo.M.M.

1. The above named man has requested me to inform Headquarters of my estimate of his qualifications for appointment to the grade of temporary machinist.

2. Wood served under my command at Section Base Two from November 1926 to March 1929. His performance of duty and conduct were entirely satisfactory. At that time he was considered to be somewhat lacking in force, although in all other respects he was considered promising material for warrant grade. Nothing is known of his record subsequent to February 1929.

E. D. Jones

California Division-73 First Indorsement San Francisco, Calif., 25 November, 1931.

From: Commander, California Division.
To: Commandant.

1. Forwarded.

F. L. Austin,
By direction.

STOCK FORM 2249
-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 10 July, 1941

Name: Wood, Roy T.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Boatswain's Mate, 1c.
Grade	Field (Range $1560-1920)	Pay $1279.20
Salary	$1560 plus $240 p.a.Cvrs.	Subsistence 438.00
		$1717.20
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, N. Y.	New York, N. Y.
Post of Duty	Fire Island Lt. Sta., N. Y.	Fire Island Lt. Sta., N. Y.
Appropriation	Civilian Employees, C. G.	Pay and allowances, C. G.
Allotment		

FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

EFFECTIVE 10 July, 1941.

Remarks:

The change indicated is pursuant to the Act of August 9, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Esc.

DATE OF BIRTH: 2-4-1904

LEGAL RESIDENCE: New York

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? Yes

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

DATE APPROVED BY THE SECRETARY: 10-31-41

BUREAU OR DIVISION PERSONNEL FILES

DEC 9 1941

DEPT. STOCK FORM 2249
REV. 1941

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared: 10 July, 1941

Name: Wood, Ray T.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Lookout's Asst., Lt.
Grade		
Salary	Field (Range $1560-1920) $1560 plus plus $240 p.a. Cert.	Pay $1679.20 Subsistence 432.00 $2111.20
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty	New York, N. Y. Fire Island Lt. Stn., N. Y.	New York, N. Y. Fire Island Lt. Stn., N. Y.
Appropriation	Civilian Employees, C. G.	Pay and allowances, C. G.
Allotment		

EFFECTIVE: 10 July, 1941. FIELD ☐ DEPRTMTL. ☐ FIELD ☒ DEPRTMTL. ☐

Remarks:

The change indicated is pursuant to the Act of August 9, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Mar.

DATE OF BIRTH: 2-4-1904

LEGAL RESIDENCE: New York

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? Yes

SUBJECT TO RETIREMENT ACT? 6-20-16

DATE OF OATH

T. G. ROBERTSON, Chief,
Civilian Personnel Section.

DATE APPROVED BY THE SECRETARY

BUREAU SUSPENSE AND FILE COPY

Mic S Pth

DEC 8

Wood
Bmic - Oath 7-10-41
Pay 1279.20
Sub. 438.00
$1,717.20

NOTICE OF RESIGNATION OR DEATH

U. S. COAST GUARD (8)
REC'D JUL 12 1941

TREASURY DEPARTMENT
U.S.Coast Guard

OFFICE OF Commander, New York DISTRICT,

New York, N. Y., 10 July, 1941. , 19

...esignation of the following-named employee:

Name, Roy V. Wood Position, Keeper

Legal residence, New York Station, Fire Island Light Station, N. Y.

Salary, $1560 per annum, plus $240 p.a. quarters

The acceptance of this resignation is recommended effective at the close of 9 July, 1941.

This employee has not taken leave in excess of the accrued rate.

Remarks: Last date of service in the civil status: 9 July, 1941.
Military designation upon induction: Boatswain's Mate, 1st class.
Date oath was administered: 10 July, 1941.

P. E. SHAW,
By direction.

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

11—4623

Form 93

NOTICE OF RESIGNATION OR DEATH

U. S. COAST GUARD (8)
REC'D JUL 12 1941

TREASURY DEPARTMENT
U.S.Coast Guard

OFFICE OF Commander, New York DISTRICT,

New York, N. Y., 10 July, 1941. , 19

Commandant:

Herewith is transmitted the resignation of the following-named employee:

Name, Roy V. Wood Position, Keeper

Legal residence, New York Station, Fire Island Light Station, N. Y.

Salary, $1560 per annum, plus $240 p.a. quarters

The acceptance of this resignation is recommended effective at the close of 9 July, 1941.

This employee has not taken leave in excess of the accrued rate.

Remarks: Last date of service in the civil status: 9 July, 1941.
Military designation upon induction: Boatswain's Mate, 1st class.
Date oath was administered: 10 July, 1941.

P. E. SHAW,
By direction.

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

11—4623

TREASURY DEPARTMENT
United States Coast Guard
WASHINGTON

U. S. COAST GUARD (8)
REC'D JUL 12 1941

Date 10 July, 1941.

RESIGNATION

I hereby tender my resignation as Keeper
(Designation)

$1560 per annum assigned to the United States Treasury
(Grade and salary)

Department, Office of the Commandant of the Coast Guard at Fire Island Light Station,
(City)

New York, effective at the close of business 9 July, 1941
(State) *(Date)

Reason: To be inducted into the Coast Guard.

Roy V. Wood
ROY V. WOOD (Signature)

(without prejudice)
Acceptance (~~xxxxxxxxxx~~) recommended:

P. E. SHAW,
Lieut. Commander, U. S. Coast Guard,
Personnel Officer.
(Signature)

(Official Title)

*Must correspond to date name is taken from pay roll.

Council of Personnel Administration Form 10A (For: CAF Grades 1-8; CM; CU; SP.)

Final REPORT ON PROBATIONARY APPOINTEE

(Preliminary or Final)

Length of Probation: 6 Months in This Case

For probationers having a six-month probationary period, a preliminary report, recommending continuation of the probational appointment or dismissal, shall be made at the end of the third month of service, and a final report, recommending absolute appointment or dismissal, shall be made at the end of the fifth month. For those having a twelve-month probationary period, the preliminary report shall be made at the end of the sixth month and the final report at the end of the tenth month. Copies of this form should be promptly executed and forwarded to the central office in Washington for the preliminary about and likewise for the final report.

LIGHTHOUSES
APR 14 8 37 AM '37

Commerce
(Department)

Lighthouses
(Bureau or Office)

Little Gull Is., April 12, 1937
(Place and Date)

To Supt. of Lighthouses
(Head of Department or Establishment)

The probationary period of the person named below expires at the close of business on May 11, 1937.

Name Roy V. Wood

Station Little Gull Is. Lt. Sta.

Position 2d Asst. Keeper

Grade _____ Salary $1500 p.a.

Date of entrance on duty Nov. 12, 1936

The immediate supervisor submits the following analysis:

On lines below mark employee:
✓ if neither strong nor weak point.
– if weak point.
+ if strong point.

1. Underline the elements which are especially important in the position.
2. Mark nonsupervisory employees on all elements except those in *italics*.
3. Mark supervisory employees on all elements.

In boxes below rate employee:
1 or 2 if Excellent.
3 or 4 if Very Good.
5 or 6 if Good.
7 or 8 if Fair.
9 or 10 if Unsatisfactory.

I. QUALITY OF PERFORMANCE

± (a) Acceptability of work; thoroughness.
± (b) General dependability; accuracy.
± (c) Neatness and orderliness of work.
✓ (d) Skill with which the important procedures, instruments, or machines are employed in performing his duties.
_____ (e) *Effectiveness in getting good work done by his unit.*

4

II. PRODUCTIVENESS

Base rating primarily on element (a), if known; otherwise on (b) and (c).

✓ (a) Amount of work accomplished.
± (b) Application of time, interest, and energy to duties; industry.
✓ (c) Promptness in completing assignments; speed.
_____ (d) _____ (State any other elements of this class considered)
_____ (e) *Effectiveness in securing adequate output from his unit.*

5

III. QUALIFICATIONS SHOWN ON JOB

± (a) Knowledge of duties and related information.
± (b) Ability to learn and to profit from experience.
± (c) Judgment, sense of proportion, common sense.
± (d) Initiative and resourcefulness.
± (e) Cooperativeness; ability to work with and for others.
_____ (f) _____ (State any other elements of this class considered)
_____ (g) *Effectiveness in developing and training employees.*
± (Custodial only) Ability to perform such physical work as the job requires.

2

Sum of Ratings	
3 – 7	Excellent.
8 – 13	Very Good.
14 – 19	Good.
20 – 24	Fair.
25 – 30	Unsatisfactory.

Sum of ratings . . . 11

If service has been unsatisfactory, and recommendation for dismissal is made on this form at the time of either the preliminary or the final report, a full statement of reasons must be set forth under "Remarks" below. Separations during probation are governed by paragraph (c) of Section 1, Civil Service Rule VII, which reads in part as follows:

> "If and when, after full and fair trial, during this [probationary] period, the conduct or capacity of the probationer be not satisfactory to the appointing officer, the probationer shall be so notified in writing, with a full statement of reasons, and this notice shall terminate his service."

Remarks:

Give here a brief statement of the particulars of this employee's conduct which have impressed you, as his immediate supervisor. This report is confidential and may not be disclosed to the employee without the authority of the head of the office or the appointing authority. Good points and faults should be frankly though briefly stated.

Be it noted that I checked Art.I, element (d) thus ✓ This man is very good on some lines of work but not so good in some others but has steadily shown improvement in his poorer points.

On the whole, I consider the deportment and attitude of this employee toward his work {~~unsatisfactory~~ / satisfactory}.

Characteristics needing special supervisory attention:

Supervisory measures suggested:

Health of employee:

Very good

It is accordingly recommended that this employee be {~~continued probationally in~~ / given absolute appointment to / ~~discharged from~~} the position named above.

(Cross out those that do not apply)

Reviewed and Approved:

/s/ E. M. Whitford

(Signature of Supervisor)

(Head of Bureau or Office)

J. T. YATES, Supt.

~~2d Lighthouse Dist.~~

Absolute appointment authorized:

BUREAU OF LIGHTHOUSES - WASHINGTON April 14, 1937

Submitted to the Secretary of Commerce for information.

For the Commissioner:

W. P. Harman, Administrative Asst.

(Probationers should be furnished a copy of this form and an explanation of its purpose on their entrance on duty.)

Form 73 a

REPORT OF TRANSFER OF APPOINTEE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

FWO-JHG

LIGHTHOUSES
MAY 25 8 55 AM '37

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES. 3rd DISTRICT.

Staten Island, N. Y., May 24, 1937, 19

COMMISSIONER OF LIGHTHOUSES:

It is proposed to transfer the following-named employee as indicated, on or about June 10, 1937
(See instructions on reverse side)

Name, Roy V. Wood Position, Keeper (2A)

From Little Gull Island Lt.Sta.,N.Y. To Execution Rocks Lt.Sta.,N.Y.

Salary and range, $1500 ($1500-1860) Salary and range, $1500 ($1500-1860)

Previous incumbent and pay, Louis W. Szarek (LT.#1563)

Services terminated, May 22,1937 Reason, Resigned

Letter from Mr.Wood requesting this transfer attached hereto.

J. T. YATES, Supt.

, 19

The above-referred-to transfer became effective beginning with June 19, 1937
(Enter effective date in this space if transfer has been actually completed)

BUREAU OF LIGHTHOUSES
WASHINGTON June 30, 1937

Submitted to the Secretary of Commerce for his information.

For the Commissioner:

W. P. Harman,
Administrative Assistant

~~Executive Commissioner~~

~~Chief of Personnel Division~~

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

AUG 4 8 42 AM '38

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FWO-JHG

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 3rd DISTRICT.

Staten Island, N.Y., Aug. 3, 1938, 19---
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer

Name, Roy V. Wood

Position, Keeper (1-A)

Location, Fire Island Lt-Sta., N.Y.

Effective, Sept.1,1938 [1] the actual date of entrance on duty, or as soon thereafter as he enters on duty.

Legal residence, New York

Proposed salary, $1380 p.a.

Proposed range, $1380-1740

Appropriation, Salaries, Light-house Keepers.

Former position, Keeper (2-A)

Location, Execution Rocks Lt.Sta., N.Y.

Former salary, $1500 p.a.

Former range, $1500-1860

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

Previous incumbent and his pay, John A. Stockton, (LT.#1567) Services terminated, Aug. 31, 1938

Reason, Transferred (Salary $1380 p.a.)

Members of family in Government service,

Date of birth,

Remarks: Letter from Mr. Wood requesting this transfer attached hereto.

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

Secretary, Civil Service District.

J. T. YATES
Superintendent

6

BUREAU OF LIGHTHOUSES
WASHINGTON

AUG - 5 1938

Submitted to the Secretary of Commerce, approved.

W. P. HARMAN

Acting Commissioner of Lighthouses.

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

11—2314

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

August 10, 1938.

Mr. Roy V. Wood,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty (change of station and duties).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER,

Chief, Division of Personnel.

From: $1500 per annum.

To: $1380 per annum.

Service and grade:

Appropriation (unit): Field.

3
B

AUG 22 1938

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

M-47

FWO:HR

GENERAL DEPOT
OFFICE SUPERINTENDENT OF LIGHTHOUSES
3D DISTRICT, STATEN ISLAND, N. Y.

September 7, 1938

Commissioner of Lighthouses:

CHANGE IN DESIGNATION, PAY, OR STATUS OF EMPLOYEE

Name Roy V. Wood

Nature of action Transfer

Effective Date Sept. 1, 1938

	FROM	TO
Position	2nd Asst.Keeper	1st Asst.Keeper
Pay	$1500 p.a.	$1380 p.a.
Station	Execution Rocks Light Station, N.Y.	Fire Island Lt.Sta., N.Y.

Remarks: This change is reported in accordance with Department letter Dated March 14, 1938.

9/15 Informally to Dept

J. F. Yates

Superintendent of Lighthouses

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

June 16, 1939.

Mr. Roy V. Wood
Through the Commissioner of Lighthouses.

You are advised that your compensation has been changed as indicated below, effective June 16, 1939.

A new appointment will not be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

OLIVER C. SHORT
Director of Personnel.

From: $1380

To: $1440

Service and grade:

Appropriation (unit): Field

3
C

JUL 15 1939

SEP 30 2013 1939 RECEIVED TOMPKINSVILLE

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Dept. Date Sept. 27, 1939

1. Name in full (Mr., Miss, or Mrs.) Mr. (Surname) Wood (Given name) Roy (Middle name) Vernon
2. Present address Fire Island Light Station, (Number) (Street) Bay Shore (City) New York (State)
3. Legal (voting) residence New York (State and Congressional District) 1st Dist. (County) Suffolk Town of Islip (City or town)
4. Where born Virginia (State or foreign country) Norfolk (City or town) When born Feb. 4, 1904 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

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

7. Number and ages of dependents domiciled with you 3 dependents, age 27, 5 & 6 yrs.
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
Public Health	Hosp. #82 Norfolk, Va.	Plumber	$70.00 per Mo	Oct	1	1920	Mar.	15	1923
Procurement Div. Public Works Field Force	731 Custom House New York, N.Y.	Elect. Helper	$1380.00 per Annum	May	15	1935	Feb	29	1936
Light House	S. Island N.Y.	Asst. Keeper	$1500.00 $1440.00 per Annum	Nov.	12	1936	Present Employment.		

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: No.

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below: No

(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service? No

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

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

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

Enlisted May 4, 1925 Discharged June 6, 1933 | Enlisted ____ Discharged ____

Rank Fireman 1st Class Rank Chief Motor Mach. Mate | Rank ____ Rank ____

Organization Lee. Base 2 Organization U.S.C.G. Icarus | Organization ____ Organization ____

[OVER]

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) ---

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

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Raymond Concrete Pile Co. Baltimore Md.	Fireman, Pile drivers & portable Machinery	2 years.
Nassau Smelting & Refining Co. Tottenville, Staten Island, N.Y.	Powerhouse Operator maintaining Elect. Equipment	1½ yrs.

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

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

16. In case of emergency, notify Emily O. Ward

Relationship Wife Post office address Fire Island Lt. Sta. Bay Shore, N.Y.

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

Roy V. Ward.
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE: 1930 10—1930

Copy of this form not submitted to department.

Form 73
DEPARTMENT OF COMMERCE
~~Lighthouse Service~~
Approved Sept. 1, 1938

TREASURY DEPARTMENT
U.S. Coast Guard

NOMINATION

U. S. COAST GUARD
REC'D MAR 19 1941

N.Y. ~~LIGHTHOUSE~~ DISTRICT New York, N. Y. (City) 17 March (Date), 1941

Commandant:
~~COMMISSIONER OF LIGHTHOUSES~~:

Action recommended Promotion

Name Roy V. Wood Date of birth 2-4-04 or Legal residence N. Y. or M-W

	From—	To—
Position,	Keeper, Asst.	Keeper
Pay and grade	$1440 or ($1380-1740)* $240 qtrs	$1560 or ($1560-1920)* $240 qtrs
Station	Fire Island Light Station, N. Y.	Fire Island Light Station, N. Y.
Appropriation	Civilian Employees, Coast Guard	Civilian Employees, Coast Guard

Effective 1 May, 1941 { ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Rank on eligible list ____ Rating ____ Percentage ____ Other eligibles considered:

Vice Adrien J. Boisvert #1566 Pay $1680 p.a. Services terminated 30 April, 1941

Reason Transferred.

REMARKS:[2] *Value of quarters $240 per annum.
This is a regular position in the authorized complement of the district, and it is necessary that it be filled in order that the essential work of the Service may be carried on.
Mr. Wood is entitled to military (veteran) preference.

Selection regular, ____, 19____

P. E. SHAW,
By direction. ~~Superintendent of Lighthouses~~

Manager, Civil Service District.

BUREAU OF LIGHTHOUSES, WASHINGTON, , 19

Submitted to the Secretary of Commerce, approved.

#1

Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.
[2] In case of vessel officer, state license held.

11—2314

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared April 7, 1941

Name: Wood, Roy V.

From: U. S. Coast Guard

Bureau No: 1566

Change in status - increase in grade and salary

	FROM	TO
Position Grade Salary	Keeper Field (Range $1380-1740) $1440 p.a. plus $240 p.a. Qtrs.	Keeper Field (Range $1560-1920) $1560 p.a. plus $240 p.a. Qtrs
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment Field or Deptl.	New York, New York. Fire Island Lt.Stn., N.Y. Civilian Employees, C. G. Field	New York, New York. Fire Island,Lt.Sta., N.Y. Civilian Employees, C. G. Field

EFFECTIVE: E.O.D.

Remarks:

Justification: This is a regular position in the authorized complement of the station, and it is necessary that it be filled in order that the essential work of the Service may be carried on.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 2-4-1904

LEGAL RESIDENCE: New York

SEX: M

RACE: W

NATURE OF POSITION

NEW

ADDTL. IDENT.

VICE VACANCY

VICE: *Adrien J. Boisvert (trans.)

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-12

DATE OF OATH

H. R. STILES,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.

BUREAU SUSPENSE AND FILE COPY

APR 8 1941

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared April 7, 1941

Name: Wood, Roy V.

From: U. S. Coast Guard

Bureau No: 1566

Change in status - increase in grade and salary

	FROM	TO
Position	Keeper	Keeper
Grade	Field (Range $1380-1740)	Field (Range $1560-1920)
Salary	$1440 p.a. plus $240 p.a. Qtrs.	$1560 p.a. plus $240 p.a. Qtrs
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New York, New York.	New York, New York.
Post of Duty	Fire Island Lt. Sta., N.Y.	Fire Island, Lt. Sta., N.Y.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		
Field or Deptl.	Field	Field

EFFECTIVE E.O.D.

Remarks:

*Adrien J. Boisvert (trans.)

Justification: This is a regular position in the authorized complement of the station, and it is necessary that it be filled in order that the essential work of the Service may be carried on.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 2-4-1904

LEGAL RESIDENCE: New York

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE *

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

BUREAU OR DIVISION PERSONNEL FILES

APR 17 1941

4-9-41

TREASURY DEPARTMENT
United States Coast Guard

Date 2 May, 1941

REPORT OF EFFECTIVE DATE OF CHANGE IN POSITION
OR PAY STATUS OF CIVILIAN EMPLOYEE

From: Commander, New York District.
To: Commandant.

Name Roy V. Wood

Na ture of Action Change in status - increase in grade and salary.

Effective date of change 1 May, 1941.

	FROM	TO
Position	Keeper, Asst.	Keeper
Pay	$1440 p.a.	$1560 p.a.
Salary Range	$1380-1740	$1560-1920
Valuation of Quarters	$240 p.a.	$240 p.a.
Station	Fire Island Lt.Sta., N.Y.	Fire Island Lt.Sta., N.Y.

Remarks: This change is reported in accordance with Department approval dated (performed in Form 2249) 4-9-41

Signature P.E. SHAW,
By direction.

(This space for use of Headquarters)

HEADQUARTERS-U.S. COAST GUARD-WASHINGTON

Submitted to the Director of Personnel for information. MAY 29 1941

By direction of the Commandant.

Very truly yours,

T. O. ROBERTSON,
Chief, Civilian Personnel Section

MAY 29 1941

75-531

U. S. COAST GUARD (4)
REC'D JUL 8 - 1941

New York, N. Y.,

7 July, 1941.

From: Commander, New York District.
To: WOOD, Roy V., Keeper, FIRE ISLAND LIGHT STATION.

Via: Commanding Officer, FIRE ISLAND STATION.

Subject: Orders; temporary duty; travel.

Reference: (a) Article 710, Regulations.
(b) Article 711, Regulations.

1. Effective on or about 10 July, 1941, proceed to the office of the Commander, New York District, 44 Whitehall St., New York, N.Y., and upon your arrival thereat, report to the Commander, New York District for temporary duty.

2. In lieu of actual expenses for subsistence, and all fees and tips, a per diem of $3.50 is allowed. Travel by your automobile at the rate of four cents per mile, if more economical and advantageous to the United States than travel by commercial carrier, is authorized. If privately owned conveyance is used, a statement certifying that travel is more economical and advantageous than travel by common carrier, must be attached to the voucher.

3. The travel necessary to the execution of this order is required by the public interests. The travel expense incurred under this order is chargeable against the New York District's travel allowance, Symbol No. 64.

E. T. OSBORN,
By direction.

Copy to:
Headquarters.
Personnel (2).
Supply.
File.
Fire Island Sta.
Fire Is.Light Station.

75

75

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
NEW YORK DISTRICT
ROOM 411, CUSTOMHOUSE
NEW YORK, N. Y.

U. S. COAST GUARD (5)
REC'D SEP 27 1941

New York, N. Y.
26 September, 1941.

From: Commander, New York District.
To: Commandant.

Subject: Roy V. Wood, keeper, resignation; change in status, civilian to military.

Reference: (a) Form 93 dated 10 July, 1941.

1. Headquarters is advised that up to the present time Department Form 2249 has not been received, notifying subject named man of change in status from civilian to military. He was inducted as Boatswain's Mate, 1st class, on 10 July, 1941.

P. E. SHAW,
By direction.

Form 93 being held in
Budget & Planning. Mr.
Herbon advises receipt recognition
and enlistment contract to
ascertain marital status, etc.
m.c.s.

RL

PR-73

9 September, 1936.

The Labor Board,
Navy Yard,
New York, N. Y.

Sirs:

Receipt is acknowledged of Form 2015, dated 26 August, 1936, forwarded to this office by the Bureau of Navigation, Navy Department, Washington, D. C., for reply.

In reply, a statement of service for Roy Vernon Wood, as shown by the records at Coast Guard Headquarters, is inclosed.

By direction of the Commandant:

Very truly yours,

MAILED
SEP 9 - 1936
MAIL DESK

M. T. OSBORN,
Chief, Enlisted Personnel Section.

One Inclosure.

UNITED STATES COAST GUARD

Washington, D. C., 9 September, 1936.

STATEMENT OF SERVICE IN THE U. S COAST GUARD OF WOOD, Roy Vernon
Service No. (111-209)

Enlisted or Entered	Discharged or Resigned	Kind of Discharge	Vessel or Station	Rank or Rating	Remarks-Transfers, Change of Ratings, etc.
5-4-25			Recruiting Office, Norfolk, Va.	*F.1c.	Original enlistment for three years.
			Training Station, Hampton Roads, Va.	do	Transferred 5-4-25
			Base 2	do	Transferred 6-7-25
			do	Mo.M.M.2c.	Rated 7-1-25
			do	Mo.M.M.1c.	Rated 11-1-25
			do	C.Mo.M.M.(a)	Rated 9-16-26
			do	C.Mo.M.M.	Rated 3-16-27
	5-3-28	Honorable	do	do	
5-4-28			do	do	Reenlisted
	5-6-29	Honorable	do	do	
5-7-29			do	do	Reenlisted
	5-8-30	Honorable	do	do	
5-9-30			do	do	Reenlisted
	5-15-31	Honorable	do	do	
5-16-31			do	do	Reenlisted
	5-16-32	Honorable	do	do	
5-17-32			do	do	Reenlisted for two years
			ICARUS	do	Transferred 5-23-32
	6-6-33	Honorable	do	do	For the convenience of the Government.

February 4, 1904
Date of Birth

Norfolk, Virginia
Place of Birth

422 E. Freemason St., Norfolk, Va.
Home address at time of enlistment

40 Station Ave., Pleasant Planes, S.I.N.Y. 5-17-32.
Change of address Date

Change of address Date

Change of address Date

Change of address Date

Additional Remarks

*F.1c., fireman, first class
Mo.M.M.2c., motor machinist's mate, second class.
Mo.M.M.1c., motor machinist's mate, first class.
C.Mo.M.M.(a) - chief motor machinist's mate (acting)
C.Mo.M.M. - chief motor machinist's mate

E. T. OSBORN
Chief, Enlisted Personnel Section.

73

U. S COAST GUARD (6)
REC'D SEP 5 - 1936 BY
ANS'D

1st Indorsement 4 September 1936 Nav-642-17.

From: The Chief of the Bureau of Navigation.

To: The Commandant, United States Coast Guard, Washington, D. C.

Subject: WOOD, Roy Vernon (U.S.C.G. "ICARUS.")
Regarding letter from the Recorder, Labor Board, Navy Yard, New York, requesting statement of service.

1. Forwarded. The subject-named man appears to be a member of the Coast Guard.

2. The records of the Bureau do not show that Roy Vernon Wood has ever been a member of the Naval service.

ADOLPHUS ANDREWS,
Chief of Bureau.

C.B.Hatch,
By direction.

---

422 E. Freemason St., Norfolk Va.
40 Station Ave, Pleasant Plains, S.I. N.Y.

U.S COAST GUARD (6)
REC'D SEP 5 - 1936 BY
ANS'D

1st Indorsement 4 September 1936 Nav-642-17.

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2. The records of the Bureau do not show that Roy Vernon Wood has ever been a member of the Naval service.

ADOLPHUS ANDREWS,
Chief of Bureau.

C.B.Hatch,
By direction.

Form 2015
July 1935

UNITED STATES CIVIL SERVICE COMMISSION

CONFIDENTIAL INQUIRY—LABORERS, APPRENTICES, AND MECHANICS, NAVY-YARD SERVICE

This form is sent to persons understood to have knowledge of applicant's character, qualifications, and fitness.

Please answer as fully and specifically as possible all the questions hereon. Any additional information respecting the character, qualifications, or fitness of the applicant should also be given. Avoid allusion to politics, religion, or fraternal orders. The completed form should be returned as promptly as possible to the Labor Board in the inclosed "franked" envelope. Unless your statement is received by the Board within 12 days from the date named on the back of this form the applicant's examination may be disapproved and he may thereby be deprived of employment.

I HEREBY CERTIFY that I am over 21 years of age; that my occupation is _____; that for _____ years I have known _____, the applicant named hereon; and that the answers to the following questions with respect to him are true, to the best of my knowledge and belief.

1. What is the applicant's trade or occupation? _____

2. How long has he served at his trade or occupation? _____

3. Is he at present employed? _____ If so, (*a*) by whom? _____

(*b*) At what trade or occupation? _____ (*c*) At what salary? _____

4. Have you ever employed or worked with the applicant? _____ If so, (*a*) where? _____

(*b*) How long (give dates)? _____ (*c*) In what capacity (apprentice, journeyman, or helper, etc.) was he employed? _____ (*d*) If employed in more than one capacity, state approximately how long he was actually engaged on work of the trade or occupation in which he now seeks employment: _____ years _____ months.

(*e*) Is applicant specially qualified in any particular branch of the trade in which he is seeking employment? (Answer "Yes" or "No") _____ If so, state in what branch: _____

5. If employed in the capacity of helper, were the duties of the applicant equivalent to those performed by an apprentice or journeyman in the particular trade? _____

6. (*a*) Have you ever discharged the applicant from any employment? _____

(*b*) If so, for what reason? _____

(*c*) Was the applicant duly notified of the reason for discharge? _____

(*d*) Have you any knowledge that the applicant has ever been discharged from any employment? _____

(*e*) If so, for what reason? _____

(*f*) Please give full particulars if the applicant was ever discharged for inefficiency, neglect of duty, moral unfitness, or any similar reason _____

7. As to the trade or occupation in which he seeks to be employed, give your views, either in your own words or by circling or checking the qualifying term which most nearly expresses your opinion, with respect to the applicant's—

(*a*) Skill _____ (Excellent, good, fair, poor)

(*b*) Carefulness _____ (Excellent, good, fair, poor)

(*c*) Industry _____ (Excellent, good, fair, poor)

(*d*) Efficiency _____ (Excellent, good, fair, poor)

(If the application is for employment as apprentice, general helper, classified laborer, optical lens cleaner, inspector, or bench hand, and the applicant is without experience in a trade or skilled occupation, so state instead of giving the information asked for in the question.)

8. State in full the experience the applicant has had which, in your opinion, would tend to fit him for the position he seeks.

9. What schooling has the applicant had? (*a*) If less than high school, state grade completed _____; (*b*) if high school or technical school, state how many years finished _____ If graduated from a 3- or 4-year course in a technical school, so state and name the school _____

(*c*) Is he able to read and speak English sufficiently well to understand printed and spoken directions? _____

(OVER)

16—2910

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FWO-JHG

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 3rd DISTRICT,

Staten Island, N.Y. (City) Oct. 20, 1936 (Date), 19

COMMISSIONER OF LIGHTHOUSES:
(Thru. 2nd C.S.Dist.)

Action recommended, Probationary appointment.

Name, Roy V. Wood

Position, Keeper (2A)

Location, Little Gull Island Lt.Sta., N.Y.

Effective, November 11, 1936 [1] the actual date of entrance on duty, or as soon thereafter as he enters on duty.

Legal residence, New York

Proposed salary, $1500 p.a.

Proposed range, $1500-1860

Appropriation, Salaries, Keepers of Lighthouses

LIGHTHOUSES
OCT 28 8 04 AM '36

Former position,

Location,

Former salary,

Former range,

Rank on eligible list, Keeper Rating, 1 Percentage, 96.00, Other eligibles considered:
Michael G. Selzlein---C. Raymond Bridges. Thurman I. Durfee---C.
** See below.

Previous incumbent, Maurice B. King (L.T. #1598) Services terminated, Nov. 10, 1936

Reason, Promoted (Salary $1500 p.a.)

No employee of District desired transfer to this position.

Members of family in Government service, None

Date of birth, Feb. 4, 1904

Remarks: ** Wells L.B.Hale was selected and nominated for another position on this date.

Selection regular, subject to the action of the
U. S. Civil Service Commission, October 27, 1936.

B.W. Cummins

Secretary, 2nd Civil Service District.

J. T. YATES
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

OCT 28 1936

Submitted to the Secretary of Commerce, approved.

W. P. HARMAN
Acting Commissioner of Lighthouses

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

11—2314

Form A-

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

DEPARTMENT OF COMMERCE
~~APPOINTMENT DIVISION~~
WASHINGTON

DIVISION OF PERSONNEL November 4, 1936.

Mr. Roy V. Wood,

Through the Commissioner of Lighthouses.

Sir:

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

Keeper

in the Lighthouse Service

at a salary of Fifteen Hundred dollars per ~~annum~~

effective November 11, 1936, or upon entrance on duty.

Nature of appointment: Probationary.

Civil Service authority: Manager, Second Civil Service District.

Classification allocation:

By direction of the Secretary:

Respectfully,

EDW. A. GARDNER

Chief, Division of Personnel.
~~Chief of Appointment Division.~~

3
H

Appropriation (unit): Field

Vice: Maurice B. King

Legal residence: New York

U. S. GOVERNMENT PRINTING OFFICE 11—8657

NOV - 7 1936

STANDARD FORM No. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Department of Commerce Date Nov. 10 1936

1. Name in full (Mr., Miss, or Mrs.) Mr. Wood Ray Vernon
(Surname) (Given name) (Middle name)

2. Present address 40 Station Ave. Prospect Bay Statenisland N.Y.
(Number) (Street) (City) (State)

3. Legal (voting) residence N.Y. 11th Congressional Richmond Rich Valley
(State and Congressional District) (County) (City or town)

4. Where born Virginia Norfolk When born Feb 4 1904
(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 One 2 Years.

8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Public Health	Norfolk Va.	Plumber +	$70.00	Oct	15	1926	Mar	15	1927
	Norfolk Va.	Handy Man	per mo.						
Post Office	Gen. P.O.	Temp. Clerk	7/1	Dec	19	1934	Dec	24	1934
	33 St. N.Y.C.	Railway Mail	per hr.						
U.S. Dist. Engineers	Custom House	Elect. Foreman	$1.15.00	May	15	1935	Feb	29	1936
Office	N.Y.C.	Helper	Per Mo						

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

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below: No

(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service? No

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

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

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

Enlisted May 4, 1925	Discharged June 7, 1933	Enlisted	Discharged
Rank Fireman	Rank Chief Petty Officer	Rank	Rank
Organization	Organization	Organization	Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.)

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
Raymond Concrete Pile Co Norfolk Va	Fireman on pile Driver & portable Crash.	2 years
Nassau Smelting & Refining Co. Tottenville S.I.	Power House Operator Electrical work	18 months

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

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

16. In case of emergency, notify Wm. M. Ward

Relationship Father Post office address London Bridge Va

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

Roy V. Ward

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE: 1936 10—1930

Eod Kpr 20 Little Gull

November 12, 1936

Hbm

LIGHTHOUSES
Nov 16 8 52 AM '36

P-75
701

NL

9 August, 1934.

Mr. George J. Graw,
Morris Plan Industrial Bank,
33 West 42nd Street,
New York City.

Sir:

Replying to your letter of 6 August, 1934, relative to the case of Roy V. Wood (111-209), chief motor machinist's mate, U. S. Coast Guard, you are advised that the Coast Guard cannot ausume responsibility for the personal indebtedness of its personnel. Money-lending to personnel of the Coast Guard is entirely in the hands of the lender and he does so at his own risk. If the lender fails to exercise prudence and chooses to disregard ordinary precautions to safeguard his loans, he cannot look to the Coast Guard to salvage his transactions by pressure and threat of disciplinary action. It is suggested that you communicate with subject man direct; if that proves unsatisfactory, your proper recourse is through the civil courts.

The address at which subject man may now be reached is:
U. S. Coast Guard Patrol Boat ICARUS, Stapleton, Staten Island, New York.

By direction of the Commandant.

Very truly yours,

W. B. SCHEIBEL,
Assistant Chief, Personnel Section.

MAILED
AUG 10 1934
MAIL DESK

N.L. 98

73

THE MORRIS PLAN INDUSTRIAL BANK
OF NEW YORK

THE MORRIS PLAN

MAIN OFFICE
33 WEST 42ND STREET
NEW YORK CITY

August 6, 1934.

U. S. COAST GUARD
REC'D AUG 7 - 1934 By
ANS'D

U. S. Coast Guard,
Washington,
D. C.

Att: The Commandant

Dear Sir: Re: George Alex Lomas 38240M

We are taking the liberty of writing you concerning one, Roy Vernon Wood, Motor Machinist's Mate (111-209) U. S. Coast Guard Patrol Boat, ICARUS, Stapleton, N. Y.

The above is indebted to this company as a co-signer on a note upon which remains at the present reckoning the balance of $90.00 plus interest to date.

We have written Mr. Wood on numerous occasions asking his co-operation in this matter but to date have not received this courtesy.

We wonder if you would take this matter up with the above mentioned party and advise him accordingly.

Please be assured that we would appreciate whatever co-operation you may afford us in this instant.

Very truly yours,

George J. Graw

GEORGE J. GRAW
Assistant Vice-President

GJG/eod

21 June, 1933.

First Indorsement.

From: Commandant.
To: Commanding Officer, IOA/US.

Subject: WOOD, Ray V. (111-203) C.Mo.M.M. - marks.

Inclosure: (1) Service record, dated 17 May, 1932.

1. Returned. It is noted that marks were assigned the above-named man for the period ending 31 March, 1933. No marks should have been assigned for this period as it was less than a month. It is requested that corrections be made under Article (5) of Inclosure (1).

2. It is further requested that Article (5) of Inclosure (1) be completed to show the mark for adaptability for warrant grade and that the necessary signature be affixed thereto.

3. Return this indorsement with inclosed papers.

By direction:

W. H. SCHEIBEL,
Assistant Chief,
Personnel Section.

FILE
J. H. P.

EDUCATION AND SPECIAL QUALIFICATIONS

NOTE: This form to be filled out by enlisted men upon original entry into the Coast Guard and forwarded to Headquarters with enlistment papers.

WOOD, Roy V.	(111-209)	C.MO.M.M.
Name in full - surname to left	Service number	Rating

EDUCATION

(a) Grammar School SEVENTH
Indicate here the highest grade completed

(b) High School 3
Indicate number of years attended

(c) College
Indicate years attended, name of college, degrees if any attained, any special or scientific course pursued and completed

EXPERIENCE:

Indicate in the parenthesis after each of the following the number of years served at each:

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bock-keeper	( )
Carpenter	( )	Cabinet-maker	( )
Draftsman	( )	Dentist	( )
Electrician (General)	( )	Electrician (Telephone)	( )
Engraver	( )	Engineer (Steam)	( )
Engineer (Diesel)	( )	Lathe Operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (General)	( )
Photographer (Aviation)	( )	Pattern-maker	( )
Plumber and Fitter	( )	Secretary	( )
Sign-Painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone Linesman	( )	Telegrapher	( )
Welder	( )		

Set forth briefly, yet succinctly, 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:

Reverse side of form may be utilized if required.

MAC

FB-73-72

28 December, 1932.

The Morris Plan Company of New York,
33 West 42nd Street,
New York, N. Y.

Gentlemen:

Receipt is acknowledged of your letter, dated 14 December, 1932, addressed to the Bureau of Navigation, Navy Department, and forwarded to Coast Guard by that Department 23 December, 1932.

In reply, you are informed that the records at Coast Guard Headquarters show the following information regarding the below-named men:

Alfred Bassford Smith is now serving at the following address:- Chief Boatswain's Mate Alfred Bassford Smith (109-626), U. S. Coast Guard Section Base Eleven, Government Island, Denison St., Oakland, Calif.

Roy Vernon Wood is now serving at the following address:- Chief Motor Machinist's Mate Roy Vernon Wood (111-209), U. S. Coast Guard Patrol Boat ICARUS, Stapleton, N. Y.

George Alexander Lomas was separated from the U. S. Coast Guard 11 September, 1929, and his present whereabouts is unknown. His latest home address on file is shown as 817 West 27th St., Norfolk, Va.

By direction of the Commandant:

Respectfully,

C. P. CLARK,
Assistant Chief,
Division of Operations.

PR - 73

U. S. S. HUNT, C. G. 73
AUG 23 1932
RECEIVED

FILE 2A-2

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER
I C A R U S

U. S. COAST GUARD
RECEIVED
AUG 22 1932
NEW YORK DIVISION
NEW YORK, N.Y.

Navy Yard, Brooklyn, N. Y., 12 August, 1932.

U. S. COAST GUARD
R C'D AUG 23 1932
ANS'D

From: WOOD, Roy V. (111-209) C. Mo. M. M.
To: Commandant (Via Commanding Officer, ICARUS, Commander, Special Patrol Force, and Commander, Commander, New York Division).

Subject: Receipt of Continuous Service Certificate.

Reference: (a) Personnel Section Bulletin 4-32.
(b) Headquarters' letter, 27 July, 1932 (PR-73).

1. Receipt of Continuous Service Certificate No.1130 is acknowledged.

Roy V. Wood.
ROY V. WOOD.

73
I C A R U S

First Indorsement.

Navy Yard, Brooklyn, N. Y.,
12 August, 1932.

From: Commanding Officer, ICARUS.
To: Commandant (Via Commander, Special Patrol Force and Commander, New York Division).

1. Forwarded.

R. L. Raney
R. L. RANEY.

HUNT (Flagship) 73
Special Patrol Force

2nd Indorsement

Navy Yard, N.Y.
13 August, 1932.

1. Forwarded.

S. S. Yeandle
S. S. YEANDLE

el/

73-NEW YORK DIVISION

Third Indorsement

New York, N.Y., 22 August, 1932.

1. Forwarded.

E. D. Jones
E. D. Jones,
Acting.

jwl

PR-73

27 July, 1932.

From: Commandant.
To : Commander, Base Two, Stapleton, N.Y., (via Commander, New York Division).

Subject: WOOD, Roy Vernon, (111-209), C.Mo.M.M.
Continuous Service Certificate.

Reference: (a) Personnel Section Bulletin 4-32.

Inclosure: (1) Honorable Discharge No.A29612.
(2) Continuous Service Certificate No.1130.

1. Deliver Inclosure (1) to the subject-named man.

2. Inclosure (2) will be handled in accordance with instructions contained in reference (a).

H. G. HAMLET,

L. SPENCER,
Assistant Chief, Personnel Section.

E886 SPM

73 20dx.

B

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PIER No. 18

STAPLETON (S.I.), N.Y.

U. S. COAST GUARD
R'C'D MAY 20 1932
ANS'D

COAST GUARD SECTION BASE
TWO

1130

17 May, 1932.

U. S. COAST GUARD
RECEIVED
MAY 19 1932
NEW YORK DIVISION
NEW YORK, N. Y.

From: Roy Vernon Wood (111-209), C.Mo.M.M.
To: Commandant (via Commander, Section Base Two and Commander, New York Division).

Subject: Continous service certificate; request for issuance of.

Reference: (a) Personnel Section Bulletin Number 4-32 dated 19 January, 1932 (701).

Inclosure: (1) Honorable Discharge Certificate #A29612 dated 16 May, 1932.

1. In accordance with information contained in reference (a), it is requested that a continous service certificate be issued to me.

2. Headquarters is informed that I have had more than three (3) years continous service and reenlisted within three months from date of last discharge.

Roy V. Wood

701.
SECTION BASE TWO

First Indorsement.

Stapleton, S.I., New York.
17 May, 1932.

1. Forwarded.

E. G. BROOKS,
CECIL M. GABBETT.
Acting.

hes.

73
New York Division

Second Indorsement.

New York, N.Y., 19 May, 1932.

1. Forwarded, with inclosure.

E. D. Jones,
By direction.

WRW

Wood, Roy V.

73-701

FILE
W.H.C.

6-3

May 19,1932.

U. S. COAST GUARD

R C'D MAY 20 1932

ANS'D

From: Commander, New York Division.
To : Commander, Section Base Two.

Subject: WOOD, Roy V (111-209) CoMoMM.M., transfer to the ICARUS in exchange with James R.Smith (109-678).

Reference: (a) Article 4611 (a) P.I.

1. Transfer Roy V.Wood (111-209) C.Mo.M.M., to the ICARUS, directing him to report to the Commanding Officer of that vessel, for assignment to duty.

2. This transfer being made at Wood's request, no expense incident thereto, will be borne by the Government.

R.D.Jones,
Acting.

lf
Copy to:
Headquarters.
ICARUS.
Specpatfor.
File.

Del

FILE
E. A. H.

PA 9-73

31 May, 1932.

From: Commandant.

To: Commander, Section Base 2 (via New York Division).

Subject: WOOD, Roy Vernon (111-209) C.Mo.M.M.; enlistment allowance.

References: (a) Article 35(1), Amendment 49, Pay and Supply Instructions.

(b) Statement of service.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 50.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

MF

W. H. WEBB,
By direction

PA 9-73

31 May, 1932.

From: Commandant.

To: Commander, Section Base 2 (via New York Division).

Subject: WOOD, Roy Vernon (111-209) C.Mo.M.M.; enlistment allowance.

References: (a) Article 35(1), Amendment 49, Pay and Supply Instructions.

(b) Statement of service.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 50.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

W. H. WEBB,
By direction

MEMORANDUM TO PAY AND ALLOWANCES OFFICER-U. S. COAST GUARD

Name WOOD, Roy Vernon (111 209) Date 5-27-32

ENLISTMENTS

Enl. or Re-enl.	Date	Spec. Temp. or Reg.	No. of years	Rating	Place
Reenl.	5-16-31	Spec. Temp.	One	C.Mo.M.M.	Base Two.

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason
1	Sunday.

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	5-16-32	Base Two.	C.Mo.M.M.	1	0	1

RE-ENLISTED

Date	Spec. Temp. or Reg.	No. of years	Rating	Place
5-17-32	Spec. Temp.	Two	C.Mo.M.M.	Base Two.

S. R. MORGAN
In charge of Personnel Records Section.

Rel JRG

#65

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
REC'D MAY 20 1932

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Section Base Two Place Stapleton, S.I., N.Y. Date 17 May, , 1932.

WOOD, Roy Vernon (111-209) C.Mo.M.M.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

10:00 a.m. Reenlisted this date as Chief Motor Machinist's Mate, for a period of two (2) years, Special Temporary Enlistment.

Disciplinary action:

Authority: H/D 7016-1111 (May, 1932).

Copy to:
N.Y.Div.

D. H. DEXTER, Lieut. (j.g.),
(Signature)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials	EHH			RL

GOVERNMENT PRINTING OFFICE 2—13272

Form 9626
TREASURY DEPARTMENT
U. S. Coast Guard
Sept., 1930
MBH

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

73

DATE 16 MAY 1932

FROM		CODE
COAST GUARD HEADQUARTERS		CIPHER
TO (FOR ACTION)		ACKNOWLEDGE
COMMANDER SECTION BASE TWO		PRIORITY
UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.	X	ROUTINE
TO (FOR INFORMATION)		ACKNOWLEDGE
		PRIORITY
		ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

7016 AUTHORIZED DISCHARGE ROY VERNON WOOD ONE ELEVEN TWO ZERO NINE CHIEF MOTOR MACHINISTS MATE AND REENLIST IN SPECIAL TEMPORARY ESTABLISHMENT ONLY 1111

7 USNavy 1111 Ett

FHB

OPERATOR'S RECORD. OFFICIAL BUSINESS. INITIALS OF "RELEASING" OFFICER. LTC

U. S. GOVERNMENT PRINTING OFFICE: 1932 2—15417

73-701

16 May, 1932.

From: Commandant.
To : Commander, Section Base Fifteen, Biloxi, Miss. (via Commander, Gulf Division).

Subject: REED, Thomas J. (108-719) MoMM 2c; discharge and reenlistment.

Reference: (a) Your letter, 10 May, 1932 (73).

1. Replying to reference (a), you are authorized to discharge subject man upon expiration of his current enlistment and reenlist him the day following discharge in the special temporary establishment only. Report discharge and reenlistment on Form 2599.

F. C. BILLARD

L. SPENCER,
Assistant Chief, Personnel Section.

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PIER No. 18

STAPLETON (S.I.), N.Y.

COAST GUARD SECTION BASE TWO

U. S. COAST GUARD RECEIVED MAY 13 1932 NEW YORK DIVISION NEW YORK, N.Y.

12 May, 1932.

U. S. COAST GUARD REC'D MAY 14 1932 By Aus 5/16/32

From: Commander, Section Base Two.
To : Commandant, (Via New York Division).

Subject: WOOD, Roy Vernon (111-209) C.Mo.M.M.; physical status.

Reference: (a) Article 4343, Personnel Instructions.

Inclosure: (1) Form 2502, Report of Physical Examination.

1. Inclosure (1) is forwarded herewith for the information and action of Headquarters.

2. Subject man was examined this date for discharge and re-enlistment and the examining physician finds that he is not physically qualified due to defective vision as noted on inclosure. In view of Wood's creditable record of service and the fact this defective vision has been corrected by glasses, it is recommended that this defect be waived and authority be granted to reenlist him on the day following discharge in the regular establishment.

3. Wood's current enlistment expires on 15 May, 1932.

CECIL M. GABBETT.

PRT.

---

73 First Indorsement.

New York Division

New York, N.Y., 13 May, 1932.

1. Forwarded, approved, with inclosure.

E. D. Jones,
by direction.

67E

WTW

Form 9626
TREASURY DEPARTMENT
U. S. Coast Guard
Sept., 1930

MER

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 16 MAY 1932

FROM		CODE
COAST GUARD HEADQUARTERS		CIPHER
TO (FOR ACTION)		ACKNOWLEDGE
COMMANDER SECTION BASE TWO		PRIORITY
UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.	X	ROUTINE
TO (FOR INFORMATION)		ACKNOWLEDGE
		PRIORITY
		ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

7016 AUTHORIZED DISCHARGE ROY VERNON WOOD ONE ELEVEN TWO ZERO NINE CHIEF MOTOR MACHINISTS MATE AND REENLIST IN SPECIAL TEMPORARY ESTABLISHMENT ONLY ////

To Navy 1111 Eft

OPERATOR'S RECORD. OFFICIAL BUSINESS. INITIALS OF "RELEASING" OFFICER. LTC

U. S. GOVERNMENT PRINTING OFFICE: 1930 2—15417

73.

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE TWO

Pier #18, Stapleton, Staten Island, N.Y.,
23 April, 1929.

U.S. COAST GUARD
RECEIVED
APR 24 1929

U.S. COAST GUARD
REC'D APR 25 1929
ANS'D

From: Commander, Section Base Two.
To : Commandant, (Via, Commander, New York Division).

Subject: Roy V. Wood, Chief Motor Machinist Mate, Reenlistment of.

Inclosure: (1) Report of examination; form 2502.

1. Inclosure (1) is forwarded for the information and action of Headquarters. Subject's enlistment expires on 3 May, 1929, and being examined for reenlistment it was found that he had defective vision. It is recommended that this defect be waived and that authority be granted to reenlist him on the day following his discharge.

W.H.Munter.

- -

New York Division 73 1st Indorsement. New York, N. Y.,
24 April, 1929.

1. Forwarded, approved.

P. W. Lauriat,
acting.

PWL/gne

S.P.E.

STE
found not qual physically for
req asst

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PIER No. 18

STAPLETON (S.I.), N.Y.

March 3, 1932.

COAST GUARD SECTION BASE TWO

U. S. COAST GUARD RECEIVED MAR 3 1932 NEW YORK DIVISION NEW YORK, N.Y.

U. S. COAST GUARD REC'D MAR 5 - 1932 By

Answered 3-8-32 Pay Doc #22733 $6.30

From: Commander, Section Base Two.
To: Commandant (via Commander, New York Division).

Subject: WOOD, Roy V (111 209) C.Mo.M.M.; pay.

Reference: (a) Article 62, Pay and Supply Instructions.

1. It is requested that a debit adjustment in the amount of $6.30 be forwarded this unit against the account of the above named man.

2. The pay status of Wood is as follows:

PERIOD 1 - 28 FEBRUARY 1932.

Paid at the rate of $144.90 per month.....$144.90
Entitled to pay at the rate of $138.60 per month..... 138.60

OVERPAID.....$ 6.30

Erroneously carried as having completed (8 years) service on Section Base Two pay roll for the month of February 1932, settled in the March 1932 account of Pay Clerk Edward W. Garton, S.D.A., and paid by him on March 1, 1932.

Cecil M. Gabbett.

---

73 First indorsement

New York Division

New York, N.Y., 4 March, 1932.

1. Forwarded, approved.

DS

E. D. JONES,
By direction.

73

FILE 73
C. M.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PIER No. 18
STAPLETON (S.I.), N.Y.

COAST GUARD SECTION BASE TWO

U. S. COAST GUARD
RECEIVED
JAN 14 1932
NEW YORK DIVISION

U. S. COAST GUARD
REC'D JAN 15 1932 By

11 January, 1932.

From: Roy V. Wood (111-209) C. Mo. M, M.
To : Commandant, (via Commander, Section Base Two and Commander, New York Division).

Subject: Examination for appointment as temporary warrant officer.

Reference: (a) Headquarters letter 7 January, 1932 (73).

1. Receipt of reference (a) is herewith acknowledged.

Roy V. Wood.
Roy V. Wood.

Section Base Two 73 1st Indorsement Stapleton, S. I., N.Y.
11 January, 1932.

1. Forwarded.

Cecil M. Gabbett.
Cecil M. Gabbett.

bjc

---

73 Second Indorsement.
New York Division.

New York, N.Y., 14 January, 1932.

1. Forwarded.

E. D. Jones,
by direction,

edj/wrw

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

U. S. COAST GUARD (17)
REC'D JUL 12 1941

REPORT OF CHANGE IN PERSONNEL

WOOD	Roy	V.	111-209	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

FIRE ISLAND LIGHT STATION	Bay Shore, N.Y.	10 July, 1941.
(Unit)	(Place)	(Date)

10 July 1941: Enlisted in the Regular Establishment of the Coast Guard, in the rating of B.M.1c., pursuant to the Act of August 5, 1939.
Assigned to duty at Fire Island Light Station to fill position of Keeper left vacant by his resignation from the former Lighthouse Service on 9 July 1941.
Former rate of pay: $1,560.00 per yr., plus a quarters allowance of $240.00 per yr.
Creditable service for retirement under Lighthouse Retirement Act, to and including 9 July 1941: 15 yrs., 10 mos. 15 days.
Honorably discharged from the ICARUS, U.S.C.G., on 6 June, 1933.
Previous service as shown by Continuous Service Certificate: 8 yrs. 0 mo. 6 days.

AUTHORITY:

Headquarters' 3rd indorsement on form 2525B dated 22 May, 1941.

S. E. Shaw
P. E. SHAW, Lieut. Comdr.,
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
	Chs	X	ars

U. S. GOVERNMENT PRINTING OFFICE 0 10935

ASSIGNMENT OF SERVICE NUMBER

WOOD, Roy Vernon.	C.Mo.M.M.	BASE 2
Name	Rating	Unit

The following service number has been assigned to subject man:

111-209

This service number will be inserted on all records of subject man and will appear on all forms and in all correspondence pertaining to the man indicated.

The following form will be followed in setting forth a man's name, service number and rating in the subject of a letter: i.e.

SMITH, John E. (100-000) Sea 2c

In the event subject man has been transferred the service number will be inserted on all records at your unit and this form transmitted immediately to the unit to which transfer was effected.

B. M. CHISWELL
Captain
Assistant Commandant.

For Headquarters use:
Information:
- Pay and Allotment Section ✓
- Medical Director
- Identification Section ✓
- Personnel Records

Form 9626
TREASURY DEPARTMENT
U. S. Coast Guard
Sept., 1930

MBH

File 73

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 14 MAY 1931

FROM

COAST GUARD HEADQUARTERS

	CODE
	CIPHER
	ACKNOWLEDGE
	PRIORITY
X	ROUTINE

TO (FOR ACTION)

COMMANDER SECTION BASE TWO STATEN ISLAND NY

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

	ACKNOWLEDGE
	PRIORITY
	ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

7014 AUTHORIZED DISCHARGE ROY V WOOD ONE ELEVEN TWO ZERO NINE CHIEF MOTOR MACHINISTS MATE AND REENLIST IN SPECIAL TEMPORARY ESTABLISHMENT ONLY 1331

T D 1331 Navy RMB

OPERATOR'S RECORD. OFFICIAL BUSINESS. INITIALS OF "RELEASING" OFFICER. PHK CEW

U. S. GOVERNMENT PRINTING OFFICE: 1930 2—15417

File

PA9-73

2 June, 1931.

From: Commandant.

To:
Commander, Section Base 2 (via New York Division).

Subject:
WOOD, Roy Vernon (111-209) C.Mo.M.M.; enlistment allowance.

References: (a) Your letter 16 May, 1931 (73), bearing indorsement of New York Division, 18 May, 1931 (73).
(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 50.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

W. H. WEBB,
By direction

73 AM RECD 73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PIER No. 18

STAPLETON (S.I.), N.Y.

MAY 16, 1931.

COAST GUARD SECTION BASE TWO

U.S. COAST GUARD RECEIVED MAY 18 1931 NEW YORK DIVISION NEW YORK, N.Y.

MAY 19 31

U. S. COAST GUARD REC'D MAY 19 1931 By

ANT 6/2/31 PHQ

From: Commander, Section Base Two.
To: Commandant (via Commander, New York Division).

Subject: WOOD, Roy V. (111 209) C.Mo.M.M; enlistment allowance.

Reference: (a) Article 71, Pay and Supply Instructions.

1. It is requested that a statement of service in the case of the above named man be forwarded this unit to be used in computing ENLISTMENT ALLOWANCE.

#50.00 Pay

L. W. Perkins,
Acting.

NEW YORK DIVISION - 73 1st indorsement New York, N. Y.
18 May, 1931.

1. Forwarded, approved.

DS

P. W. LAURIAT,
By direction.

STATEMENT REQUESTED 5-21-31

U. S. COAST GUARD
RECEIVED
JUN 1 1931
NEW YORK DIVISION
NEW YORK, N. Y.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE TWO

Stapleton, S. I., N. Y.
29 May, 1931.

U. S. COAST GUARD
REC'D JUN 2 - 1931
A. S. By

From: Commander, Section Base Two.
To : Commandant, (via Commander, New York Division).

Subject: WOOD, Roy Vernon (111-201) C. Mo. M. M.; designation of beneficiaries.

Inclosure: (1) Form 2529 in duplicate dated 16 May, 1931.

FILE
F. F.

1. Inclosure (1) is forwarded herewith for the information of Headquarters, subject named man having reenlisted at this Section Base on 16 May, 1931.

Cecil M. Gabbett

bjc

NEW YORK DIVISION - 73 1st indorsement New York, N.Y.
1 June, 1931.

1. Forwarded, with inclosure.

P. F. Roach

DS

P. F. ROACH,
By direction.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
REC'D JUN 2 - 1931 By
A. S.

G-18339

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

FILE

Section Base Two (Unit.) — Stapleton, S. I., N. Y. (Place.) F. F.

16 May, 1931. (Date.)

FROM: Roy Vernon Wood. Commander, New York Division).

To: COMMANDANT (via Commander, Section Base Two and)

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

Not married. (Full name of wife; if not married, so state.)	(Address of wife.)
None (Full name of child; if none, so state.)	(Address of child.)
None (Full name of child; if none, so state.)	(Address of child.)
None (Full name of child; if none, so state.)	(Address of child.)

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:

William M. Wood (Full name of relative.)	Father (Relationship.)	900 Bottecourt Apts. Norfolk, Va. ~~London Bridge, Va.~~ (Address of relative.)

Potential (State briefly wherein dependency exists.)

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

Mrs. William C. Padon (Full name of relative.)	Sister (Relationship.)	London Bridge, Va. (Address of relative.)

Potential (State briefly wherein dependency exists.)

WITNESSED BY:

L. W. Perkins,

Rank, Lieutenant Commander

SIGNED:

Roy Vernon Wood.

Roy Vernon Wood

Rank or rating, C. Mo. M. M.

2—10848 GOVERNMENT PRINTING OFFICE

MEMORANDUM TO PAY AND ALLOWANCES SECTION

Name WOOD, Roy Vernon (111 209) Date 5-28-31

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Reenl.	5-9-30	Spec.Temp.	One	C.Mo.M.M.	Base Two.

ABSENCE NOT CREDITABLE				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
None				7	Vessel at sea and awaiting decision on physical condition.

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	5-15-31	Base Two.	C.Mo.M.M.	1	0	7

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
5-16-31	Spec.Temp.	One	C.Mo.M.M.	Base Two.

S. R. MORGAN
In charge of Personnel Records Section.

cert J.H.P.

Form 9626
TREASURY DEPARTMENT
U. S. Coast Guard
Sept., 1930

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 14 MAY 1931

FROM

COAST GUARD HEADQUARTERS

	CODE
	CIPHER
	ACKNOWLEDGE
	PRIORITY
X	ROUTINE

TO (FOR ACTION)

COMMANDER SECTION BASE TWO STATEN ISLAND NY

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

	ACKNOWLEDGE
	PRIORITY
	ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

7014 AUTHORIZED DISCHARGE ROY V WOOD ONE ELEVEN TWO ZERO NINE CHIEF MOTOR MACHINISTS MATE AND REENLIST IN SPECIAL TEMPORARY ESTABLISHMENT ONLY 1331

T & D 1331 Navy QMB

OPERATOR'S RECORD. OFFICIAL BUSINESS. INITIALS OF "RELEASING" OFFICER.

U. S. GOVERNMENT PRINTING OFFICE: 1930 2—15417

U. S. COAST GUARD
REC'D JUN 12 1930 By
ANS

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Section Base Two Place Stapleton,SI, NY. Date 10 June,1930., 192

WOOD, Roy V. (Surname, first name, and middle initial) CMoMM. (Rating)

ENTER CHANGE BELOW

5 May, 1930 qualified as sharpshooter, Camp Smith, Peekskill, New York.

Disciplinary action:

JUN 12 30 COAST GUARD PAY AND ALLOTMENT RECD

Authority:

Circular letter #10.

L.W.Perkins, Lieutenant Commander,
(Signature)

Commanding.
Acting. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

FILE V.M.B.

PAS-73

16 May, 1930.

From: Commandant.

To: Commander, Section Base 2 (via New York Division).

Subject: C.M.M. Roy Vernon Wood; enlistment allowance.

References: (a) Your letter, 9 May, 1930 (73), bearing indorsement, Commander, New York Division, 10 May, 1930 (73).
(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 50.00 if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

A. T. THORSON,
By direction.

73

RECD

COAST GUARD PAY AND ALLOTMENT

73

FILE V.M.B.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE TWO

Pier 18, Staten Island, N.Y.,
9 May, 1930.

File

U. S. COAST GUARD
REC'D MAY 12 1930 By
ANS 5-16-30 P99-73

U. S. COAST GUARD
RECEIVED
MAY 10 1930
NEW YORK DIVISION
NEW YORK, N. Y.

From: Commander, Section Base Two.
To: Commandant (via Commander, New York Division).

Subject: C.Mo.M.M. Roy V. Wood; reenlistment allowance.

Reference: (a) Article 35 (4) Pay and Supply Instructions.

1. Information is requested as to whether or not the above named man is entitled to reenlistment allowance as prescribed by reference (a).

2. Wood reenlisted at Section Base Two this date, having been honorably discharged from a one year enlistment dated 9 May, 1929.

L. W. PERKINS,
Acting.

New York Division 73 1st Indorsement New York, N. Y.,
10 May, 1930.

1. Forwarded approved.

gne

P. W. Lauriat,
by direction.

STATEMENT REQUESTED 5-12-30

MEMORANDUM TO PAY & ALLOTMENT SECTION

Name Roy Vernon WOOD Date 14 May, 1930

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl.	5-7-29	Spec Temp	One	C Mo MM	Base 2, Staten Isl., N.Y.

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason
2	Vessel at sea

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	5-8-30	Base 2, Staten Isl., N.Y.	C Mo MM	1	0	2

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
5-9-30	Spec Temp	One	C Mo MM	Base 2, Staten Island, N.Y.

S. R. MORGAN
In charge of Personnel Records Section.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

U. S. COAST GUARD
REC'D MAY 12 1930 By
ANS

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

WILL 5.9

Section Base Two (Unit.) Staten Island, New York. (Place.)

9th May, 1930. (Date.)

FROM: Roy Vernon Wood, CMoMM.

TO: COMMANDANT (via Executive Officer, Base Two)

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

Not married (Full name of wife; if not married, so state.)	(Address of wife.)
None (Full name of child; if none, so state.)	(Address of child.)
- - - - (Full name of child; if none, so state.)	(Address of child.)
- - - - (Full name of child; if none, so state.)	(Address of child.)

MAY 12 1930 COAST GUARD RECD

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:

William M. Wood (Full name of relative.) Father (Relationship.) 900 Bottetourt Apts., Norfolk, Va. (Address of relative.)

Potential (State briefly wherein dependency exists.)

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

Mrs. William C. Padon (Full name of relative.) Sister (Relationship.) London-Brdge, Va. (Address of relative.)

Potential (State briefly wherein dependency exists.)

WITNESSED BY:

H. Perkins,

Rank, Lieutenant

SIGNED:

Roy Vernon Wood.

Roy Vernon Wood

Rank or rating, CMoMM

2—10348

GOVERNMENT PRINTING OFFICE

18339

MBH

73-701

2 May, 1930.

From: Commandant.
To : Commander, Section Base Two, Stapleton, Staten Island, N.Y., (via Commander, New York Division).

Subject: C.Mo.M.M. Roy V. Wood; discharge and reenlistment.

Reference: (a) Your letter, 28 April, 1930 (73).

1. Replying to reference (a), waiver has been granted in the case of subject man and you are authorized to discharge him upon expiration of his current enlistment and reenlist him on the day following discharge in the special temporary establishment. Report discharge and reenlistment on Form 2599.

F. C. BILLARD

GEO. E. WILCOX,
Chief, Personnel Section.

MBH

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE TWO

Pier #18, Staten Island, N.Y.
28 April, 1930.

U. S. COAST GUARD
RECEIVED
APR 30 1930
NEW YORK DIVISION
NEW YORK, N. Y.

U. S. COAST GUARD
REC'D MAY 1 1930 By
ANS

From: Commander, Section Base Two.
To : Commandant, (Via, Commander, New York Division).

Subject: Roy V. Wood, Chief Motor Machinist Mate, Reenlistment of.

Inclosure: (1) Report of examination; form 2502.

1. Inclosure (1) is forwarded for the information and action of Headquarters. Subject's enlistment expires on 6 May, 1930, and being examined for reenlistment it was found that he had defective vision. It is recommended that this defect be waived and that authority be granted to re-enlist him on the day following his discharge.

jb

W.H.Munter.

New York Division 73 1st Indorsement New York, N. Y.,
30 April, 1930.

1. Forwarded, approved.

gne

P. W. Lauriat,
by direction.

STE

TWO

U.S. COAST GUARD
RECEIVED
APR 30 1930
NEW YORK DIVISION

Pier #18, Staten Island, N.Y.
28 April, 1930.

From: Commander, Section Base Two.
To : Commandant, (Via, Commander, New York Division).

Subject: Roy V. Wood, Chief Motor Machinist Mate, Reenlistment of.

Inclosure: (1) Report of examination; form 2502.

1. Inclosure (1) is forwarded for the information and action of Headquarters. Subject's enlistment expires on 6 May, 1930, and being examined for reenlistment it was found that he had defective vision. It is recommended that this defect be waived and that authority be granted to re-enlist him on the day following his discharge.

jb

W.H.Munter.

New York Division 75 1st Indorsement New York, N. Y.,
30 April, 1930.

1. Forwarded, approved.

gne

P. W. Laurlat,
by direction.

FILE
W. G. K.

HONORABLE DISCHARGE,
UNITED STATES COAST GUARD

SERIES A.

A11810

U.S. Section Base Two
(Name of vessel or station.)

Roy V. Wood
(Name of enlisted man.)

4 May 1928
(Date of enlistment.)

Chief Motor Machinists Mate
(Rating at date of discharge.)

6 May 1929
(Date of discharge.)

Staten Island, N.Y.
(Place of discharge.)

Chief Motor Machinists Mate
(Rating best qualified to fill.)

_____, { H.D. Button delivered. } No
(Yes or no.)

_____
(Home address.)

Pay per month at discharge, - - $ 126.00

Paid in full at discharge - - - $ 31.20

W. F. Munter
Commanding Officer.

Note.—Stubs to be forwarded, as bound, to Headquarters when the discharges in the book have been issued.

MBH

73-701

2 May, 1930.

From: Commandant.
To : Commander, Section Base Two, Stapleton, Staten Island, N.Y.,
(via Commander, New York Division).

Subject: C.Mo.M.M. Roy V. Wood; discharge and reenlistment.

Reference: (a) Your letter, 28 April, 1930 (73).

1. Replying to reference (a), waiver has been granted in the case of subject man and you are authorized to discharge him upon expiration of his current enlistment and reenlist him on the day following discharge in the special temporary establishment. Report discharge and reenlistment on Form 2599.

F. C. BILLARD

GEO. E. WILCOX,
Chief, Personnel Section.

PA9-73

FILE
H. L.

17 May, 1929.

From: Commandant.

To: Commander, Section Base 2(via New York Division).

Subject: C.Mo.M.M. Roy Vernon Wood; enlistment allowance.

References: (a) Your letter 7 May, 1929 (73), bearing indorsement of Commander, New York Division, 8 May, 1929(73).
(b) Statement of service.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 50.00 if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

E. L. Hutchison,
By direction.

73

STATEMENT REQUESTED

73

FILE
H. L.

COAST GUARD SECTION BASE
TWO

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Staten Island, New York.
May 7, 1929.

MAY - 9 1929
COAST GUARD
PAY AND ALLOTMENT
MAY 8 1929
MAY - 9 29
U.S. COAST GUARD
REC'D MAY 9 1929 By PAY
ANS'D MAY 17 1929

From: Commander, Section Base Two.
To: Commandant (via Commander, New York Division).

Subject: C.Mo.M.M. Roy V. Wood; enlistment allowance.

Reference: (a) Article 35 (4), Pay and Supply Instructions.

1. Information is requested as to whether the above named man is entitled to enlistment allowance as prescribed by reference (a).

2. Wood reenlisted Section Base Two this date having been honorably discharged Section Base Two as of May 6, 1929.

W. H. Munter.

New York Division 73 1st Indorsement. New York, N. Y., 8 May, 1929.

1. Forwarded.

A. J. Henderson.

AJH/ere

$50.00 Enl all
PAY

MEMORANDUM TO PAY & ALLOTMENT SECTION

11 May, 1929, 192

Name Roy Vernon WOOD

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl.	5-4-28	Spec Temp	One	C Mo MM	Base 2, Stapleton, N. Y.

DEDUCTIBLE TIME				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
None				2	Vessel at sea
				1	Sunday

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE		
				Yrs.	Mo.	Days
Honorable	5-6-29	Base 2, Staten Island, NY	C Mo MM	1	0	3

Re-enlisted 7 May, 1929, Section Base Two, Staten Island, N. Y., for one year, in the rating of C.Mo.M.M.

S. R. MORGAN,
In charge of Personnel Record Section.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

G 18339

FILE
B. E. S.

Section Base Two (Unit.) — Pier 18, Staten Island, N.Y. (Place.)

7 May, 1929. (Date.)

FROM: Roy Vernon Wood, CMoMM.

TO: COMMANDANT (via Executive Officer, Base Two.)

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

Not married. (Full name of wife; if not married, so state.) — (Address of wife.)

None (Full name of child; if none, so state.) — (Address of child.)

None (Full name of child; if none, so state.) — (Address of child.)

None (Full name of child; if none, so state.) — (Address of child.)

ORIGINAL

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

William M. Wood (Full name of relative.) — Father (Relationship.) — 900 Bottetourt Apts., Norfolk, Va. (Address of relative.)

Potential. (State briefly wherein dependency exists.)

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

Mrs. William C. Padon (Full name of relative.) — Sister (Relationship.) — London-Brdige, Va. (Address of relative.)

Potential. (State briefly wherein dependency exists.)

WITNESSED BY:
H.C.Perkins

Rank, Lieutenant

SIGNED:
Roy Vernon Wood
Roy Vernon Wood

Rank or rating, CMoMM

2—10348

GOVERNMENT PRINTING OFFICE

U.S. Coast Guard - G 18339

Form 2599
TREASURY DEPARTMENT
U. S. Coast Guard

U.S. COAST GUARD
REC'D MAY 0 1929
By

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Section Base Two Place Stapleton,S.I.,N.Y. Date 7 May, 1929

WOOD, Roy V. (Surname, first name, and middle initial) C.Mo.M.M. (Rating)

ENTER CHANGE BELOW

Reenlisted this date for a period of one (1) year, Special Temporary Enlistment.

COAST GUARD PAY AND ALLOTMENT
MAY - 9 29
AM RECD

Disciplinary action:

Authority:

Headquarters letter 27 April, 1929 (73-701).

W.H.Munter, Commander,
(Signature)

Commanding.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

U.S.C... RECD
REC' MAY 9 1929
ANS'D By

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Section Base Two Place Stapleton,S.I.,N.Y. Date 6 May, 1929

WOOD, Roy V. — C.Mo.M.M.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Honorably discharged this date by reason of expiration of full term and extension of enlistment.
Enlistment extended two (2) days due to vessel being at sea.
Enlistment extended one (1) day due to Administrative Building being closed(Sunday).
Issued Honorable Discharge No. A-11810

Disciplinary action:

MAY - 9 29

COAST GUARD PAY AND ALLOTMENT

AM RECD

Authority: Article 441(1), Regulations.
Article 446(2), Regulations.
~~Article 446(4), Regulations.~~

W.H.Munter, Commander,
(Signature)

Commanding.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

mac

GOVERNMENT PRINTING OFFICE 2—13272

73 - 701

27 April, 1929.

From: Commandant.
To: Commander, Section Base Two, Stapleton, S.I., N.Y. (via Commander, New York Division).

Subject: WOOD, Roy V., CMoMM.; physical status, reenlistment.

Reference: (a) Your letter 23 April, 1929 (73), and 1st indorsement thereon, with inclosed report of physical examination, case of subject.

1. Replying to above reference (a) and in view of the recommendation of the Surgeon General, U. S. Public Health Service, upon expiration of enlistment in this case you are authorized to effect his reenlistment in a special temporary enlistment only.

F. C. BILLARD.

GEO. E. WILCOX,
Chief, Personnel Section.

P.C.B.

73

File

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE TWO

Pier No.18, Staten Island, N.Y.
May 12, 1928.

MAY 14 1928
NEW YORK DIVISION

U. S. COAST GUARD
RECD MAY 15 1928
ASSD

From: Commander Section Base Two.
To: Commandant (via Commander New York Division.)

Subject: C.Mo.M.M.Roy V.Wood, reenlistment.

Reference: (a) Headquarters letter 9 May,1928 (73).

1. The above named man was not reenlisted in the regular establishment because of a defect of vision which it is believed can be corrected by glasses.

E.D.Jones.

New Yoek Division - 73 1st Indorsement. New York, N.Y., May 14, 1928.

1. Forwarded.

A.J. Henderson.

WFT/WRW

9 May, 1928.

From: Commandant.
To: Commander, Section Base 2, Staten Island, N. Y. (via New York Division).

Subject: C.Mo.M.M. Roy Vernon Wood - reenlistment.

1. From the records at Headquarters it would appear that the above named man was eligible for reenlistment 4 May, 1928, in the regular establishment of the Coast Guard. You are requested to advise Headquarters the reason this man was not so reenlisted.

F. C. BILLARD

W. K. THOMPSON,
Enlisted Personnel Officer.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

G-18339

U. S. COAST GUARD

REC'D MAY 7 1928 BY
ANS

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

FILE
B.E.S.

Section Base Two (Unit.) Stapleton, S.I.N.Y. (Place.)

May 4, 1928. (Date)

FROM: CMoMM Roy V. Wood.

TO: COMMANDANT (via Commander, Section Base Two)

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

Not married. (Full name of wife; if not married, so state.) (Address of wife.)

(Full name of child; if none, so state.) (Address of child.)

(Full name of child; if none, so state.) (Address of child.)

(Full name of child; if none, so state.) (Address of child.)

ORIGINAL

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:

William M. Wood (Full name of relative.) father (Relationship.) 900-Bottetourt Apts., Norfolk, Va. (Address of relative.)

Potential. (State briefly wherein dependency exists.)

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

Mrs William C. Padon (Full name of relative.) Sister (Relationship.) London-Bridge, Va. (Address of relative.)

Potential. (State briefly wherein dependency exists.)

WITNESSED BY:

H. C. Bradshaw

Rank, Lieutenant.

SIGNED:

Roy V. Wood.

Roy V. Wood.

Rank or rating, CMoMM.

2—10348

GOVERNMENT PRINTING OFFICE

U. S. Coast Guard - G / 18339

WRC 75

27 July, 1927.

From: Commandant.
To: Commander Section Base 2, Pier 18, Staten Island, N.Y
(Via Commander New York Division).

Subject: STRIPLING, James D., MoMM 2c; WOOD, Roy V. CHOM; MARVEL, Elmer Lee, CHOM; and MILLUS, Otto A. CHOM- Orders, temporary duty.

1. Direct the above named men to report to Mr. William A. Dewett, United States District Attorney, at Brooklyn, N.Y., before 9 a.m. on 1 August, 1927, for temporary duty as witnesses in cases pending before the District Court at that place. Upon completion of this temporary duty the men concerned will return to Section Base 2 and resume their present status.

F. C. BILLARD

W. K. THOMPSON
Enlisted Personnel Officer

27 April, 1927.

From: Commandant.
To: Commander, Base 2,
(via Commander, New York Division.)

Subject: C.Mo.M.M. Roy Vernon Wood; rating.

Inclosure: 1. Rating as C.Mo.M.M., dated 26 April, 1927, effective 16 March, 1927.

1. Inclosure (1) is forwarded herewith for delivery to the above-named man.

C. P. CLARK,
By direction.

E8776 AGM

27 April, 1927.

From: Commandant.
To: Commander, Base 2,
(via Commander, New York Division.)

Subject: C.Mo.M.M. Roy Vernon Wood; rating.

Inclosure: 1. Rating as C.Mo.M.M., dated 26 April, 1927, effective 16 March, 1927.

1. Inclosure (1) is forwarded herewith for delivery to the above-named man.

C. P. CLARK,
By direction.

U.S. COAST GUARD
REC'D APR 25 1927
ANS'D By

73

Section Base Two.
Staten Island, New York.
April 21,1927.

U.S. COAST GUARD
RECEIVED
APR 25 1927
NEW YORK DIVISION

Subject: Board of Examination, Roy V. Wood, C.Mo.M.M.(a).

(p) Is able to convert decimals into common fractions and the latter into decimals.

Henry J. Betzmer
Henry J. Betzmer, Ensign, U.S.C.G.

Michael B. Singer
Michael B. Singer, Ensign (T), U.S.C.G.

Edward Derum
Edward Derum, Machinist, U.S.C.G.

Section Base Two-73 — 1st Indorsement — Staten Island, N.Y. April 21, 1927.

From: Commander Section Base Two.
To: Commandant (via Commander New York Division.)

Subject: Board of Examination, Roy V.Wood, C.Mo.M.M.(a), permanent appointment.

Inclosure: 1. Examination papers, above named subject.

1. Forwarded, with the recommendation that Roy V.Wood, C.Mo.M.M.(a) be given a permanent appointment as Chief Motor Machinist Mate.

E.D.Jones.
E.D.Jones.

New York Division - 73 — 2nd Indorsement. — New York, N. Y. April 23, 1927.

1. Forwarded, approved.

A J Henderson
A. J. Henderson.

AJH:MC

73

COAST GUARD SECTION BASE
TWO

TREASURY DEPARTMENT

UNITED STATES COAST GUARD
Staten Island, New York.
April 21, 1927.

U. S. COAST GUARD
REC'D APR 25 1927 By
ANS'D

From: Ensign Henry J. Betzmer, U.S.Coast Guard.
To: Commander, Section Base Two.

Subject: Board of Examination, Roy V. Wood, C.Mo.M.M,(a), permanent appointment.

Reference: (a) Letter, Commander, Section Base Two, April 15,1927. (73).

1. In compliance with reference (a), a board of examination consisting of myself as senior member and of Ensign (Temporary) Michael B. Singer and Machinist Edward Derum, U.S.Coast Guard, as additional members, convened at Section Base Two, on Wednesday, April 20, 1927, for the purpose of examining Roy V. Wood, C. Mo.M.M.(a), as to his fitness to hold a permanent appointment as chief motor machinist's mate. This man's probationary period expired on March 15, 1927. The marks he attained and other qualifications are as follows:

Average of marks 80.0

(a) Is a citized of the United States.
(b) Is not less that 21 years of age.
(c) He has served one year and eleven months in the Coast Guard.
(d) Has had not less than three years experience in his specialty.
(e) Has had no insobriety or unexcused absence.
(f) Has a mark of at least 3.5 in proficiency, 4.0 in sobriety and 4.0 in obedience.
(g) Has served a probationary period of at least six months.
(h) Is recommended for a permanent appointment.
(i) Is a leading man of strong character.
(j) Is familiar with the particular duties of his rating.
(k) Is capable of directing the force under him and of planning details of work so as to employ the force to the best advantage.
(l) Is qualified to perform the duties of his rating.
(m) Is capable of maintaining discipline.
(n) Is able to read, write and speak English.
(o) Is familiar with the first four rules of arithemetic.

Staten Island, New York.
April 15, 1927

TWO

U. S. COAST GUARD
RECD APR 25 1927 By
ANS'D

From: Commander, Section Base Two.
To: Ensign Henry J. Betzmer, U.S. Coast Guard.

Subject: Board of Examination.

Reference: (a) Paragraph 55-1 Standards of Examination for Promotion of the Personnel of the Coast Guard.

1. A board of examination consisting of yourself as senior member and of Ensign (Temporary) Michael B. Singer and Machinist Edward Derum, U.S. Coast Guard, as additional members, will convene at Section Base Two on Saturday, April 16, 1927, or as soon thereafter as practicable for the purpose of examining the following named men as to their qualification for advancement to the rating of chief motor machinist's mate, permanent:

Merrill A. Mader, chief motor machinist's mate (acting).
Roy V. Wood, chief motor machinist's mate (acting.

2. A report of the findings of the board will be made to the convening authority in accordance with reference (a).

E. D. Jones.

11 April, 1927.

From: Commandant.
To: Commander, Section Base #2, Staten Island, N.Y., (via New York Division).

Subject: C.MO.M.M.(a) Roy V. Wood and C.Mo.M.M. (a) Merrill A. Mader - permanent appointments.

Reference: (a) Muster roll, March, 1927.

1. Records at Headquarters show that the acting appointments of the above named petty officers expired on 15 March, 1927. You are directed to have Wood and Mader examined for their permanent appointments as chief motor machinist's mates without delay and to forward the result of their examinations to Headquarters.

F. C. BILLARD,

W. K. THOMPSON,
Enlisted Personnel Officer.

September 16, 1926.

From: Commandant.
To : Director, Section Nine two. (The New York Division).

Subject: Mr.M.M.C., Robert E. Schultz, Mr.M.M.C., Ray V. Wood, and Mr.M.M.C., Merrill A. Maley, advancement.

References: (a) Your letter September 15, 1926 (75).

1. You are authorized to advance the above named men to the rating of chief motor machinist's mate, (acting), effective on of September 16, 1926.

P. C. [illegible],

W. V. [illegible],
Assistant Personnel Officer.

73

FILE W.H.C.

U.S. COAST GUARD RECEIVED SEP 14 1926 NEW YORK DIV. S OFF

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE TWO

Pier 18, Staten Island, New York,
13 September 1926.

U. S. COAST GUARD REC'D SEP 15 1926 ANS'D By

From: Commander Section Base Two.
To : Commandant (Via Commander New York Division).

Subject: Motor Machinist's Mate, first class, Roy Vernon Wood, recommendation for advancement.

1. It is requested that authority be granted to advance the above-named man to the rating of Chief Motor Machinist's Mate (acting) appointment.

2. Information concerning Wood is as follows:
Name: Roy Vernon Wood.
Rating: Motor Machinist's Mate, first class.
Citizenship: Native born.
Age: 22 years.
Is able to read, write and speak the English language fluently.
Average efficiency marks: Proficiency in rating - 3.6, Sobriety 4.0 Obedience 4.0.
Length of experience in his specialty: One year on marine motors in different concerns as engineer. Over one year in the Coast Guard on Sterling Coast Guard motors.
Length of Service in the Coast Guard: 1 yr 4 mos 10 days.
Current enlistment expires: May 3, 1928.

J. I. Bryan.

New York Division -73- 1st Indorsement New York, N.Y.
14 September 1926.

1. Forwarded.

GCC/STM

G.C. Carmine.

REPORT OF EXAMINATION.

U.S. COAST GUARD
RECEIVED
SEP 14 1926
NEW YORK DIVISION

Section Base No. 2
Staten Island, N.Y.
13 September 1926.

U. S. COAST GUA
REC'D SEP 15 1926
ANS'D

Roy Vernon Wood Motor Machinist's Mate, first class was examined this day for the rating of Chief Motor Machinist's Mate, (acting) and was found qualified. The following marks were given:

Regulations	:	3.5
English	:	3.6
Mathematics	:	3.0
Professional	:	3.6

Average of marks: 3.4

Date : 13 September 1926.

J.I. Bryan, Comdr (E)

C. M. Mitchell, Gunner (T)

J.I. Bryan,
Commander (E)
Commanding.

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2508.—Ed. 15,000—May, 1924

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

FILE

W. P. S.

Name WOOD, Roy Vernon Serial number 111-209

Rate or grade at time of discharge C.Mo.M.M.

Service from which discharged U.S.C.G. Organization (If discharged from Army)

Kind of discharge Honorable

Organization in which enlisted Coast Guard

Enlisted or enrolled (place) Stapleton,S.I., N.Y., (date) 17 May, 1932.

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service 6 June, 1933

Discharged (place) Staten Island, N.Y., (date) 6 June, 1933.

Federal service under this discharge* 1 years 0 months 13 days.

Previous service 7 years 0 months 13 days.

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

presented to me this day by ROY VERNON WOOD

Date 10 July, 1941.

P. E. SHAW, Lieut.Comdr., U.S.C.G.

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

73

75-701 -531

New York, N. Y.,

10 July, 1941.

U. S. COAST GUARD (19)

REC'D JUL 12 1941

From: Commander, New York District.
To : WOOD, Roy V. (111-209) B.M.1c. - PRESENT.

Subject: Orders; travel.

Reference: (a) Article 710, Regulations.
(b) Article 711, Regulations.

1. Immediately upon receipt hereof, proceed to FIRE ISLAND STATION, Bay Shore, N. Y., and upon arrival thereat, report to the Commanding Officer of the Unit indicated for assignment to duty as Officer-in-charge of FIRE ISLAND LIGHT STATION.

2. Travel under this order may be performed by privately owned conveyance, if so desired. In this connection, attention is invited to the provisions of Article 248 (2), Pay and Supply Instructions.

3. The travel necessary for the execution of this order is required by the public interests, and is chargeable against the New York District's travel allowance, Symbol No. 64. Allowances for subsistence and quarters as prescribed by Article 248, Pay and Supply Instructions, are applicable in this case.

4. Departed from this office at 1330 D.S.T. 10 July, 1941.

P. E. SHAW,
By direction.

Copy to:
Headquarters.
Fire Island Sta.
Personnel (2).
Supply.
Fire Island Light Sta.
File.

EDUCATIONAL AND SPECIAL QUALIFICATIONS.

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

WOOD, Roy Vernon (NAME) | 111-2097 (SERVICE NUMBER) | B.M.1c. (RATING, RANK or GRADE).

EDUCATION:

(a) Grammar School: 8 yrs. Graduated 8
(number of years attended, graduated) (Grade)

(b) High School: 2 yrs. Did not graduate.
(Number of years attended, grade completed or graduated).

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

EXPERIENCE:

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

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )
Electrician (general)	( )	Engineer, steam	( )
Engineer, Diesel	(2)	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern maker	( )
Plumber and fitter	( )	Secretary	( )
Sign painter	( )	Stenographer	( )
School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:
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.

Served 8 yrs. & 26 days in the Coast Guard from which last discharged on 6 June, 1933, asC.Mo.M.M. (Permanent appointment). Served 2 yrs. 3 mos. & 15 days with Public Health Service, Norfolk, Va. Served as clerk in Ry.Mail Serv,, New York, N.Y. for 6 days. Served 9 mos. & 15 days as electrician's helper with Procurement Div., Public Works Branch, Treas.Dept., Field, N.Y.

Use reverse side of this form when necessary.

(See reverse).

Roy Vernon Wood
ROY VERNON WOOD
(Signature)

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 30, 1930

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 16 September, 1941.

From: Commandant.
To: Commander, NEW YORK DISTRICT.

Subject: WOOD, Roy Vernon (111-209) B.M.1c.: (Fire Island Station) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 16 September, 1941.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
5-4-25	5-3-28 H D	None		None		None	
5-4-28	5-6-29 H D	None		None		None	
5-7-29	5-8-30 H D	None		None		None	
5-9-30	5-15-31 H D	None		None		None	
5-16-31	5-16-32 H D	None		None		None	
5-17-32	6-6-33 H D	None		None		None	
7-10-41		None		None		None	
Now serving							

RECD SEP 17 1941

	Yrs.	Mos.	Days
Total C. G. service	8	3	10
Navy service			
Other service			
Total	8	3	10

Completed 8 years service 8 prior to re-enlistment 1o July, 1941.

By direction:

F. E. ALLISON,
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 16 September, 1941.

From: Commandant.
To: Commander, NEW YORK DISTRICT.

Subject: WOOD, Roy Vernon (111-209) B.M.1c.: (Fire Island Station) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 16 September, 1941.

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates)		SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates)		NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
5-4-25	5-3-28 H D	None		None		None	
5-4-28	5-6-29 H D	None		None		None	
5-7-29	5-8-30 H D	None		None		None	
5-9-30	5-15-31 H D	None		None		None	
5-16-31	5-16-32 H D	None		None		None	
5-17-32	6-6-33 H D	None		None		None	
7-10-41		None		None		None	
Now serving							

	Yrs.	Mos.	Days
Total C. G. service	8	3	10
Navy service			
Other service			
Total	8	3	10

leted 8 years service 8 prior to re-enlistment
July, 1941.

By direction:

F. E. ALLISON,
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Form 2541
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR— 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 3 May, 1933.

From: Commandant.
To: Commanding Officer, ICARUS, Stapleton, N. Y.

Subject: WOOD, Roy Vernon (111-209) C.Mo.M.M.; Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 3 May, 1933.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
5-4-25	5-3-28 H D	None		None		None	
5-4-28	5-8-29 H D	None		None		None	
5-7-29	5-8-30 H D	None		None		None	
5-9-30	5-15-31 H D	None		None		None	
5-16-31	5-16-32 H D	None		None		None	
5-17-32 Now serving		None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	8	0	0
[illegible] service			
[illegible] service			
[illegible]otal	8	0	0

[illegible]ed 8 years service on 3 May, 1933.

By direction:

L. SPENCER

Ass't Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—15507

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 11 May, 1932.

From: Commandant.
To: Commander, SECTION BASE TWO, (via New York Division).

Subject: WOOD, Roy Vernon (111-209) C.Mo.M.M.; Statement of service of.

Inclosure: Record of Service.

Inclosure: The following is a statement of the service of the above-named man for the purpose of computing pay to and including 11 May, 1932.

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates) FROM	TO	SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates) FROM	TO	NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates) FROM	TO
Coast Guard (enlisted service)						Yrs. 4	Mos. 0 Days 0
Navy (enlisted service)							
5-4-25	5-3-28 H D	None		None		None	
5-4-28	5-6-29 H D	None		None		None	
5-7-29	5-8-30 H D	None		None		None	
5-9-30	5-15-31 H D	None		None		None	
5-16-31 Now serving		None		None		None	
Army (all service other than above)							
Navy (all service other than above)							
Naval Reserve Force (all service other than above)							
Marine Corps (all service other than above)							
Coast Guard (all service other than above)							
Coast and Geodetic Survey (all service other than above)							
Public Health Service (all service other than above)							
TOTAL SERVICE FOR COMPUTING PAY OF WARRANT OFFICERS, provided in Art. 23 (2), Pay and Supply Instructions							
TOTAL SERVICE FOR DETERMINING ELIGIBILITY FOR RETIREMENT ON 30 YEARS SERVICE, provided in Art. 281 (1), Regulations						4	0 0

	Yrs.	Mos.	Days
Total C. G. service	7	0	8
Navy service			
Other service			
Total	7	0	8

Completed 4 years service on 3 May, 1929.

F. C. BILLARD

F. C. BILLARD

L. SPENCER
Ass't Chief, Personnel Section.

2—15507 U. S. GOVERNMENT PRINTING OFFICE: 1931

PR-73.

9 May, 1929.

From: Commandant.
To: Commander, SECTION BASE TWO, (via Commander, New York Division).

Subject: Record of Service.

Inclosure:

1. The records at Headquarters show that Roy Vernon WOOD C.Mo.M.M. has had previous creditable service ~~under the United States: up to and including 3 May, 1929~~ as follows:

	Yrs.	Mos.	Days.
Coast Guard (enlisted service)	4	0	0
Navy (enlisted service)			
Naval Reserve Force (active enlisted service)			
Army, Navy, Marine Corps, Coast Guard, Coast and Geodetic Survey and Public Health Service, (all active service as a warrant or commissioned officer from 6 April, 1917, to 31 December, 1921)			
TOTAL SERVICE FOR COMPUTING INCREASE IN PAY OF ENLISTED PERSONS, provided in Art. 31 (3), Pay and Supply Instructions	4	0	0
Army (all service other than above)			
Navy (all service other than above)			
Naval Reserve Force (all service other than above)			
Marine Corps (all service other than above)			
Coast Guard (all service other than above)			
Coast and Geodetic Survey (all service other than above)			
Public Health Service (all service other than above)			
TOTAL SERVICE FOR COMPUTING PAY OF WARRANT OFFICERS, provided in Art. 23 (2), Pay and Supply Instructions			
TOTAL SERVICE FOR DETERMINING ELIGIBILITY FOR RETIREMENT ON 30 YEARS SERVICE, provided in Art. 281 (1), Regulations			
Completed four (4) years service on 3 May, 1929.	4	0	0

Copy to P & A.

F. C. BILLARD

C. H. JONES
~~C. F. WILCOX~~
Assistant Chief, Personnel Section.

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

13

OFFICE OF COMMANDER
NEW YORK DISTRICT
ROOM 411, CUSTOMHOUSE
NEW YORK, N. Y.

New York, New York,
11 July, 1941.

U. S. COAST GUARD (4)
REC'D JUL 14 1941

From: Commander, New York District.
To : Commandant.

Subject: WOOD, Roy V. (111-209) B.M.1c.-FIRE ISLAND LIGHTSTATION; statement of service, request for.

1. It is requested that a statement of service for the subject-named man be furnished this office for pay purposes.

P. E. SHAW,
By direction.

Copy to:
Fire Island Station.
Pay.
Personnel (2).
File.

73-51

73

OFFICE OF COMMANDER
NEW YORK DISTRICT
ROOM 411, CUSTOMHOUSE
NEW YORK, N. Y.

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

U. S. COAST GUARD (8)
REC'D JUL 31 1941

New York, N. Y.
30 July, 1941.

From: Commander, New York District.
To : Commandant.

Subject: WOOD, Roy V. (111-209) B.M.1c.-FIRE ISLAND LIGHTSTATION; statement of service, request for.

Reference: (a) Commander, New York District Letter, 11 July, 1941 (73).

1. It is requested that a reply be made to reference (a).

F. J. SEXTON,
Chief of Staff.

Copy to:
Fire Island Station.
Pay.
Personnel (2).
File.

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

Aut 8-27-41

S&P

RE- ENLISTMENT[a] of WOOD, Roy Vernon (111-209) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station FIRE ISLAND LIGHT STATION, District, Bay Shore, N.Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at New York, N. Y.
(Place)

1. I, ROY VERNON WOOD, this 10th day of July, 1941, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904 Citizenship[b] NB

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

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

Occupation or trade Mariner Home address Fire Island Light Station, Bay Shore, N.Y.

Full name and address of the following: Emily Oakland Wood, Fire Island Light Station, Bay Shore, N.Y.
(Wife, if any)

Barbara Lee Wood, (8 yrs.old) and Eleanor Harriet Wood (7 yrs.old), both residing at
(Children under 16 years of age. Specify ages of children)

Fire Island Light Station, Bay Shore, N.Y.

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

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

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

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

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein never.
(State fully nature of offense, if any, and nature of institution in which incarcerated)

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

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

8. I was last discharged from the U. S. Coast Guard on 6 June, 1933 from Cutter ~~XXXXXX~~ ICARUS
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A31797.
(Kind of discharge)

9. I agree to and with the United States of America, represented by P.E.SHAW, Lieut.Comdr., United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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

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

Thirdly, the United States of America, represented by P.E.SHAW, Lieut.Comdr., United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the said Roy Vernon Wood who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."

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

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.

Roy Vernon Wood
ROY VERNON WOOD
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By P. E. SHAW, Lieut. Comdr., U.S.C.G.
(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. Enlistment effected pursuant to Contract dated July 5, 1939.

P. E. SHAW,
Lieut. Comdr., U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood
ROY VERNON WOOD
(Signature of enlisted person)

Subscribed and sworn to before me this 10th day of July, A. D. 19 41.

P. E. SHAW, Lieut. Comdr., U.S.C.G.,
Commander, New York District,
(Comdg. officer, officer in charge of a unit, or notary public)
By direction.

X-P-M

12. DESCRIPTIVE LIST

Age 37 years 5 months. Height 5 feet 9 inches. Weight 158 pounds. Eyes Blue - Gray

Hair Gray Complexion Ruddy Color White Married Yes.

Distinguishing marks Scar rt. ankle 1" X ½"

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

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

where this enlistment is made.

2—7031 U. S. GOVERNMENT PRINTING OFFICE 1939

Form 2520
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec. 1938

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

APPLICATION FOR ENLISTMENT

Position desired B. M. 1/c.

WARNING

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

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

New York, N.Y.
(Place)
10 July, 19 41
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 37 years 5 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 Roy Vernon Wood

Date of birth Feb. 4, 1904.

Place of birth Norfolk, Va. Citizenship Native born

Home address Fire Island Lt. Station, Bay Shore N.Y.

Are you married? yes Number and relationship of persons dependent on you for support? 3— Wife and 2 minor Daughters.

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

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

Name and address of next of kin Emily Oakland Wood Fire Island Lt. Sta. Bay Shore, N.Y.

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

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U. S. Coast Guard	N.Y.	Government	12 Nov. 1936	9 July 1941	Assistant Keeper and Keeper,

Do you drink intoxicating liquors? If so, to what extent? Yes with moderation.

Have you ever been arrested? If so, for what? No.

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

2—13412

(OVER)

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

Oceana Public School, Oceana Va for 5 years. Charlot St. school Norfolk Va for 3 years.
Maury High School, Norfolk, Va, 2 years did not graduate.

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

If so, state which Coast Guard.

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

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

Have you ever applied for enlistment in the Coast Guard? Yes.

When did you apply? 4 May, 1925 Where? R. O. Norfolk Va.

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

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

(Sign your full name here) Roy Vernon Ward.

Accepted or rejected Accepted Cause of rejection

Date 10 July, 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.

P. E. SHAW,
Lieut. Comdr. U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

FIRE ISLAND LIGHT STATION (Unit)

Bay Shore, N.Y. (Place)

10 July, 1941. (Date)

FROM: WOOD, Roy Vernon (111-209) B.M.1c.

TO: COMMANDANT (via Commander, New York District)

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

Emily Oakland Wood (Full name of wife; if not married, so state)	Fire Island Light Station, Bay Shore, N.Y. (Address of wife)
Barbara Lee Wood, 8 yrs. old) (Full name of child; if none, so state)	Fire Island Light Station, Bay Shore, N.Y. (Address of child)
Eleanor Harriet Wood (7 yrs. old). (Full name of child; if none, so state)	Fire Island Light Station, Bay Shore, N.Y. (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:

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY:

P. E. SHAW,

Rank Lieut.Comdr., U.S.C.G.

SIGNED:

Roy Vernon Wood

ROY VERNON WOOD,

Rank or Rating B.M.1c., U.S.C.G.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

P-73
701

NL

11 September, 1934.

Mr. A. H. Scott, Jr.,
Morris Plan Industrial Bank,
33 West 42nd Street,
New York, New York.

Sir:

Replying to your letter of 7 September, 1934, relative to the alleged indebtedness to you of Roy V. Wood (111-209), ~~former~~ chief motor machinist's mate, U. S. Coast Guard, you are advised that subject man was discharged from the Coast Guard on 6 June, 1933, and his present whereabouts is unknown. His address at the time of his last enlistment was given as: 40 Station Avenue, Pleasant Plains, Staten Island, New York.

By direction of the Commandant.

Very truly yours,

W. B. SCHEIBEL,
Assistant Chief, Personnel Section.

MAILED
SEP 13 1934
MAIL DESK

n.e.

THE MORRIS PLAN INDUSTRIAL BANK
OF NEW YORK

MAIN OFFICE
33 WEST 42ND STREET
NEW YORK CITY

September 7th, 1934.

Mr. W.B.Scheibel
Asst. Chief, Personnel Section
Treasury Department,
U. S. Coast Guard,
Washington, D. C.

In Re: George Alexander Lomas
38240M

Dear Sir:

Under date of August 9th you wrote us (Your file P-73 - 701) stating that Mr. Roy Vernon Wood could be reached in care of the U.S. Coast Guard Patrol Boat Icarus, Stapleton, Staten Island.

We wrote to Mr. Wood at this address and the letter has been returned to us marked that he was discharged from the service and left no forwarding address.

I shall greatly appreciate if you will advise if this agrees with your records or has Mr. Wood been transferred. If so may we have his correct address.

Very truly yours,

A.H. SCOTT JR.
Assistant Manager.
Legal Department.

AHS/jf

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

uth. H/D 7016-1111
May, 1932).

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

RE ENLISTMENT[a] of WOOD, Roy Vernon (111-299) as C.Mo.M.M.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station SECTION BASE TWO, District, Stapleton, Staten Island, N.Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Stapleton, S.I., N.Y.
(Place)

1. I, Roy Vernon Wood, this 17th day of May, 1932, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904. Citizenship[b] N.B.

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

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

Occupation or trade Machinist Home address 40 Station Ave., Pleasant Plains, S.I., N.Y.

Full name and address of the following: Mariet Elizabeth Wood (Address same as above)
(Wife, if any)

No children.
(Children under 16 years of age. Specify ages of children)

(Deceased) Widowed?
(Mother, if living)

William M. Wood (Father) 1600 Llewellyn Ave., Norfolk, Va.
(Next of kin, or person interested, if there are none of the above)

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

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

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein - - - -
(State fully nature of offense, if any, and nature of institution in which incarcerated)

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

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

8. I was last discharged from the U. S. Coast Guard on 16 May, 1932, from ~~Cutter~~ Station SECTION BASE TWO with HONORABLE discharge, herewith submitted, serial No. A29612.
(Strike out one) (Kind of discharge)

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

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

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

Thirdly, the United States of America, represented by D. H. Dexter, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Roy Vernon Wood who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—3476

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, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Roy Vernon Wood

Roy Vernon Wood
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By D. H. DEXTER, Lieut.(j.g.).
(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.

D. H. DEXTER,

Lieut. (j.g.), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 17th day of May, A. D. 19 32

E. G. Brooks

E. G. BROOKS, Lieutenant,
Acting, Commander, Section Base Two.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 28 years 5 months. Height 5 feet 9½ inches. Weight 160 pounds. Eyes Blue-gray

Hair Brown Complexion Ruddy Color White ♂ Married Yes

Distinguishing marks Scar right ankle 1" x ½".

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.

Authority for reenlistment
in S.T.E., H/D 7016-1111(May,1932)

2—3476 U. S. GOVERNMENT PRINTING OFFICE 1932

Form 2500-C—Sheet 1

RECORD OF WOOD, Roy Vernon (111-209) C.Mo.M.M.
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date 5-17-32 Nature of waiver Impaired vision

Authority H/D 7016-1111 (May, 1932)

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

3-12-31 (Date last vaccinated against smallpox)

3-12-32 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Section Base Two	5-23-32	ICARUS	5-23-32

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF WOOD, Roy Vernon (111-209)

(Full name, surname to the left)

5. EFFICIENCY MARKS

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

Date	Proficiency in rating	Sobriety	Obedience	Ability as leader of men	Recommended for good-conduct MEDAL	Vessel or station	Signature of commanding officer or officer in charge of a unit
5-23-32	LESS THAN ONE MONTH - -			- - - -		Section Base Two	
6-30-32	3.5	4.0	4.0	3.5	4.0	ICARUS	
9-30-32	3.6	4.0	4.0	3.6	4.0	ICARUS	
12-31-32	3.6	4.0	4.0	3.5	4.0	ICARUS	
3-6-33	3.6	4.0	4.0	3.5	4.0	ICARUS	
3-31-33	~~3.7~~ Less than one month	~~4.0~~	~~4.0~~	~~3.5~~	~~4.0~~	~~ICARUS~~	
6-6-33	3.7	4.0	4.0	3.5	4.0	ICARUS	
6-6-33	ADAPTABILITY FOR WARRANT GRADE 3.7					ICARUS	
Averages	3.6	4.0	4.0	3.5	4.0	ICARUS	

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer .....

(Date and place)

2—13678

Form 2500-C—Sheet 2

RECORD OF WOOD, Roy Vernon (111-209) C.Mo.M.M.

(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
ICARUS	6-6-33	Honorable Discharge button issued previously.

2—13378

RECORD OF WOOD, Roy Vernon (111-209)
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Superintendent
Section Base Two	5-6-31	Sharpshooter, Rifle	D. H. DEXTER, Lieut.(j.g.).

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Superintendent
	From—	To—		

2—13678

RECORD OF WOOD, Roy Vernon (111-209) C.No.M.M.

(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Section Base Two	5-17-32	--	30 Reg.	H. H. Dexter, Lieut.(j.g.)
Section Bawe Two	5-17-32	--	20 Re-Enl.	H. H. Dexter, Lieut.(j.g.)
I C A R U S	9-21-32	15	35	G. W. DICK, Ensign. G W Dick
I C A R U S	2/3/33	5	30	M. D. ORR, Boatswain M D Orr

WITHOUT PAY

2—13678

RECORD OF WOOD, Roy Vernon (111-209)

(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 6 June, 1933 Place Stapleton, S.I., N.Y. Serial No. A-31797

Kind of discharge Honorable Authority for HL 9 May, 1933 (P-701) Art. 4588 P.I.

Discharged on account of "For convenience of the Government".

Is _____ recommended for reenlistment. Rating best qualified to fill C.M.M.M.

(If "not," so state.)

15. ON DESERTION

_____, 192 _____ _____

(Date) (Unit) (Place)

2—13678

WOOD, Roy Vernon (111-209) C.No.M.M.

RECORD OF _____
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

1 (Yrs.) 0 (Mos.) ~~19~~ 20 (Days) W.S.R.

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 6 June, 193 3.

F. C. POLLARD, Lieutenant, U.S.C.G.
Commanding Officer—District Commander.

CERTIFICATE OF MEDICAL EXAMINER

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

Pier 17, Stapleton, N.Y.
(Place or unit)

I certify that on this 6th day of June, 1933, I have examined Roy V. Wood C. M. M., U. S. Coast Guard, and find:

(a) That he has the following physical or medical conditions:*

(1) Ametropia for myopia, bilateral,
(2) corrected by glasses.
(3)
(4)

(b) That he is physically fit for discharge. ✓

(c) ~~That he is not physically fit for discharge by reason of the following condition(s)~~: No.

In my opinion, defects numbered X were incurred as incident to service.

In my opinion, defects numbered (1) were incurred as not incident to service.

RECOMMENDATIONS (if any):

— none —

H. H. Linsley
Surgeon, U. S. P. H. S.

* Note any conditions which may have importance in reenlistment or which may be regarded as a disability, even minor, or which may result in disability in the future.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art 434 (1), Regulations.)

Pier 17, Stapleton, N.Y.
6 June, 1933

Upon discharge, this date, I certify that I am suffering from the following condition(s):
(The word "none" to be used, if no defects stated)

Defective Vision

Roy V. Wood
(Signature)

C. Ma. M. M., U. S. Coast Guard.
(Rate)

2—13678

U. S. GOVERNMENT PRINTING OFFICE: 1931

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base Two (Unit.) — Stapleton, Staten Island, N.Y. (Place.)

17 May, 1932. (Date.)

FROM: Roy Vernon Wood (111-209) C.Mo.M.M.

TO: COMMANDANT (via Commanier, Section Base Two)

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.)
Hariet Elizabeth Wood	40 Station Ave., Pleasant Plains, S.I., N.Y.
(Full name of child; if none, so state.)	**(Address of child.)**
No children.	

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.)
William M. Wood	Father	1600 Llewellyn Ave., Norfolk, Va.

(Potential)
(State briefly wherein dependency exists.)

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

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

(State briefly wherein dependency exists.)

WITNESSED BY: W. H. Dexter
W. H. DEXTER

SIGNED: Roy Vernon Wood
Roy Vernon Wood

Rank, Lieut. (j.g.). *Rank or rating,* C.Mo.M.M.

2—10348

U. S. GOVERNMENT PRINTING OFFICE: 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR-73

HEADQUARTERS

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON 21 June, 1933.

U.S. COAST GUARD
REC'D JUL 3 1933
ANS'D

First Indorsement.

From: Commandant.
To: Commanding Officer, ICARUS.

Subject: WOOD, Roy V. (111-209) C.Mo.M.M. - marks.

Inclosure: (1) Service record, dated 17 May, 1932.

1. Returned. It is noted that marks were assigned the above-named man for the period ending 31 March, 1933. No marks should have been assigned for this period as it was less than a month. It is requested that corrections be made under Article (5) of Inclosure (1).

2. It is further requested that Article (5) of Inclosure (1) be completed to show the mark for adaptability for warrant grade and that the necessary signature be affixed thereto.

3. Return this indorsement with inclosed papers.

By direction:

W. B. Scheibel

W. B. SCHEIBEL,
Assistant Chief,
Personnel Section.

U.S. COAST GUARD RECEIVED JUL 1 1933

U.S.S. ICARUS, C.G. REC'D 26 JUN 1933 Ans'd

ICARUS-73 Second Indorsement Stapleton, S.I., N.Y.
26 June, 1933.

From: Commanding Officer, ICARUS.
To : Commandant, (via Commander, New York Division).

1. Returned, corrected in accordance with instructions contained in first indorsement.

F. C. Pollard

F. C. POLLARD.

NEW YORK DIVISION 73 3rd Indorsement. New York, N.Y.,
July 1, 1933.

1. Forwarded.

J. J. Hutson

J. J. HUTSON,
Acting.

lf

Form 2500 B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

Auth. H/D 7016-1111
(May 1932)

SPECIAL TEMPORARY ENLISTMENT CONTRACT U. S. COAST GUARD

5/25/32

The Act approved April 21, 1924, provides:

REC'D MAY 20 1932

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

RE ENLISTMENT[a] of WOOD, Roy Vernon (111-299) as C.Mo.M.M.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station SECTION BASE TWO, District, Stapleton, Staten Island, N.Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Stapleton, S.I., N.Y.
(Place)

1. I, Roy Vernon Wood, this 17th day of May, 1932, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904. Citizenship[b] N.B.

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

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

Occupation or trade Machinist Home address 40 Station Ave., Pleasant Plains, S.I., N.Y.

Full name and address of the following: Hariet Elizabeth Wood (Address same as above)
(Wife, if any)

No children.
(Children under 16 years of age. Specify ages of children)

(Deceased)
(Mother, if living) Widowed?

William M. Wood (Father) 1600 Llewellyn Ave., Norfolk, Va.
(Next of kin, or person interested, if there are none of the above)

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

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

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein - - - -
(State fully nature of offense, if any,

- - - - -
and nature of institution in which incarcerated)

6. I have - - - had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)

Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

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

8. I was last discharged from the U. S. Coast Guard on 16 May, 19 32, from ~~Cutter~~ Station SECTION BASE TWO
(Strike out one)

with HONORABLE discharge, herewith submitted, serial No. A29612.
(Kind of discharge)

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

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

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

Thirdly, the United States of America, represented by D. H. Dexter, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Roy Vernon Wood who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."

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

2—3476

MAY 21 1932

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Roy Vernon Wood

Roy Vernon Wood
(Signature of enlisted person)

1932 MAY -20- PM 1:59

UNITED STATES OF AMERICA,

By D. H. DEXTER, Lieut.(j.g.).
(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.

D. H. DEXTER,

Lieut. (j.g.), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 17th day of May, A. D. 1932

E. G. BROOKS, Lieutenant,
Acting Commander, Section Base Two.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 28 years 5 months. Height 5 feet 9½ inches. Weight 160 pounds. Eyes Blue-gray

Hair Brown Complexion Ruddy Color White Married Yes

Distinguishing marks Scar right ankle 1" x ½".

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.

Authority for reenlistment
in S.T.E., H/D 7016-1111(May,1932)

5-21-32
P&A
NOTED

2—3476 U. S. GOVERNMENT PRINTING OFFICE 1930

Form 9626
TREASURY DEPARTMENT
U. S. COAST GUARD
Sept., 1930

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 16 MAY 1932

FROM

COAST GUARD HEADQUARTERS

TO (FOR ACTION)

COMMANDER SECTION BASE TWO

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

	CODE
	CIPHER
	ACKNOWLEDGE
	PRIORITY
X	ROUTINE
	ACKNOWLEDGE
	PRIORITY
	ROUTINE

WOOD

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

7016 AUTHORIZED DISCHARGE ROY VERNON WOOD ONE ELEVEN TWO ZERO NINE CHIEF MOTOR MACHINISTS MATE AND REENLIST IN SPECIAL TEMPORARY ESTABLISHMENT ONLY ///

TOD Asbury 1111 EST

OPERATOR'S RECORD. OFFICIAL BUSINESS. INITIALS OF "RELEASING" OFFICER

U. S. GOVERNMENT PRINTING OFFICE: 1930 2—15417

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

16 MAY 1932

COAST GUARD HEADQUARTERS		CODE
		CIPHER
(FOR ACTION)		ACKNOWLEDGE
COMMANDER SECTION BASE TWO		PRIORITY
UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.	X	ROUTINE
TO (FOR INFORMATION)		ACKNOWLEDGE
		PRIORITY
		ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

7016 AUTHORIZED DISCHARGE ROY VERNON WOOD ONE ELEVEN TWO ZERO NINE CHIEF MOTOR MACHINISTS MATE AND REENLIST IN SPECIAL TEMPORARY ESTABLISHMENT ONLY 1/1/1

for Commy 111 Ett

OPERATOR'S RECORD. OFFICIAL BUSINESS. INITIALS OF "RELEASING" OFFICER. LTC

U. S. GOVERNMENT PRINTING OFFICE: 1930 2—15417

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 40,000—Revised Aug., 1925

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] RE- ENLISTMENT of WOOD, Roy Vernon (111-209) as C. Mo. M. M.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Section Base Two, District, Stapleton, S. I., N. Y.
~~Station~~
(Draw line through designation not applying) (Place where enlistment is made)

Accepted for enlistment at Stapleton, S. I., N. Y
(Place)

1. I, Roy Vernon Wood (Full name), this 16 th day of MAY, 1931., 19~~3~~2, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904 Citizenship [2] NB

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

If intentions declared, place and date of declaration -

Occupation or trade Machinist Home address 1600 Llewellyn Ave., Norfolk, Va.

Full name and address of the following: Not married.
(Wife, if any)

None
(Children under 18 years of age)

(DECEASED) Widowed?
(Mother, if living)

William M. Wood (Father) 900 Bottetourt Apts., Norfolk, Va.
(Next of kin, or person interested, if there are none of the above)

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

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

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

6. I was last discharged from the U. S. Coast Guard on 15 May, 1931., 19....., from ~~Cutter~~ Station Section Base Two with HONORABLE discharge, herewith submitted, serial No. A-24155
(Strike out one) (Kind of discharge)

7. I agree to and with the United States of America, represented by S. E. Barron, Lieutenant, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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

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

Thirdly, the United States of America, represented by S. E. Barron, Lieutenant, United States Coast Guard,
(Name of enlisting officer)
does hereby covenant and agree to and with the Roy Vernon Wood, who has hereunto signed his name, that
(Name of person enlisting)
he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Roy Vernon Wood Roy Vernon Wood
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By S. E. Barron Lieutenant
(Signature and rank of enlisting officer)

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

S. E. Barron
Lieutenant, U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

I, Roy Vernon Wood, 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.

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 16th day of MAY, A. D. 1931.

L. W. Perkins,
Lieutenant Commander, U. S. Coast Guard
Commander, Section Base Two
(Comdg. officer, officer in charge of a unit, or notary public) Acting

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both)

Age 27 years 5 months. Height 5 feet 9¼ inches. Weight 160 pounds. Eyes Blue-gray

Hair Brown Complexion Ruddy Color White Married No Distinguishing marks

Scar right ankle 1" x ⅛"

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

(Rank of examining medical officer)

(*b*) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard

AUTHORITY: HD 7014-1331, 14 May, 1931.

(Rank of examining medical officer)

Rejected a/c eyes - myopia.

GOVERNMENT PRINTING OFFICE 2—3476

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date [illegible] Nature of waiver

Authority

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

3-12-31 / 3-12-31 /
(Date last vaccinated against smallpox) (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF WOOD, Roy Vernon

(Full name, surname to the left)

5. EFFICIENCY MARKS

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

Date	Proficiency in rating	Sobriety	~~Obedience~~ CONDUCT	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-31	3.8	4.0	4.0	3.8	Yes	Section Base Two	[signature]
9-30-31	3.5	4.0	4.0	3.5	HEALTH	Section Base Two	[signature]
12-31-31	3.6	4.0	4.0	3.6	4.0	Section Base Two	[signature]
3-31-32	3.9	4.0	4.0	3.8	4.0	Section Base Two	[signature]
5-16-32	3.9	4.0	4.0	3.8	4.0	Section Base Two	E. H. Brooks

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

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

Ship or station	Date	Remarks

2—13678

RECORD OF Woodn Roy Vernon
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Section Base Two	5-16-31		40	L. W. Perkins, Lieutenant Commander
Base Two	5-16-31	10	30	
Section Base Two	10-5-31	25	5	L. W. Perkins, Lieut. Comdr.
Section Base Two	5-16-32	-	5	D. M. Dexter, Lieut.(j.g.)

WITHOUT PAY

RECORD OF WOOD, Roy Vernon

(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

Enlistment extended for one (1) day due to administrative office being closed on Sunday. Auth. Art. 4453, Personnel Instructions.

D. H. DEXTER, Lieut.(j.g.)

EAH

14. ON DISCHARGE

Date 16 May, 1932 Place Stapleton, S.I., N.Y. Serial No. A29612.

Kind of discharge HONORABLE Authority for H/D 7016-1111 (May, 1932)

Discharged on account of Expiration of full term of enlistment, and extension thereof.

Is - - recommended for reenlistment. Rating best qualified to fill C.Mo.M.M.

(If "not," so state.)

15. ON DESERTION

, 192 (Date) (Unit) (Place)

2—13678

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

16. ON RETIREMENT

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

17. ON DEATH

....., 192 ....
(Date) (Place) (Cause) (Place of burial

....
or disposition of remains) (Disposition of effects)

Was death incident to service?.....

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs. Mos. Days.
Headquarters letter Discharges	(Date)	6 0 12
Discharged	5 16 32 (Date)	
Enlisted Section Base Two, S.I.,N.Y.	5 16 31 (Date)	
(2) Total service, current enlistment	Yrs. Mos. Days 1 0 1	

	Yrs. Mos. days.		
A. W. O. L.	- - -		
Sick misconduct	- - -		
N. P. D. I.	- - -		
A. L. W. P.	- - -		
Other absence for which no pay accrued	- - -		
(3) Total deductions	- - -		
(4) Net service, current enlistment (basis for enlistment allowance)		1 0 1 (2–3)	1 0 1
Total service to date of discharge (basis for longevity)			7 0 13 (1+4)

2—13678

Staten Island, N.Y.
Section Base TWO.

16 May, 1932 DATE

I certify that on this date 16 May, 1932 I have examined

Roy Vernon Wood (111-209) C.Mo.M.M. United States Coast Guard
and find:

~~(a) That he is physically sound.~~

(b) That he is not physically sound for the following reason:

Impaired Vision

H.H.DUKE PHS R U.S.P.H.S.

Staten Island, N.Y.
Section Base TWO.

16 May, 1932. DATE

I certify that on this date 16 May, 1932 I have examined and
find that:

~~(a) I am physically sound.~~

(b) I am not physically sound for the following reasons:

Impaired Vision

Roy Vernon Wood.
(SIGNATURE) C.Mo.M.M.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base Two (Unit.) — Stapleton, S. I., N. Y. (Place.)

16 May, 1931. (Date.)

FROM: Roy Vernon Wood. Commander, New York Division).

TO: COMMANDANT (via Commander, Section Base Two and)

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

Not married. (Full name of wife; if not married, so state.) — (Address of wife.)

None (Full name of child; if none, so state.) — (Address of child.)

None (Full name of child; if none, so state.) — (Address of child.)

None (Full name of child; if none, so state.) — (Address of child.)

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:

William M. Wood (Full name of relative.) — Father (Relationship.) — 900 Bottecourt Apts. Norfolk, Va. (Address of relative.)

Potential (State briefly wherein dependency exists.)

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

Mrs. William C. Padon (Full name of relative.) — Sister (Relationship.) — London Bridge, Va. (Address of relative.)

Potential (State briefly wherein dependency exists.)

WITNESSED BY:

L. W. Perkins,

Lieutenant Commander
Rank,

SIGNED:

Roy Vernon Wood

Rank or rating, C. Mo. M. M.

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500 B
Ed. 40,000 Revised Aug., 1925

NB. 5-26-31

U. S. COAST GUARD
RECD MAY 25 1931 By

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] RE- **ENLISTMENT** of WOOD, Roy Vernon (111-209) as C. Mo. M. M.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Section Base Two, District, Stapleton, S. I., N. Y.
(Draw line through designation not applying) (Place where enlistment is made)

Accepted for enlistment at Stapleton, S. I., N. Y.
(Place)

1. I, Roy Vernon Wood, this 16 th day of MAY, 1931., 192x, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904 Citizenship [2] NB

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

If intentions declared, place and date of declaration -

Occupation or trade Machinist Home address 1600 Llewellyn Ave., Norfolk, Va.

Full name and address of the following: Not married.
(Wife, if any)

None
(Children under 18 years of age)

(DECEASED) Widowed?
(Mother, if living)

William M. Wood (Father) 900 Bottstourt Apts., Norfolk, Va.
(Next of kin, or person interested, if there are none of the above)

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

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

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

6. I was last discharged from the U. S. Coast Guard on 15 May, 1931., 19-, from ~~Cutter~~ Section Base Two Station
(Strike out one)

with HONORABLE discharge, herewith submitted, serial No. A-24155
(Kind of discharge)

7. I agree to and with the United States of America, represented by S. E. Barron, Lieutenant, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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

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

Thirdly, the United States of America, represented by S. E. Barron, Lieutenant, United States Coast Guard,
(Name of enlisting officer)

does hereby covenant and agree to and with the Roy Vernon Wood, who has hereunto signed his name, that
(Name of person enlisting)

he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Roy Vernon Wood Roy Vernon Wood
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By S. E. Barron, Lieutenant
(Signature and rank of enlisting officer)

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

S. E. Barron,
Lieutenant, U. S. C. G., *Enlisting Officer.*

MAY 26 1931

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 16th day of MAY, A. D. 1931.

L. M. Perkins,
Lieutenant Commander, U. S. Coast Guard
Commander, Section Base Two
(Comdg. officer, officer in charge of a unit, or notary public)
Acting

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both)

Age 27 years 5 months. Height 5 feet 9¼ inches. Weight 160 pounds. Eyes Blue-gray

Hair Brown Complexion Ruddy Color White Married No Distinguishing marks

Scar right ankle 1" x ½"

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

(Rank of examining medical officer)

(*b*) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard

AUTHORITY: HD 7014-1331, 14 May, 1931.

(Rank of examining medical officer)

Date 5-26-31

Rejected on eyes - myopia

NOTED

2—3476

U. S. COAST GUARD
OFFICIAL DISPATCH
TRANSMIT

DATE 14 MAY 1931

FROM COAST GUARD HEADQUARTERS

TO (FOR ACTION) COMMANDER SECTION BASE TWO STATEN ISLAND NY

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

MAIL TO

TELEPHONE TO

MESSENGER TO

	CODE
	CIPHER
	ACKNOWLEDGE
	PRIORITY
X	ROUTINE
	ACKNOWLEDGE
	PRIORITY
	ROUTINE

OUTGOING HEADING

TEXT

7014 AUTHORIZED DISCHARGE ROY V WOOD ONE ELEVEN TWO ZERO NINE CHIEF MOTOR MACHINIST'S MATE AND REENLIST IN SPECIAL TEMPORARY ESTABLISHMENT ONLY 1331

OPERATOR'S RECORD.

OFFICIAL BUSINESS.

INITIALS OF "RELEASING" OFFICER.

TOD 1330 May QTB

9626
EPARTMENT
ST GUARD
pt., 1930
MBH

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 14 MAY 1931

FROM

COAST GUARD HEADQUARTERS

TO (FOR ACTION)

COMMANDER SECTION BASE TWO STATEN ISLAND NY

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

MAIL TO

TELEPHONE TO

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	CODE
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	PRIORITY
X	ROUTINE
	ACKNOWLEDGE
	PRIORITY
	ROUTINE

OUTGOING HEADING

TEXT

7014 AUTHORIZED DISCHARGE ROY V WOOD ONE ELEVEN TWO ZERO NINE CHIEF MOTOR MACHINIST'S MATE AND REENLIST IN SPECIAL TEMPORARY ESTABLISHMENT ONLY 1331

TOD 1330 May QIB

OPERATOR'S RECORD. OFFICIAL BUSINESS. INITIALS OF "RELEASING" OFFICER. CSW

U. S. GOVERNMENT PRINTING OFFICE: 1930 2—15417

11 May, 1931

From: Commander, Section Base Two.
To: Commandant, (via Commander, New York Division).

Subject:- WOOD, Roy V. (111-209) C.Mo.M.M. physical defects.

Inclosure: (1) Report of physical examination; form 2502.

1. Inclosure (1) forwarded herewith for the information and action of Headquarters.

2. Subject man was examined this datefor discharge and reenlistment and found not physically qualified due to defective vision as noted in inclosure. In view of Wood's creditable record of service and the fact that this defective vision has been corrected by glasses, it is strongly recommended that this defect be waived and authority be granted to reenlist him on the day following discharge in the regular establishment.

3. Wood's enlistment has been extended pending receipt of authority for his discharge.

CECIL M. GABBETT.

- -

NEW YORK DIVISION - 73 1st Indorsement New York, N.Y.
12 May, 1930.

1. Forwarded, with inclosure.

P. W. LAURIAT,
Acting.

Form 2500 B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

U. S. COAST GUARD REC'D MAY 12 1930 By ANS

5/13/30

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] RE ENLISTMENT of WOOD, Roy Vernon as CMoMM
(Full name, surname to left) Pier #18, (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base Two, ~~District~~, District, Staten Island, New York.
(Draw line through designation not applying) (Place where enlistment is made)

Accepted for enlistment at Base Two, S.I., N.Y.
(Place)

1. I, Roy Vernon Wood (Full name), this 9th day of May, 1930 ~~19~~, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904. Citizenship [2] NB

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

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

Occupation or trade Machinist Home address 1600 Llewellyn Ave., Norfolk, Va.

Full name and address of the following: Not married.
(If "not" so state)

None
(Wife, if any)

(Children under 16 years of age)

Deceased Widowed?
(Mother, if living)

William M. Wood (Father) 900 Bottetourt Apts, Norfolk, Va.
(Next of kin, or person interested, if there are none of the above)

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

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

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

6. I was last discharged from the U. S. Coast Guard on 8th, May, 19 30 from ~~Cutter~~ Station Base Two, S.I., N.Y. with HONORABLE discharge, herewith submitted.
(Strike out one) (Kind of discharge)

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

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

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of 1 YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or for undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by H. C. Perkins, Lieutenant, United States Coast Guard,
(Name of enlisting officer)
does hereby covenant and agree to and with the Roy Vernon Wood, who has hereunto signed his name, that
(Name of person enlisting)
he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Roy Vernon Wood
(Signature of enlisted person)

Date 5/12/30

UNITED STATES OF AMERICA,

By H.C.Perkins, Lieutenant
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in this 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.

H.C.Perkins,
Lieutenant, U. S. C. G., Enlisting Officer.

MAY 13 1930

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3470

9. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 9th day of May, 1930, A. D. 192

L.W.Perkins, Lieutenant Commander,

Commanding (Acting)
(Comdg. officer, officer in charge of a unit, or notary public)

10. DESCRIPTIVE LIST

Age 26 years 5 months. Height 5 feet 9 inches. Weight 168 pounds. Eyes Hazel

Hair Brown Complexion Ruddy Color White Married No Distinguishing marks

Oval scar, right ankle.

F.N.Shipp

F.N.Shipp,
P.A.Surgeon (R), U.S.P.H.S.

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—3476

COPY

73-701

2 May, 1930.

From: Commandant.
To: Commander, Section Base Two, Stapleton, Staten Island, N. Y.
(via Commander, New York Division).

Subject: C.Mo.M.M. Roy V. Wood; discharge and reenlistment.

Reference: (a) Your letter, 28 April, 1930 (73).

1. Replying to reference (a), waiver has been granted in the case of subject man and you are authorized to discharge him upon expiration of his current enlistment and reenlist him on the day following discharge in the special temporary establishment. Report discharge and reenlist ment on Form 2599.

F. C. BILLARD

GEO. E. WILCOX,
Chief, Personnel Section.

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2508.—Ed. 15,000—May, 1924

U. S. COAST GUARD
REC'D MAY 12 1930
ANS

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Roy Vernon Wood Serial number A-17612

Rate or grade at time of discharge Chief Motor Machinist Mate

Service from which discharged Coast Guard Organization (If discharged from Army)

Kind of discharge HONORABLE

Organization in which enlisted U.S.Coast Guard.

Enlisted or enrolled (place) Section Base Two, Staten Island, N.Y. (date) 7th May, 1929.

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Section Base Two, Staten Island, N.Y., (date) 8th May, 1930

Federal service under this discharge* 1 years 0 months 2 days.

Previous service 4 years 0 months 3 days.

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

presented to me this day by Roy Vernon Wood

Date 9th May, 1930.

Enlistment extended two(2) days due to vessel at sea.

H.C.Perkins, Lieutenant
Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2508.—Ed. 15,000—May, 1924

U. S. COAST GUARD
REC'D MAY 12 1930 By

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Roy Vernon Wood Serial number A-17612

Rate or grade at time of discharge Chief Motor Machinist Mate

Service from which discharged Coast Guard Organization (If discharged from Army)

Kind of discharge HONORABLE

Organization in which enlisted U.S.Coast Guard.

Enlisted or enrolled (place) Section Base Two, Staten Island, N.Y., (date) 7th May, 1926.

Date called to active duty (if enrolled in U.S.N.R.F.)

Date mustered into Federal Service (if enrolled in National Guard)

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

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H.C.Perkins, Lieutenant

Enlisting Officer.

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Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U.S.N.R.F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

Form 2500 B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:
"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1]RE ENLISTMENT of WOOD, Roy Vernon 111-209 as CMoMM
(Full name, surname to left) Pier #18, (Rating)

U. S. Coast Guard ~~Cutter~~ Section Base Two ~~Station~~, ~~_____~~ District, Staten Island, New York.
(Draw line through designation not applying) (Place where enlistment is made)

Accepted for enlistment at Base Two, S.I., N.Y.
(Place)

1. I, Roy Vernon Wood 111-209, this 9th day of May, 1930 ~~1929~~, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904 Citizenship[2] NB
If naturalized, place and date of naturalization - - - - - - - Certificate number - - - - -
If intentions declared, place and date of declaration - - - - - - -
Occupation or trade Machinist Home address 1600 Llewellyn Ave., Norfolk, Va.
Full name and address of the following: Not married.
(Wife, if any)
None
(Children under 16 years of age)

Deceased Widowed? _____
(Mother, if living)
William M. Wood (Father) 900 Bottetourt Apts, Norfolk, Va.
(Next of kin, or person interested, if there are none of the above)

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

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

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

6. I was last discharged from the U. S. Coast Guard on 8th, May, 19 30 from ~~Cutter~~ Base Two, S.I., N.Y.
(Strike out one)
with HONORABLE discharge, herewith submitted.
(Kind of discharge)

7. I agree to and with the United States of America, represented by H.C.Perkins, Lieutenant, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)
In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.
Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of 1 YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or for undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.
Thirdly, the United States of America, represented by H. C. Perkins, Lieutenant, United States Coast Guard,
(Name of enlisting officer)
does hereby covenant and agree to and with the Roy Vernon Wood, who has hereunto signed his name, that
(Name of person enlisting)
he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Roy Vernon Wood
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By H.C.Perkins, Lieutenant
(Signature and rank of enlisting officer)

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

H.C.Perkins,
Lieutenant, U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

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9. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 9th day of May, 1930, A. D. 192

L.W.Perkins, Lieutenant Commander,

Commanding (Acting)
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. DESCRIPTIVE LIST

Age 26 years 5 months. Height 5 feet 9 inches. Weight 168 pounds. Eyes Hazel

Hair Brown Complexion Ruddy Color White Married No Distinguishing marks

Oval scar, right ankle.

F.N.Shipp

F.N.Shipp,
P.A.Surgeon (R), U.S.P.H.S.

U. S. GOVERNMENT PRINTING OFFICE: 1928

RECORD OF ROOD, Roy Vernon
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ____ Nature of waiver ____

____ Authority ____

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

June 1927 3-12-31 ____ May 1927 3-12-31
(Date last vaccinated against smallpox) (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF WOOD, Roy Vernon

(Full name, surname to the left)

5. EFFICIENCY MARKS

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

Date	Proficiency in rating	Sobriety	Obedience	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-30	3.6	4.0	4.0	3.6	Yes	Section Base Two	[signature]
9-30-30	3.8	4.0	4.0	3.8	Yes	Section Base Two.	[signature]
12-31-30	3.9	4.0	4.0	3.8	Yes	Section Base Two	[signature]
3-31-31	3.8	4.0	4.0	3.5	Yes	Section Base Two.	[signature]
5-15-31	3.8	4.0	4.0	3.5	Yes	Section Base Two	L. W. Perkins, Lt. Comd.

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks

2—13678

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Section Base Two	5-9-30	- -	40	H.C. Perkins, Lieutenant.
Base Two	10-4-30	28	12	L. [illegible] Perkins, Lieut. Comdr.
Base Two	11-1-30	2	10	L. [illegible] Perkins, Lieut. Comdr.

WITHOUT PAY

2—13678

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

Enlistment extended three (3) days due to vessel at sea. Article 4452, Personnel Instructions. Enlistment further extended 4 days awaiting authorization from Headquarters for discharge and reenlistment due to physical condition. Art.4345, Personnel Instructions.

EAH

14. ON DISCHARGE

Date 15 May, 1931, 192 Place Section Base Two, S. I., N. Y. Serial No. A-24155

Kind of discharge HONORABLE Authority for Article 445(2), Art. 4452, Pers. Insts.

Discharged on account of Expiration of full and extended term of enlistment./HD7014-1331,14May1931

Is - - - - - recommended for reenlistment. Rating best qualified to fill Chief Motor Machinist's Mate.
(If "not," so state.)

15. ON DESERTION

, 192
(Date) (Unit) (Place)

2—13678

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter	(Date)			
Discharged Section Base Two, S. I., N.Y.	5 9 30 (Date)			
Enlisted Section Base Two, S.I.,N.Y.	5 15 31 (Date)			
(2) Total service, current enlistment	Yrs. Mos. Days 1 0 7			
A. W. O. L.	Yrs. Mos. days.			
Sick misconduct				
N. P. D. I.				
A. L. W. P.				
Other absence for which no pay accrued				
(3) Total deductions				
(4) Net service, current enlistment (basis for enlistment allowance)	1 0 7 (2–3)			
Total service to date of discharge (basis for longevity)		1	0	7 (1+4)

2—13678

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 15 May, 1931, ~~XXX~~ 192

L. W. Perkins, Lt. Comdr.
Commanding Officer—~~District Commander.~~
Acting.

Paid pay on voucher to and including date of discharge. Paid subsistence on voucher to hour and date of discharge. Not entitled to mileage he having been discharged at place of acceptance for enlistment.

L. W. Perkins, Lieutenant Commander.
Commander, Section Base Two,
Acting.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base Two (Unit.) — Staten Island, New York. (Place.)

9th May, 1930. (Date.)

FROM: Roy Vernon Wood, CMoMM.

TO: COMMANDANT (via Executive Officer, Base Two)

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

Not married (Full name of wife; if not married, so state.)	(Address of wife.)
None (Full name of child; if none, so state.)	(Address of child.)
- - - - (Full name of child; if none, so state.)	(Address of child.)
- - - - (Full name of child; if none, so state.)	(Address of child.)

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

William M. Wood (Full name of relative.) — Father (Relationship.) — 900 Bottetourt Apts., Norfolk, Va. (Address of relative.)

Potential (State briefly wherein dependency exists.)

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

Mrs. William C. Padon (Full name of relative.) — Sister (Relationship.) — London-Bridge, Va. (Address of relative.)

Potential (State briefly wherein dependency exists.)

WITNESSED BY: H. O. Perkins,

Rank, Lieutenant

SIGNED: Roy Vernon Wood.
Roy Vernon Wood

Rank or rating, CMoMM

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2508.—Ed. 15,000—May, 1924

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Roy Vernon Wood Serial number A-17612

Rate or grade at time of discharge Chief Motor Machinist Mate

Service from which discharged Coast Guard Organization (If discharged from Army)

Kind of discharge HONORABLE

Organization in which enlisted U.S.Coast Guard.

Enlisted or enrolled (place) Section Base Two, Staten Island, N.Y., (date) 7th May, 1926.

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Section Base Two, Staten Island, N.Y., (date) 8th May, 1930

Federal service under this discharge* 1 years 0 months 2 days.

Previous service 4 years 0 months 3 days.

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

presented to me this day by Roy Vernon Wood

Date 9th May, 1930.

Enlistment extended two(2) days due to vessel at sea.

H. C. Perkins, Lieutenant

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

Section Base Two,
Staten Island, New York.

May 15/31 DATE.

I certify that on this date ↗ I have examined

Roy V. Wood - USCG United States Coast Guard

and find:

(a) ~~That he is physically sound.~~

(b) That he is not physically sound for the following reasons:

myopia - 20/100 on - cor-
rected by glasses, waiver
requested - not
granted.

[signature] S.P.H.S.

Section Base Two,
Staten Island, N. Y.

16 May, 1931 DATE.

I certify that on this date 15 May, 1931 I have been examined and find that:

(a) ~~I am physically sound.~~

(b) I am not physically sound for the following reasons:

As noted above by U.S.P.H.S. Surgeon

Discharged HD 7014-1331 14 May, 1931

Roy Vernon Wood
(SIGNATURE)

Form 2500 B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:
"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

RE ENLISTMENT of WOOD, Roy Vernon as CMoMM
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base Two, District, Pier #18, Staten Island, NY
(Draw line through designation not applying) (Place where enlistment is made)

Accepted for enlistment at Stapleton, S.I., N.Y.
(Place)

1. I, Roy Vernon Wood (Full name), this 7th day of May, 1929, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904 Citizenship [2] N.B.

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

If intentions declared, place and date of declaration ____

Occupation or trade Mechanic Home address 1600 Llewellyn Ave., Norfolk, Va.

Full name and address of the following: Not Married.
(Wife, if any)

(Children under 16 years of age)

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

William M. Wood (Father) 900 Bottetourt Apts, Norfolk, Va.
(Next of kin, or person interested, if there are none of the above)

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

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

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

6. I was last discharged from the U. S. Coast Guard on 6 May, 1929, from ~~Cutter~~ Station Section Base 2 Pier 18, S.I., NY. with Honorable discharge, herewith submitted.
(Strike out one) (Kind of discharge)

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

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

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

Thirdly, the United States of America, represented by H.C. Perkins, Lieutenant, United States Coast Guard,
(Name of enlisting officer)

does hereby covenant and agree to and with the Roy Vernon Wood, who has hereunto signed his name, that
(Name of person enlisting)

he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Roy Vernon Wood
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By H.C. Perkins, Lieutenant
(Signature and rank of enlisting officer)

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

H.C. Perkins
Lieutenant, U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 7th day of May, A. D. 1929

W.H.Hunter, Commander,

Commanding.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. DESCRIPTIVE LIST

Age 25 years 2 months. Height 5 feet 9½ inches. Weight 142 pounds. Eyes blue

Hair brown Complexion fair Color white Married no Distinguishing marks

Scar right leg, anterior lower 1/3.

AUTHORITY FOR REENLISTMENT - HEADQUARTERS LETTER 27 APRIL, 1929 (73-701)

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—3476

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date _____ Nature of waiver _____

_____ Authority _____

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

~~1925~~ ~~6/6/26~~ June 1927 (Date last vaccinated against smallpox)

~~1925~~ ~~6/6/26~~ May 1927 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF WOOD, Roy Vernon

(Full name, surname to the left)

5. EFFICIENCY MARKS

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

Date	Proficiency in rating	Sobriety	Obedience	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-29	3.6	4.0	4.0	- -	Yes	Section Base Two	W.H.Munter
9-30-29	3.6	4.0	4.0	- -	Yes	Section Base Two	W.H.Munter
12-31-29	3.6	4.0	4.0	- -	Yes	Section Base Two	W.H.Munter
3-31-30	3.6	4.0	4.0	- -	Yes	Section Base Two	W.H.Munter
5-8-30	3.6	4.0	4.0	- -	Yes	Section Base Two	W.H.Munter
Averages	3.6	4.0	4.0	- -	Yes	Section Base Two	W.H.Munter

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____

(Date and place)

2—13378

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

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

Ship or station	Date	Remarks

2—13378

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Section Base Two	5-7-29	- -	40 days	H. C. Perkins, Lieutenant
Section Base Two	5-8-29	10	30	H. C. Perkins
Section Base Two	8-4-29	5	25	H. C. Perkins
Section Base Two	2/3/30	15	10	H. C. Perkins

WITHOUT PAY

RECORD OF WOOD, Roy Vernon

(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

Enlistment extended two (2) days due to vessel at sea. Article 446(2), Regs.

14. ON DISCHARGE

Date 8 May, 1930, 192 Place Section Base Two, Staten Island, NY Serial No. A-17612

Kind of discharge Honorable Authority for Article 441(1), Regulations.

Discharged on account of expiration of fullterm and extension of enlistment.

Is - - recommended for reenlistment. Rating best qualified to fill Chief Motor Machinist's Mate

(If "not," so state.)

15. ON DESERTION

, 192

(Date) (Unit) (Place)

2—13678

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

16. ON RETIREMENT

(Date), 192 (Cause) (Authority)

17. ON DEATH

(Date), 192 (Place) (Cause) (Place of burial

or disposition of remains) (Disposition of effects)

Was death incident to service?

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter	FORM 2508 (Date)	4	0	3
Discharged	Section Base Two, Staten Island, New York — 8 May, 1930. (Date)			
Enlisted	Section Base Two, Staten Island, New York — 7 May, 1929 (Date)			

	Yrs.	Mos.	Days	
(2) Total service, current enlistment	1	0	2	
	Yrs.	Mos.	days.	
A. W. O. L.	0	0	0	
Sick misconduct	0	0	0	
N. P. D. I.	0	0	0	
A. L. W. P.	0	0	0	
Other absence for which no pay accrued	0	0	0	
(3) Total deductions	0	0	0	
(4) Net service, current enlistment (basis for enlistment allowance) (2−3)	1	0	2	
Total service to date of discharge (basis for longevity) (1+4)				5 0 5

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2508.—Ed. 15,000—May, 1924

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Roy Vernon Wood Serial number A-11810

Rate or grade at time of discharge Chief Motor Machinist's Mate

Service from which discharged Coast Guard Organization (If discharged from Army)

Kind of discharge Honorable

Organization in which enlisted U.S.Coast Guard

Enlisted or enrolled (place) Section Base Two,Staten Island,NY, (date) 4 May, 1928

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Section Base Two,Staten Island,N.Y., (date) 6 May, 1929.

Federal service under this discharge* 1 years 0 months 3 days.

Previous service 3 years 0 months 0 days.

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

presented to me this day by Roy Vernon Wood

Date 7 May, 1929

Enl.ext.3 days to cover time of vessel at sea & Admin.Build.closed(Sunday).

H.C.Perkins, Lieutenant
Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base Two
(Unit.)

Pier 18, Staten Island, N.Y.
(Place.)

7 May, 1929.
(Date.)

FROM: Roy Vernon Wood, CMoMM.

TO: COMMANDANT (via Executive Officer, Base Two.)

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

Not married. | (Address of wife.)
(Full name of wife; if not married, so state.)

None | (Address of child.)
(Full name of child; if none, so state.)

None | (Address of child.)
(Full name of child; if none, so state.)

None | (Address of child.)
(Full name of child; if none, so state.)

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:

William M. Wood	Father	900 Bottetourt Apts., Norfolk, Va.
(Full name of relative.)	(Relationship.)	(Address of relative.)

Potential.
(State briefly wherein dependency exists.)

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

Mrs. William C. Padon	Sister	London-Brdige, Va.
(Full name of relative.)	(Relationship.)	(Address of relative.)

Potential.
(State briefly wherein dependency exists.)

WITNESSED BY:
H.C. Perkins

Lieutenant
Rank,

SIGNED:
Roy Vernon Wood

CMoMM
Rank or rating,

2—10348

GOVERNMENT PRINTING OFFICE

Section Base Two,
Staten Island, N.Y.

8 May 1930

I certify that on this date 8 May 1930, I have examined

Roy Vernon Wood, Chief Motor Machinist's Mate United States Coast

Guard and find:

(a) That he is physically sound; Except Vision

~~(b) That he is not physically sound for the following reasons;~~

COAST GUARD PAY AND ALLOTMENT
MAY 12 30
RECD

F.N. Shipp.

F.N.Shipp

P.A.Surgeon(R) U.S.P.H.S.

Section Base Two,
Staten Island, N.Y.

8 May 1930.

I certify that on this date 8 May 1930, I have been exaudned

and find that;

(a) I am Physically sound; except vision.

~~(b) I am not physically sound for the following reasons;~~

Roy Vernon Wood

Roy Vernon Wood, CMoMM.

Form 2500 B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

REC'D MAY 9 1929 ANS'D MAY 9 1929

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1]RE ENLISTMENT of WOOD, Roy Vernon (Full name, surname to left) as CMoMM (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base Two, ____ District, Pier #18, Staten Island, NY (Place where enlistment is made)

(Draw line through designation not applying)

Accepted for enlistment at Stapleton, S.I., N.Y. (Place)

1. I, Roy Vernon Wood (Full name), this 7th day of May, 1929, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904 Citizenship[2] N.B.

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

If intentions declared, place and date of declaration ____

Occupation or trade Mechanic Home address 1600 Llewellyn Ave., Norfolk, Va.

Full name and address of the following: Not Married. (Wife, if any)

(Children under 16 years of age)

Deceased. Widowed? - -

William M. Wood (Father) (Mother, if living) 900 Bottetourt Apts, Norfolk, Va. (Next of kin, or person interested, if there are none of the above)

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

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

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

6. I was last discharged from the U. S. Coast Guard on 6 May, 1929, from ~~Cutter~~ Station Section Base 2 with Honorable (Kind of discharge) discharge, herewith submitted. (Strike out one) Pier 18, S.I., NY.

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

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

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

Thirdly, the United States of America, represented by H.C.Perkins, Lieutenant (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Roy Vernon Wood (Name of person enlisting), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

PAY AND ALLOWANCE OFFICE

BY MAY - 9 1929
DATE

Roy Vernon Wood
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By H.C.Perkins, Lieutenant
(Signature and rank of enlisting officer)

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

H.C.Perkins

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

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 7th day of May, A. D. 1929

W.H.Munter

W.H.Munter, Commander,

Commanding.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. DESCRIPTIVE LIST

Age 25 years 2 months. Height 5 feet 9½ inches. Weight 142 pounds. Eyes blue

Hair brown Complexion fair Color white Married no Distinguishing marks

Scar right leg, anterior lower 1/3.

AUTHORITY FOR REENLISTMENT - HEADQUARTERS LETTER 27 APRIL, 1929 (73-701)

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—3475

73 - 701

27 April, 1929.

From: Commandant.
To: Commander, Section Base Two, Stapleton, S.I., N.Y. (via Commander, New York Division).

Subject: WOOD, Roy V., CMoMM.; physical status, reenlistment.

Reference: (a) Your letter 25 April, 1929 (73), and 1st indorsement thereon, with inclosed report of physical examination, case of subject.

1. Replying to above reference (a) and in view of the recommendation of the Surgeon General, U. S. Public Health Service, upon expiration of enlistment in this case you are authorized to effect his reenlistment in a special temporary enlistment only.

F. C. BILLARD.

GEO. E. WILCOX,
Chief, Personnel Section.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2508.—Ed. 15,000—May, 1924

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Roy Vernon Wood Serial number A-11810

Rate or grade at time of discharge Chief Motor Machinist's Mate

Service from which discharged Coast Guard Organization (If discharged from Army)

Kind of discharge Honorable

Organization in which enlisted U.S.Coast Guard

Enlisted or enrolled (place) Section Base Two,Staten Island,NY, (date) 4 May, 1928

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Section Base Two,Staten Island,N.Y., (date) 6 May, 1929.

Federal service under this discharge* 1 years 0 months 3 days.

Previous service 3 years 0 months 0 days.

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

presented to me this day by Roy Vernon Wood

Date 7 May, 1929

Enl.ext.3 days to cover time of vessel at sea & Admin.Build.closed(Sunday).

H.C.Perkins, Lieutenant
Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2508.—Ed. 15,000—May, 1924

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Roy Vernon Wood Serial number A-11810

Rate or grade at time of discharge Chief Motor Machinist's Mate

Service from which discharged Coast Guard Organization (If discharged from Army)

Kind of discharge Honorable

Organization in which enlisted U.S.Coast Guard

Enlisted or enrolled (place) Section Base Two,Staten Island,NY, (date) 4 May, 1928

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Section Base Two,Staten Island,N.Y., (date) 6 May, 1929.

Federal service under this discharge* 1 years 0 months 3 days.

Previous service 3 years 0 months 0 days.

Certified to be a correct excerpt from the latest discharge from the U.S.Coast Guard *presented to me this day by* Roy Vernon Wood

Date 7 May, 1929

Enl.ext.3 days to cover time of vessel at sea & Admin.Build.closed(Sunday).

H.C.Perkins, Lieutenant
Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 40,000—Revised Aug., 1925

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

U.S. COAST GUARD RCVD MAY 9 ANS'D

[1] RE ENLISTMENT of WOOD, Roy Vernon (Full name, surname to left) as CMoMM (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base Two, ~~District~~, District, Stapleton, S.I.N.Y. (Place where enlistment is made)

(Draw line through designation not applying)

1. I, Roy Vernon Wood (Full name), this 4th day of May, 1928, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on February 4, 1904 Citizenship [2] U.S.

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

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

Occupation or trade Mechanic Home address 1600 Llewellyn Ave., Norfolk, Va.

Full name and address of the following: Not married (Wife, if any)

None (Children under 18 years of age)

None (Mother, if living) Widowed?

William M. Wood, (Father) 900 Bottetourt Apts, Norfolk, Va. (Next of kin, or person interested, if there are none of the above)

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

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

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

6. I was last discharged from the U. S. Coast Guard on May 3, 1928, from ~~Cutter~~ Station Section Base Two (Strike out one) with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A-4602.

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

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

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

Thirdly, the United States of America, represented by H.C. BRADBURY, Lieutenant (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Roy Vernon Wood (Name of person enlisting), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Roy Vernon Wood

Roy Vernon Wood (Signature of enlisted person)

UNITED STATES OF AMERICA,

By H.C. BRADBURY, Lieutenant, USCG (Signature and rank of enlisting officer)

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

H.C. Bradbury

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

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 4th day of May, A. D. 192 8

E.D. JONES, Commander,

Commander, Section Base Two.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both)

Age 24 years 2 months. Height 5 feet 9 1/2 inches. Weight 142 pounds. Eyes blue

Hair brown Complexion faur Color ____ Married No Distinguishing marks ____

Scar right leg, anterior lower 1/3.

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

RE-ENLISTMENT; SIGNATURE NOT REQUIRED.

(Rank of examining medical officer)

(*b*) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard

(Rank of examining medical officer)

GOVERNMENT PRINTING OFFICE 2—3476

RECORD OF WOOD, Roy Vernon
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date _____ Nature of waiver _____

_____ Authority _____

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

1925 ✓ (Date last vaccinated against smallpox)

1925 ✓ (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF WOOD, Roy V.

(Full name, surname to the left)

5. EFFICIENCY MARKS

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

Date	Proficiency in rating	Sobriety	Obedience Conduct	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6/30/28	3.6	4.0	4.0	3.4	Yes	Section Base Two	E.D.Jones.
9-30-28	3.6	4.0	4.0	3.4	Yes	Base Two	E.D.Jones
12-31-28	3.5	4.0	4.0	3.0	Yes	Base Two	E.D.Jones
3-31-29	3.7	4.0	4.0	- -	Yes	Section Base Two	W.H.Munter
5-6-29	3.7	4.0	4.0	- -	Yes	Section Base Two	W.H.Munter
Averages	3.6	4.0	4.0	- -	Yes	Section Base Two	W.H.Munter

Marks shall be entered in accordance with instructions contained in Circular Letter No. 4. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer .....

(Date and place)

2—13678

RECORD OF WOOD, Roy Vernon

(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks

2—13678

RECORD OF WOOD, Roy Vernon

(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Section Base Two	5-4-28	---	40	[illegible]
Section Base Two	7-12-28	15	25	[illegible]
Section Base Two	3/4/29	10	15	[illegible]

WITHOUT PAY

2—13678

RECORD OF WOOD, Roy V.
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

Enlistment extended two (2) days due to vessel being at sea. Art.446(2),Regulations.
Enlistment extended one (1) day due to Administrative Building being closed(Sunday)
Article 446(4), Regulations.

14. ON DISCHARGE

Date 6 May, 192 9 Place Section Base Two,S.I.,N.Y. Serial No. A-11810
Kind of discharge Honorable Authority for Article 441(1), Regulations.
Discharged on account of expiration of full term and extension of enlistment.
Is - - - - - recommended for reenlistment. Rating best qualified to fill Chief Motor Machinist's Mate
(If "not," so state.)

15. ON DESERTION

, 192
(Date) (Unit) (Place)

2—13678

RECORD OF WOOD, Ray Vernon
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter	FORM 2508 (Date)	3	0	0
Discharged	Section Base Two, Staten Island, N.Y. — 6 May, 1929 (Date)			
Enlisted	Section Base Two, Staten Island, N.Y. — 4 May, 1929 (Date)			
(2) Total service, current enlistment	Yrs. Mos. Days: 1 0 3			

	Yrs.	Mos.	days.
A. W. O. L.	0	0	0
Sick misconduct	0	0	0
N. P. D. I.	0	0	0
A. L. W. P.	0	0	0
Other absence for which no pay accrued	0	0	0
(3) Total deductions	0	0	0
(4) Net service, current enlistment (basis for enlistment allowance)	1	0	3
	(2−3)		
Total service to date of discharge (basis for longevity)	4	0	3
	(1+4)		

2—13678

RECORD OF WOOD, Roy V.
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 192

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 6 May, 192 9

W.H.Munter, Commander.
Commanding Officer—District Commander.

GOVERNMENT PRINTING OFFICE

2—13678

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base Two (Unit.) Stapleton, S.I.N.Y. (Place.)

May 4, 1928. (Date)

FROM: CMoMM Roy V. Wood.

TO: COMMANDANT (via Commander, Section Base Two)

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

Not married. (Full name of wife; if not married, so state.) (Address of wife.)

(Full name of child; if none, so state.) (Address of child.)

(Full name of child; if none, so state.) (Address of child.)

(Full name of child; if none, so state.) (Address of child.)

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:

William M. Wood (Full name of relative.) father (Relationship.) 900-Bottetourt Apts., Norfolk, Va. (Address of relative.)

Potential. (State briefly wherein dependency exists.)

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

Mrs William C. Padon (Full name of relative.) Sister (Relationship.) London-Bridge, Va. (Address of relative.)

Potential. (State briefly wherein dependency exists.)

WITNESSED BY:

H.C. BRADBURY

Rank, Lieutenant.

SIGNED:

Roy V. Wood.

Roy V. Wood.

Rank or rating, CMoMM.

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2508.—Ed. 15,000—May, 1924

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Roy Vernon Wood Serial number A-4602.

Rate or grade at time of discharge CMOMM

Service from which discharged USCG Organization (If discharged from Army)

Kind of discharge Honorable

Organization in which enlisted U.S. Coast Guard.

Enlisted or enrolled (place) R.O., Norfolk, Va., (date) May 4, 1925

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Section Base Two, Stapleton, S.I.N.Y., (date) May 3, 1928.

Federal service under this discharge* 3 years 0 months 0 days.

Previous service 0 years 0 months 0 days.

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

presented to me this day by Roy Vernon Wood.

Date May 4, 1928.

H.C. BRADBURY, Lieutenant, USCG

Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2508.—Ed. 15,000—May, 1924

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Roy Vernon Wood Serial number A-4602.

Rate or grade at time of discharge CMoMM

Service from which discharged USCG Organization (If discharged from Army)

Kind of discharge Honorable

Organization in which enlisted U.S. Coast Guard.

Enlisted or enrolled (place) R.O., Norfolk, Va., (date) May 4, 1925

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Section Base Two, Stapleton, S.I.N.Y., (date) May 3, 1928.

Federal service under this discharge* 3 years 0 months 0 days.

Previous service 0 years 0 months 0 days.

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

presented to me this day by Roy Vernon Wood.

Date May 4, 1928.

H. C. BRADLEY, Lieutenant, USCG
Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

Section Base Two,
Staten Island, N.Y.

U.S. COAST GUARD
REC'D MAY 9 1929
ANS'T.

6 May 1929

I certify that on this date, 6 May, 1929. I have examined
Roy Vernon Wood, CMoMM. United States Coast Guard
and find,

(a) That he is physically sound; Except vision

(b) ~~That he is not physically sound for the following reasons.~~

F.N. Shipp.
F.N.Shipp
P.A.Surgeon(R) U.S.P.H.S.

Section Base Two,
Staten Island, N.Y.,
6 May ,1929

I certify that on this date 6 May, 1929, I have been examined
and that:

(a) I am physically sound.

(b) ~~I am not physically sound for the following reasons:~~

Roy V Wood
Roy Vernon Wood, CMoMM.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 40,000—Revised Aug., 1925

SPECIAL TEMPORARY ENLISTMENT CONTRACT

REC'D MAY 7 1928 BY

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] RE ENLISTMENT of WOOD, Roy Vernon as CMoMM
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base Two, ——— District, Stapleton, S.I.N.Y.
(Draw line through designation not applying) (Place where enlistment is made)

1. I, Roy Vernon Wood (Full name), this 4th day of May, 1928, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on February 4, 1904 Citizenship [2] N.B.

If naturalized, place and date of naturalization - - - - - - - - - - - - Certificate number ———

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

Occupation or trade Mechanic Home address 1600 Llewellyn Ave., Norfolk, Va.

Full name and address of the following: Not married (Wife, if any)

None (Children under 18 years of age)

None (Mother, if living) Widowed? ———

William M. Wood, (Father) 900 Bottetourt Apts, Norfolk, Va.
(Next of kin, or person interested, if there are none of the above)

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

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

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

6. I was last discharged from the U. S. Coast Guard on May 3, 1928, from ~~Cutter~~ Station Section Base Two (Strike out one) with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A-4602.

7. I agree to and with the United States of America, represented by H.G. BRADBURY, Lieutenant (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

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

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

Thirdly, the United States of America, represented by H.G. BRADBURY, Lieutenant (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Roy Vernon Wood (Name of person enlisting), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Roy Vernon Wood
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By H.G. BRADBURY, Lieutenant, USCG
(Signature and rank of enlisting officer)

PAY AND ALLOWANCE OFFICE U.S. COAST GUARD POSTED

5/8/28

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

ROUTINE ISSUED DATE 5/8/28

H.G. Bradbury
Lieutenant, U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood

Roy Vernon Wood
(Signature of enlisted person)

Subscribed and sworn to before me this 4th day of May, A. D. 1928

E.D. JONES, Commander,

Commander, Section Base Two.
(Comdg. officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both)

Age 24 years 2 months. Height 5 feet 9 1/2 inches. Weight 142 pounds. Eyes blue

Hair brown Complexion faur Color ____ Married No Distinguishing marks ____

Scar right leg, anterior lower 1/3.

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

RE-ENLISTMENT; SIGNATURE NOT REQUIRED.

(Rank of examining medical officer)

(*b*) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard

(Rank of examining medical officer)

GOVERNMENT PRINTING OFFICE 2—3476

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2508.—Ed. 15,000—May, 1924

U. S. COAST GUARD
REC'D MAY 7 1928 BY

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Roy Vernon Wood Serial number A-4602.
Rate or grade at time of discharge CMoMM
Service from which discharged USCG Organization (If discharged from Army)
Kind of discharge Honorable
Organization in which enlisted U.S. Coast Guard.
Enlisted or enrolled (place) R.O., Norfolk, Va., (date) May 4, 1925
Date called to active duty (if enrolled in U. S. N. R. F.)
Date mustered into Federal Service (if enrolled in National Guard)
Date released from active duty or mustered out of Federal Service
Discharged (place) Section Base Two, Stapleton, S.I.N.Y., (date) May 3, 1928.
Federal service under this discharge* 3 years 0 months 0 days.
Previous service 0 years 0 months 0 days.

Certified to be a correct excerpt from the latest discharge from the U.S. Coast Guard.
presented to me this day by Roy Vernon Wood.
Date May 4, 1928.

H.G. Bradley, Lieutenant, USCG
Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number
Rate or grade at time of discharge
Service from which discharged Organization (If discharged from Army)
Kind of discharge
Organization in which enlisted
Enlisted or enrolled (place), (date)
Date called to active duty (if enrolled in U. S. N. R. F.)
Date mustered into Federal Service (if enrolled in National Guard)
Date released from active duty or mustered out of Federal Service
Discharged (place), (date)
Federal service under this discharge* years months days.
Previous service years months days.

Certified to be a correct excerpt from the latest discharge from the
presented to me this day by
Date

Enlisting Officer.

*Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

2—10582 GOVERNMENT PRINTING OFFICE

Section Base Two
Staten Island, N.Y.
May 3rd 1928

I certify that on this 3rd day of May 1928, I have examined Roy V. Wood, CMoMM United States Coast Guard, and find ——

(a) That he is physically sound;

(b) ~~That he is not physically sound for the following reasons;~~

F. M. Shipp
Pharmacist (R)

Section Base Two
Staten Island, N.Y.
192

I certify that on this 3rd day of May 1928, I have been examined and that ——

(a) I am physically sound;

(b) ~~I am not physically sound for the following reasons;~~

Roy V. Wood
ROY V. WOOD, CMoMM.

Section Base Two,
Staten Island, N.Y.

May 3, 1928.

I certify that on this day, May 3, 1928, I have examined Roy V. Wood, CMoMM, United State Coast Guard, and find him physically sound.

F. N. Shipp
P.A. Surgeon (R)

Section Base Two,
Staten Island, N.Y.

May 3, 1928.

I certify that on this date, May 3rd, 1928, I have been examined and that I am physically sound.

Roy V. Wood
ROY V. WOOD, CMoMM.

U. S. COAST GUARD

REC'D MAY 5 1928 By
ANS'D

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Recruiting Office (Unit.) Norfolk, Va., (Place.)

May 4,1925. (Date.)

FROM: Roy Vernon Wood, F.lc.

TO: COMMANDANT (via Recruiting Officer)

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

not married (Full name of wife; if not married, so state.) (Address of wife.)

none (Full name of child; if none, so state.) (Address of child.)

——— (Full name of child; if none, so state.) (Address of child.)

——— (Full name of child; if none, so state.) (Address of child.)

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

William Miles Wood, (Full name of relative.) father (Relationship.) 422 E. Freemason St., Norfolk, Va. (Address of relative.)

none (State briefly wherein dependency exists.)

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

Mrs. Mary Etta Padon, (Full name of relative.) sister (Relationship.) Lynnhaven, Va. (Address of relative.)

none (State briefly wherein dependency exists.)

WITNESSED BY: H.B.Adams, Rank, Ensign (T)

SIGNED: Roy Vernon Wood. Roy Vernon Wood, Rank or rating, Fireman, 1c.

2—10348 GOVERNMENT PRINTING OFFICE

U. S. COAST GUARD
REC'D MAY 5 1928
ANS'D By

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Section Base Two Place Pier 18, S.I.N.Y. Date May 3, 1928

WOOD, Roy V. CMoMM
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Honorably discharged this date with certificate number A-4602, by reason of expiration of enlistment.

Copy to: Pay Clerk.
CG-206.

Disciplinary action:

Authority: 428 (a), Regulations.

E.D. JONES, Commander,
(Signature)

Commanding.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials	Pnb			

MHP

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500 B.—Ed. 40,000—March, 1924.

U. S. COAST GUARD
RECD MAY 6 1928

SPECIAL TEMPORARY ENLISTMENT.

CONTRACT AND RECORD.

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to ap temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] 1st ENLISTMENT of WOOD, Roy Vernon (Full name, surname to left.) as F.1c. (Rating.)

U. S. Coast Guard Cutter Station Recruiting Office, ____ District, Norfolk, Va. (Place where enlistment is made.)
(Draw line through designation not applying.)

1. I, Roy Vernon Wood (Full name.), this 4th day of May, 192 5, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Va., on Feb. 4, 1904, [1] ____ Citizenship [2] U.S.

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

If intentions declared, place and date of declaration ____

Occupation or trade Fireman Home address 422 E. Freemson St., Norfolk, Va.

Full name and address of the following: not married (Wife, if any.)

(Children under 18 years of age.)

Deceased Widowed? ____

William Miles Wood, (Father, if living.) 422 E. Freemson St., Norfolk, Va.

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

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

4. (*a*) I do not belong to any branch, either active or reserve, of the military or naval service of the United States.

(*b*) I am a Not (Rating or rank.) in the Naval Reserve Force, Class ____, enrolled ____ (Place of enrollment.), ____ (Date of enrollment.)

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

6. I agree to and with the United States of America, represented by Ensign(T), H.B.Adams (Name of enlisting officer.), United States Coast Guard, in manner and form following, that is to say:

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

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ~~ONE YEAR~~ Four NBD from the date first above written, unless sooner discharged by proper authority; and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ~~ONE YEAR~~ Four NBD and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Ensign(T), H.B.Adams, United States Coast Guard, does hereby covenant and agree to and with the said Roy Vernon Wood (Name of enlisting officer.) (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Enlisted for Three Years

Roy Vernon Wood
(Signature of enlisted person.)

PAY AND ALLOWANCES AS PROVIDED BY LAW FOR ENLISTED MEN OF THE U.S. COAST GUARD

UNITED STATES OF AMERICA,

By H.B.Adams, Ensign(T).
(Signature and rank of enlisting officer.), U. S. C. G.

Ensign (T)

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

8 MAY 28

H.B.Adams,
Ensign(T), U. S. C. G., *Enlisting Officer.*

[1] In case of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

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8. OATH OF ALLEGIANCE.

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

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

Roy Vernon Wood
Roy Vernon Wood
(Signature of enlisted person.)

Subscribed and sworn to before me this 4th day of May, A. D. 1925.

Harold B. Adams
Harold B. Adams, Ensign(T),
Recruiting Officer.
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

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

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

Date, _____, 192 _____
(Signature of parent or guardian.)

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

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both.)

Age, 21 years 2 months. Height, 5 feet 9½ inches. Weight, 142 pounds. Eyes, blue Hair, brown
Complexion, fair Color, white Married, No Distinguishing marks, Scar right leg anterior ~~A~~ B lower 1/3

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard ~~A~~ B physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

James L. Byoon
Acting Assistant Surgeon
(Rank of examining medical officer.)

(*b*) He has the following minor physical disqualifications under standard [1] ~~A~~ B examination which do not render him incapable of performing duty in the Coast Guard for a period of one year _____

_____

_____

_____
(Rank of examining medical officer.)

11. VACCINATION.

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

none 5/25/21; none 4/16/21
(Date last vaccinated against smallpox.) (Date last inoculated against typhoid fever.)

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

13. MERITORIOUS CONDUCT.

[1] Strike out letter not applicable.

[2] During current enlistment.

NAME Roy Vernon Wood

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.
O.Norfolk	5/4/25	CGTU Hampton Roads	5-5-25
CGTU H.Rds.,Va	6-6-25	Section Base 2	6/7/25

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.
Section Base 2	Mo.M.M.2c	7/1/25
Section Base 2	Mo.M.M.1c	11/1/25
Section Base 2	C.Mo.M.M.	9-16-26
Sect Base Two	C.Mo.M.M.	3-16-27
H/L 4-27-27 (73)		

16. EFFICIENCY MARKS.

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

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
June 6,1925	3.0	4.0	4.0		No.	CGTU,H.Rds.,Va.	C.S. Stavem
6-30-25	LESS THAN ONE MONTH					SECTION BASE TWO	J.I. Bryan
9-30-25	3.2	4.0	4.0	3.0	No	SECTION BASE TWO	J.I. Bryan
12-31-25	3.3	4.0	4.0	3.1	No	SECTION BASE TWO	J.I. Bryan
3-31-26	3.4	4.0	4.0	3.2	No	SECTION BASE TWO	J.I. Bryan
6-30-26	3.5	4.0	4.0	3.2	Yes	SECTION BASE TWO	J.I. Bryan
9-30-26	3.6	4.0	4.0	3.4	Yes	SECTION BASE TWO	J.I. Bryan
12-31-26	3.5	4.0	4.0	3.3	Yes	Sect Base Two	E.D. JONES
3-31-27	3.5	4.0	4.0	3.3	Yes	Sect Base Two	E.D. JONES
6-30-27	3.5	4.0	4.0	3.4	Yes	Section Base Two	E. D. Jones
9-30-27	3.3	4.0	4.0	3.5	no	Section Base Two	E.D. JONES
12-31-27	3.5	4.0	4.0	3.0	Yes	Section Base Two	E.D. JONES
3-31-28	3.6	4.0	4.0	3.2	yes	Section Base Two	E.D. JONES
5-3-28	3.6	4.0	4.0	3.2	Yes	Section Base Two	E.D. JONES
Averages	3.4	4.0	4.0	3.2	No	Section Base Two	E.D. JONES.

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

Proficient in[1] the running the engine of a launch.

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer _____
(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

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

2—3476

Full name and address of the following: _____ (Wife, if any.)

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

20. ON DISCHARGE.

Date May 3rd, 1928 Place Section Base Two, Stapleton, S.I.N.Y. Serial No. A-4602

Kind of discharge Honorable, authority of 428(a) Regulations.

Discharged on account of Expiration of enlistment.

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

21. ON DESERTION.

_____, 192 . _____ _____
(Date.) (Place.)

22. ON DEATH.

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

_____ _____
(Disposition of effects.)

Was death incident to service? _____

Certified to be correct upon termination of service May 3rd, 1928

[1] H.G. Bradburn, Executive Officer.

Approved:

E.D. JONES, Commander.

Commanding Officer[2]—~~District Superintendent~~

INSTRUCTIONS.

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

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

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

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

[1] To be signed by the officer having custody of this contract and record. [2] Strike out words not applicable.

2—3476 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500 B.—Ed. 40,000—March, 1924.

SPECIAL TEMPORARY ENLISTMENT.

CONTRACT AND RECORD.

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] 1st **ENLISTMENT** of WOOD, Roy Vernon (Full name, surname to left.) as F.lc. (Rating.)

U. S. Coast Guard Cutter Station Recruiting Office, District, Norfolk, Va. (Place where enlistment is made.)
(Draw line through designation not applying.)

1. I, Roy Vernon Wood (Full name.), this 4th day of May, 1925, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Va., on Feb., 4, 1904, [1] Citizenship [2] N.B.

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

If intentions declared, place and date of declaration ____

Occupation or trade Fireman Home address 422 E. Freemason St., Norfolk, Va.

Full name and address of the following: not married (Wife, if any.)

(Children under 18 years of age.)

Deceased (Mother, if living.) Widowed? ____

William Miles Wood, father 422 E. Freemason St., Norfolk, Va. (Next of kin, or person interested, if there are none of the above.)

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

4. (*a*) I do not belong to any branch, either active or reserve, of the military or naval service of the United States.

(*b*) I am a not (Rating or rank.) in the Naval Reserve Force, Class ____, enrolled ____ (Place of enrollment.), ____ (Date of enrollment.)

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

6. I agree to and with the United States of America, represented by Ensign(T).H.B.Adams (Name of enlisting officer.), United States Coast Guard, in manner and form following, that is to say:

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

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ~~ONE~~ Three YEAR from the date first above written, unless sooner discharged by proper authority; and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ~~ONE~~ YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Ensign(T).H.B.Adams (Name of enlisting officer.), United States Coast Guard, does hereby covenant and agree to and with the said Roy Vernon Wood (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Enlisted for Three years

Roy Vernon Wood
(Signature of enlisted person.)

PAY AND ALLOTMENT OFFICE
U. S. COAST GUARD
POSTED

UNITED STATES OF AMERICA

By H.B.Adams, Ensign(T). (Signature and rank of enlisting officer.), U. S. C. G.

Ensign (T)

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

PERSONNEL CARD
BY
DATE 3-6-25

H.B.Adams,
Ensign(T), U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

8. OATH OF ALLEGIANCE.

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

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

Roy Vernon Wood

Roy Vernon Wood (Signature of enlisted person.)

Subscribed and sworn to before me this 4th day of May, A. D. 1925.

Harold B. Adams

Harold B. Adams, Ensign(T), Recruiting Officer.

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

9. CONSENT OF PARENT OR GUARDIAN.

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

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

Date, _____, 192

_____ (Signature of parent or guardian.)

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

_____ (Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both.)

Age, 21 years 2 months. Height, 5 feet 9½ inches. Weight, 142 pounds. Eyes, blue Hair, brown

Complexion, fair Color, white Married, No Distinguishing marks, Scar right leg, anterior ~~A~~/B lower 1/3

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard ~~A~~/B physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

James L. Byrom

Acting Assistant Surgeon (Rank of examining medical officer.)

(*b*) He has the following minor physical disqualifications under standard [1]A/B examination which do not render him incapable of performing duty in the Coast Guard for a period of one year _____

_____

_____

_____ (Rank of examining medical officer.)

11. VACCINATION.

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

none (Date last vaccinated against smallpox.); none (Date last inoculated against typhoid fever.)

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

_____

_____

_____

13. MERITORIOUS CONDUCT.

_____

_____

_____

[1] Strike out letter not applicable.

[2] During current enlistment.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Recruiting Office (Unit.) Norfolk, Va., (Place.)

May 4,1925. (Date.)

FROM: Roy Vernon Wood, F.1c.

TO: COMMANDANT (via Recruiting Officer)

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

not married (Full name of wife; if not married, so state.) (Address of wife.)

none (Full name of child; if none, so state.) (Address of child.)

------ (Full name of child; if none, so state.) (Address of child.)

------ (Full name of child; if none, so state.) (Address of child.)

ORIGINAL

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:

William Miles Wood, (Full name of relative.) father (Relationship.) 422 E. Freemason St., Norfolk, Va. (Address of relative.)

none (State briefly wherein dependency exists.)

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

Mrs. Mary Etta Padon, (Full name of relative.) sister (Relationship.) Lynnhaven, Va. (Address of relative.)

none (State briefly wherein dependency exists.)

WITNESSED BY:

H.B.Adams,

Rank, Ensign (T)

SIGNED:

Roy Vernon Wood
Roy Vernon Wood

Rank or rating, Fireman, 1c.

2—10348

GOVERNMENT PRINTING OFFICE

D - U.S. Coast Guard - C 18339

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2503.—Ed. 12,000—Feb., 1924

UNITED STATES COAST GUARD

REPORT OF TRANSFER

PAY AND ALLOTMENT OFFICE
U.S.C.G. PAY
MAY 15

Authority: ----------

RATING.	NAME.	FROM—	TO—
F.1c.	Roy Vernon Wood	R.O.Norfolk	Hampton Roads, Va.

Hour and date of departure 12:00 m. May 4, 1925

PAY ACCOUNT

Debit and credit balances transferred on Form 2677 are explained as follows:

Not carried.

The following, marked (X), are transmitted herewith:

- ---- Copy C enlistment contract.
- X Form 2677.
- X Form 2677A.
- ---- Form 2A
- ---- Form 2528 and acknowledgment.
- ---- Form 2528A and acknowledgment.
- X Form 2529.
- ---- HL dated ----------
- ---- HL dated ----------

H.B.Adams, Ensign(T).
(Signature of officer in charge of unit From which transferred.)

Coast Guard ----------

Hour and date of reporting ----------

Above listed papers received.

(Signature of officer in charge of unit To which transferred.)

(SEE INSTRUCTIONS ON BACK.)

2—3371

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2599.—Ed. Sept. 4, 1924

REPORT OF CHANGE IN ENLISTED PERSONNEL

U.S.C.G. RECRUITING & ALLOTMENT OFFICE
MAY 5 1925
Norfolk, Va.

Unit R.Office Place Norfolk, Va. Date May 4,1925., 192

Wood, Roy Vernon (Surname, first name, and middle initial) F.1c. (Rating)

ENTER CHANGE BELOW

Enlisted this date for training for Mo.M.M.

Transferred to Hampton Roads, Va.

Authority:

H.B.Adams, Ensign (T).
(Signature)

Recruiting Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials	EAK	[illegible]		

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2520—Ed. 6,000—Jan., 1925

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

APPLICATION FOR ENLISTMENT

Position desired Fireman 1st class for Mo. M. M School

WARNING

If you have ever been in the Coast Guard, Army, Navy, or Marine Corps and deny such service, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

U.S.C.G. PAY AND ALLOWANCE DEPARTMENT OFFICE MAY 4 1925

Norfolk Va
(Place)
May 4 1925
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 21 years 2 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 Roy Vernon Wood.

Date of birth 17 Feb. 4 1904

Place of birth Norfolk Citizenship Native born

Home address 422 E. Freemason St, Norfolk, Va.

Are you married? No. Number and relationship of persons dependent on you for support? None.

Are you prepared to support your dependents on service pay?

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

Name and address of next of kin Wm. Miles Wood 422 Freemason St Norfolk. Va.

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

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
Henrico Land & T. Co.	Richmond	Land & Loan	May 24	July 25	Fireman
Raymond Con. Pile Co.	Norfolk	Pile driver	March 1923	1924	"

Do you drink intoxicating liquors? If so, to what extent? No.

Have you ever been arrested? If so, for what? No.

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

(OVER)

2—13412 GOVERNMENT PRINTING OFFICE

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? No.

If so, state which ✓

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

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

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

When did you apply? ✓ Where? ✓

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

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

(Sign your full name here) Roy Vernon Wood.

Accepted ~~or rejected~~ Cause of rejection

H. B. Adams

Date May 4 1921

2—13412

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2502-B

RECORD OF PHYSICAL EXAMINATION, U. S. COAST GUARD

FOR SPECIAL TEMPORARY ENLISTMENT

RECRUITING AND ENLISTMENT OFFICE U.S.C.G.P.A.O. MAY 4 1925

Fireman, 1c.

Custom House, Norfolk, Va., May 4, 1925.
(Place) (Date)

Name Roy Vernon Wood

Examined for Fireman, 1c. (Rating) Age, 21 years, 2 months.

Citizenship Native born, Standard "B" examination

Have you ever had any of the following: Unconsciousness, convulsions, gonorrhea, syphilis, sore on penis, blood spitting? Married or single single

State which Gonorrhea - 1921

Have any of your family been insane or suffered from any nervous ailment? No

Have you ever had any disease, acquired or inherited, which you have not mentioned to the examining physician? No

Have you served a previous enlistment in the Coast Guard or Navy? No

If so, for what were you discharged? —

Do you have headaches? No. Have you been rejected by any service for physical reason? No

Have you been discharged from any service for physical reason? No. Are you willing to be vaccinated against smallpox and typhoid and have your dental work done at your own expense? Yes

Roy Vernon Wood.
(Signature of applicant)

EXAMINATION

Height, 69½ inches; weight, stripped, 142 pounds. General appearance —

Complexion Fair Hair Brown Skin disease no Scars Chin goat. lower 1/3

Glands normal Eyelids normal

Eyes, acuity R 20/20 L 20/20 Color vision normal

Ears normal Hearing normal Nose normal

Teeth Good Gums normal

Tonsils normal Goiter no

Chest normal

Lungs normal

Heart normal

Pulse rate 80 Temperature 98⅕ Abdomen normal

Liver normal Spleen normal

Hernia no Varicocele no Genitalia normal

Hemorrhoids no Fistula no Spine normal

Patellar reflexes, equal, exaggerated, diminished normal

Rhombergs sign neg Light reaction on pupil normal

Extremities normal

Muscular development normal Gait normal

Urine: Albumen neg, sugar neg, Sp. gr. 1019, reaction acid

Has he been vaccinated against smallpox in four years? no

Has he been vaccinated against typhoid in four years? no

Do you consider him mentally sound? Yes.

Remarks: —

I certify that I have carefully examined the above applicant and believe that he is *{fit / not fit} for duty in the Coast Guard for one year.

*Strike out one.

James L. Byron
Surgeon, U. S. Public Health Service.

GOVERNMENT PRINTING OFFICE 2—5441

Recruiting Office

Norfolk, Va.,

May 4th, 1925.

From: Recruiting Officer.
To : Roy Vernon Wood, F.1c.

Subject: Orders; transfer.

1. You are transferred to the Coast Guard Detachment, Hampton Roads, Va.

2. Report to the Officer in Charge, Receiving Unit, Naval Training Station, Hampton Roads, Va., for duty.

3. Street car transportation furnished in this case.

4. Entitled to clothing bounty.

5. Records will follow by mail.

6. This enlistment was made for further transfer to Motor Machinist Mate School.

H.B.Adams.

NAME Roy Vernon Wood

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.
R.O.Norfolk	5/4/25	Hampton Roads	

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

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

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

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

Proficient in [1] _____

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer _____

(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

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

56-A444
Box 149

FILE 3-7

PS-1
12 July 1956
L-13

RE: WOOD, Roy V.
(26361) CHBOSN W-2, USCG, RET
V 14 003 026

F. J. HORSCH
Director, Insurance Service
District Office
P. O. Box 8079
Philadelphia 1, Pennsylvania

Dear Sir:

This office is in receipt of a letter from subject named officer concerning premium payments on his National Service Life Insurance.

You are advised that the insured retired from the U. S. Coast Guard on 1 December 1955 and that he established an allotment in the amount of $12.70 with the month of first payment March 1956. The allotment is still in effect.

In view of the fact that when insurance premiums are paid by allotment, all insurance records are maintained in the Central Office, it is requested that the necessary steps be taken to effect the return of subject named officer's records. Please advise this office what action is being taken.

Very truly yours,

JUL 12 1956

O. R. SNEDEN
Commander, USCG
Special Services Division
By direction of the Commandant

To: CHBOSN W-2 Roy V. WOOD
199 Latimer Avenue
Staten Island 14, New York

MJM:jnk rm 2111, sta 2-4

Adm

"16"

WOOD Roy V. - Ch. Boatswain

SPRUCE, 10th ND, c/o Fleet P.O., New York, N.Y. 20 June, 1945

Promoted to the Rank of Chief Boatswain, USCG from Boatswain, USCG for temporary services; to rank as such from 1 June, 1945; pay and allowances to accrue from 1 June, 1945.

76-S
AIC OAST 35-45

O. R. OLSEN, Lt.
Commanding Officer (a)

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

PE 66

RE-ENLISTMENT

HQ CODED NO. 18

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

RE ENLISTMENT OF WOOD, Roy Vernon (Full name, surname to left); 111-209 (Service number); $ 165.60 (Pay per month)

Accepted for enlistment at Charleston, S.C.; C.B.M. (Rating in which enlisted)

Enlisted at CGC SPRUCE, Charleston, S.C.; 25 June, 1946 (Date of enlistment)

Transferred to CGC SPRUCE, Charleston, S.C.

Occupation Mariner Citizenship * NB If naturalized, place

and date of naturalization -- Certificate No.

Date of birth 4 February, 1904 Place of birth Norfolk, Va.

Home address 371 Cheves Avenue (Street and number), Westerleigh (Town), Staten Island (County), Richmond, NY (State)

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

Emily O. Wood (Relationship), 371 Cheves Ave., Westerleigh, Staten Island, N.Y. (Address)

Continuous Service Certificate 1130 (Number) Previous service { Coast Guard / ~~Reserve~~ } 13 (Years) 0 (Months) 13 (Days)

First enlisted 4 May, 1925 (Date) at Norfolk, Va. (Place) and was

last discharged 24 June, 1946 (Date) from CGC SPRUCE, Charleston, S.C. (Unit)

with Honorable (Character) discharge as C.B.M. (Rate) No. A80122

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

Previous Army service None (Years) (Months) (Days) Age 42 years 4 months.

Height 5 feet 5' 9 inches. Weight 170 pounds.

Eyes Blue-Gray Sex Male Hair Gray Complexion Ruddy Color White

Personal characteristics scar rt. ankle, 1" x ¼" marks, etc.

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

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

Second: I oblige and subject myself to serve { SIX years from 25 June, 1946 / during minority until 1 }

unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

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

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

Roy Vernon Wood

ROY VERNON WOOD

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 25th day of June, A. D. 1946

S. T. BAKETEL, Lt.Comdr.USCGR.

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

Asst.Personnel Officer, Charleston Section Office

(Title)

Citizenship substantiated and contract perfected.

S. T. BAKETEL,

Lt.Comdr.(R), *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

.....

(Signature of man)

.....

(Signature of commanding officer)

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

CG-2511

STATEMENT OF CREDITABLE SERVICE
United States Coast Guard
Charleston, S.C.

CG- 73
25 June, 1946

From: Commander, Charleston Section, 7th CG District
To: Pay Officer, Commander, Charleston Section, 7th CG District

Subj: WOOD, Roy V. (111-209) CHM - SPRUCE
Statement of service of

1. The following is a statement of service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive Dates)		Sickness Due To Own Misconduct (Inclusive Dates)		Nonperformance of Duty Because of (Inclusive Dates)	
Enlisted		From-	To-	From-	To-	From-	To-
5-4-25	5-3-28 HD	None		None		None	
5-4-28	5-6-29 HD	None		None		None	
5-7-29	5-8-30 HD	None		None		None	
5-9-30	5-15-31 HD	None		None		None	
5-16-31	5-16-32 HD	None		None		None	
5-17-32	6-6-33 HD	None		None		None	
7-10-41							
Apptd Bosn for temp.service, 12-1-43 Chief							
Apptd/Bosn for temp.service, 6-1-45							
Appt as Ch.Bosn for temp.ser. revoked 6-24-46; reverted to enl.status. 6-24-46 HD							
6-25-46 now serving							

	Yr.	Mon.	Days
Coast Guard Service	13	0	13
Navy Servide			
Total	13	0	13

Completed 13 years on 11 June, 1946

S. T. BAKKEL,
By direction.

STATEMENT OF CREDITABLE SERVICE
United States Coast Guard
Charleston, S.C.

CG-2511

CG- 73

25 June, 1946

From: Commander, Charleston Section, 7th CG District
To: Pay Officer, Commander, Charleston Section, 7th CG District

Subj: WOOD, Roy V. (111-209) CBM - SPRUCE
Statement of service of

1. The following is a statement of service of the above-named man for the purpose of computing pay:

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Enlisted		From-	To-	From-	To-	From-	To-
5-4-25	5-3-28 HD	None		None		None	
5-4-28	5-6-29 HD	None		None		None	
5-7-29	5-8-30 HD	None		None		None	
5-9-30	5-15-31 HD	None		None		None	
5-16-31	5-16-32 HD	None		None		None	
5-17-32	6-6-33 HD	None		None		None	
7-10-41							
Apptd Bosn for temp.service, 12-1-43 Chief							
Apptd/Bosn for temp.service, 6-1-45							
Appt as Ch.Bosn for temp.ser. revoked 6-24-46; reverted to enl.status.							
	6-24-46 HD						
6-25-46 now serving							

	Yr.	Mon.	Days
Coast Guard Service	13	0	13
Navy Servide			
Total	13	0	13

S. T. BAKSTEL,
By direction.

Completed 13 years on 11 June, 1946

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CGC SPRUCE, Charleston, S.C.
(Unit)

ROY VERNON WOOD — 24 June, 1946
(Name in full—surname to the left) (Date)

111-209 — CBM
(Service number) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1941	7	10			
Enlistment extended (for ____ years from)						
Date of discharge (honorable) (Character of discharge)	1946	6	24			
Total time of last enlistment period				4	11	15

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)

Creditable time served during last enlistment period	4	11	15

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.

S. T. BAKETEL,

Date 24 June, 1946 (Rank) Lt.Comdr.(R), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 25 June, 1946 — CGC SPRUCE, Charleston, S.C.
(Unit and place)

I CERTIFY that the above-named man reenlisted for a period of six years from this date.
(Reenlisted or voluntarily extended his enlistment)

S. T. BAKETEL,

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

16—20908-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CCC SPRUCE (Unit) — Charleston, S.C. (Place)

25 June, 1946 (Date)

FROM: WOOD, Roy V. (111-209), CBM

TO: COMMANDANT (via Comdr.Chasn Section.)

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:

Emily O. Wood (Full name of wife; if not married, so state)	371 Cheves Ave., Westerleigh, Staten Island, NY (Address of wife)
Barbara L. Wood (13 yrs) (Full name of child; if none, so state)	same as above (Address of child)
Eleanor H. Wood (12 yrs. (Full name of child; if none, so state)	same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)

CODED NO. 18

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:

Carrie L. Christiansen (Full name of relative)	Mother-in-law (Relationship)	Same as above (Address of relative)

Resides with my wife and is supported be me. (State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 25th day of June, 1946

S. T. BARTEL (Signature)

Lt.Comdr.USCGR. (Rank or title)

Roy V. Wood (Signature)

CBM (Rank or rating)

16—25758-1

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)
	Wood,	Roy	N	Civ

(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (Less than 60 days) or (60 days or more))
6-24-46	CCC SPRUCE, Chas., S.C.	60 days or more

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

COMMANDING OFFICER'S CERTIFICATE:

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

(Sign original only)

(Name and signature of officer authorized to sign in accordance with article 20-5(3) NR)

VETERAN'S CERTIFICATE:

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

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

Roy N. Wood (Signature of applicant)

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

(Omit address if service is LESS than 60 days)

CCC SPRUCE (Number) (Street)

Chas. (City), (Zone) S.C. (State)

Paid lump sum MOP 300.00 - AINav 360-45

DISBURSING OFFICER'S PAYMENT DATA

XXPaid $100.00 on 9:4 (Public voucher) 7037 (Check number) JUN 26 1946 (Date)

J. R. LITTLEFIELD, SDA, USN, 55-068,
CHARLESTON SECTION OFFICE, 7TH U. S. DIST.
(Type name and symbol No. of disbursing officer making initial payment)

16—39039-1

QUADRUPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

NAVCG
Form 2500-C (Supplement)
8-45

T E R M I N A T I O N O F S E R V I C E

Name WOOD, Roy V.	Service Number 110-209	Rating CBM
Unit CGC SPRUCE USCG Personnel Separation Center #	Location Chas., S.C.	Date Reported attached
Final Average Efficiency Marks	Proficiency in Rating	Conduct

PAFE or PFWOAD (Whichever is applicable for determination of travel allowance) PAFE: Bay Shore, N.Y.

Deductible time while attached to Separation Center [x] None [ ] Entered in Absence From Duty article of record

Disposition of Identification credentials [x] Surrendered [ ] Not surrendered. Statement attached

DISCHARGE

DATE 24 June 1946

CHARACTER Honorable

SERIAL NUMBER A80122

REASON For the con. of the govt

AUTHORITY HD 231710Z, June, 1946

PE - 66

CODED

DISCHARGE EMBLEMS: Receipt of the following is acknowledged

[ ] Honorable Discharge Button
[ ] Honorable Service Button
[ ] Honorable Service Emblems
[x] Discharge Certificate

Roy V. Wood
(Signature of Dischargee)

MUSTERING OUT PAY [x] Entitled to and certified for [ ] Not entitled to MOP

TRAVEL ALLOWANCE AND PAY

Paid travel allowance at rate of five cents per mile
From Charleston, S.C. (POF) to Bay Shore, N.Y. (PAFE)
Total Travel allowance $ 39.15 Overpaid and paid $ 12.94
in full to date of discharge.
Name of pay officer J. R. LITTLEFIELD, Check NO.
SDA 55-068

CREDITABLE SERVICE DURING THIS ENLISTMENT: 4 YEARS 11 MONTHS 15 DAYS

Certified to be correct upon termination of service

OFFICE, DCGO, 6ND

S.T.BAKETEL, Lt.Comdr.(R)
(Commanding Officer)

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

FAMILY QUARTERS ALLOWANCE.
UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Patrol Barracks.
(BAY SHORE STATION)
(Unit)

Bay Shore, New York.
(Place)

1 April, 1943.
(Date)

From: WOOD, Roy V. (111-209) B.M.1c.

To: Commandant (via Commanding Officer, BAY SHORE STATION.

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:

Emily Oakland Wood — Saltaire, L.I., N.Y.
(Full name of wife; if not married, so state) (Address of wife)

Barbara Lee Wood, (9½ yrs.) — same as above.
(Full name of child; if none so state) (Address of child)

Eleanor Harriet Wood (8½ yrs.) — same as above.
(Full name of child; if none so state) (Address of child)

(Full name of child; if none so state) (Address of child)

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

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

((State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me
this 1st day of April 1943

Roy V. Wood.
(Signature)

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

J.M. ODIN, Lieut. (jg), (USCG).
(Signature)

Executive Officer.
(Rank or title)

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Light Station.
(FIRE ISLAND STATION)
(Unit)

BAY SHORE, NEW YORK.
(Place)

1 October, 1942.
(Date)

FROM: WOOD, Roy Vernon (111-209) B.M.1c.

TO: COMMANDANT (via Commanding Officer, FIRE ISLAND STATION.

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:

Emily Oakland Wood (Full name of wife; if not married, so state)	Fire Island Light Station, Bay Shore, New York. (Address of wife)
Barbara Lee Wood, 9 yrs. (Full name of child; if none, so state)	as above. (Address of child)
Eleanor Harriet Wood 8 yrs. (Full name of child; if none, so state)	as above. (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

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

(State briefly wherein dependency exists)

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

none. (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this

1st day of October, 1942

Roy Vernon Wood,
(Signature)

P. H. SIMPSON, (Signature)
LIEUT., U.S.C.G.
(Rank or title)

B. M.1c. U.S.C.G.
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16--25758-1

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

RE- ENLISTMENT[a] of WOOD, Roy Vernon (111-209) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station FIRE ISLAND LIGHT STATION, District, Bay Shore, N.Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at New York, N. Y.
(Place)

1. I, ROY VERNON WOOD, this 10th day of July, 1941, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Norfolk, Virginia, on 4 February, 1904 Citizenship[b] NB

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

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

Occupation or trade Mariner Home address Fire Island Light Station, Bay Shore, N.Y.

Full name and address of the following: Emily Oakland Wood, Fire Island Light Station, Bay Shore, N.Y.
(Wife, if any)

Barbara Lee Wood, (8 yrs.old) and Eleanor Harriet Wood (7 yrs.old), both residing at
(Children under 16 years of age. Specify ages of children)

Fire Island Light Station, Bay Shore, N.Y.

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

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

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

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

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein never.
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have - - - had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)

Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

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

8. I was last discharged from the U. S. Coast Guard on 6 June, 1933, from Cutter ~~XXXXX~~ ICARUS
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A31797.
(Kind of discharge)

9. I agree to and with the United States of America, represented by P.E.SHAW, Lieut.Comdr., United States
(Name of enlisting officer)

Coast Guard, in manner and form following, that is to say:

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

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

Thirdly, the United States of America, represented by P.E.SHAW, Lieut.Comdr., United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the said Roy Vernon Wood who has hereunto signed his
(Name of person enlisting)

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[a] In cases of reenlistment prefix "Re."

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

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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.

Roy Vernon Wood
ROY VERNON WOOD
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By P.E. SHAW, Lieut. Comdr., U.S.C.G.
(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. Enlistment effected per Coastal Duty. 5-1-39.

P.E. SHAW,
Lieut. Comdr., U. S. C. G., Enlisting Officer.

11. OATH OF ALLEGIANCE

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

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

Roy Vernon Wood.
ROY VERNON WOOD
(Signature of enlisted person)

Subscribed and sworn to before me this 10th day of July, A. D. 19 41.

P. E. SHAW, Lieut. Comdr., U.S.C.G.,
Commander, New York District,
By direction
(Commissioned officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 37 years 5 months. Height 5 feet 9 inches. Weight 158 pounds. Eyes Blue - Gray

Hair Gray Complexion Ruddy Color White Married Yes.

Distinguishing marks Scar rt. ankle 1" X ½"

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.

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

SERVICE RECORD

RECORD OF WOOD, Roy Vernon (Full name, surname to the left) 111-205 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
Re-Enlisted	10-7-41	Jmedon	BAY SHORE STA.	10-7-41	Jmedon
BAY SHORE STATION.	4-13-43	Jmedon	Amagansett Sta.	4-19-43	C B Lewis Ensign
Amagansett Sta.	9-10-43	C B Lewis Lt.(jg)	ODCGO 3RD ND	9-10-43	A M Lamm
ODCGO-3rd ND	12-29-43	A M Lamm	CGC Spruce	1-22-44	Grace e By dir.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
BAY SHORE STATION.	Cr to CBM(a)(Pro)	4-10-43	Jmedon
ODCGO-3rdND	Accepted appointment as Boatswain for temporary service in the USCG 1 Dec. 1943, with rank as such from 1 Dec. 1943. HD 012149, December, 1943.		A M Lamm
Spruce CGC SPRUCE	Appt. as Ch.Bos'n for temp. service revoked. Reverted to enlisted status.		
	CR frm Ch.Bos'n to C.B.M.	6-24-46	A.L.CUNNINGHAM, Lt.Comdr.
	Auth: HD2317102 June 1946		
Spruce	Spruce Personnel Jurisdiction rating as C.B.M. 12-31-45 (RJ)		

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RECORD OF WOOD, Roy Vernon (Full name, surname to the left) 111-209 (Service No.)

3. EFFICIENCY MARKS

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

Date	Proficiency in rating	Conduct	Seaman Sobriety Ship	Ability as leader of men	Health	Adaptability for warrant grade	Vessel or station	Signature
3-31-41 BM1c	3.4	4.0	3.4	3.4			Fire Is.Lt.House	Jmadin
6-30-41 Bm1c	3.4	4.0	3.4	3.4			Fire Is.Lt.House	Jmadin
9-30-41 BM1c	3.4	4.0	3.4	3.4			Fire Is.LtHouse	Jmadin
12-31-41 BM1c	3.4	4.0	3.4	3.4			Fire Is.Lt.House	Jmadin
3-31-42 BM1c	3.4	4.0	3.4	3.4			Fire Is.Lt.House	Jmadin
6-30-42 BM1c	3.4	4.0	3.4	3.4			Fire Is.Lt.House	Jmadin
9-30-42 BM.1c	3.4	4.0	3.4	3.4			Fire Is.Lt.House	Jmadin
12-31-42 BM1c	3.4	4.0	3.4	3.4	--	--	Fire Is.Lt.House	Jmadin
3-31-43 BM1c	3.6	4.0	3.5	3.5	4.0	--	Fire Is.Lt.House	Jmadin
4-13-43 CBM(a) P)	3.6	4.0	3.5	3.5	4.0	--	Fire Is.Lt.House	Jmadin
6-30-43 CBM(a)(P)	3.6	4.0	3.5	3.5	4.0		CG STA. AMAGANSETT	C.C. Steele - Lt. Comdr.
9-10-43 CBM(a)	3.6	4.0	3.5	3.5	4.0		CG STA AMAGANSETT	C.B. Seaman Lt(jg)
9-30-43 CBM(a)	3.6	4.0	3.5	3.5	4.0		ODCGO-3rdND	R.H. Lawn
12-29-43	3.6	4.0	3.5	3.5	-	-	ODCGO-3rd ND	R.H. Lawn
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

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

RECORD OF WOOD, Roy Vernon (Full name, surname to the left) 111-209 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

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

6. MERITORIOUS CONDUCT

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

Unit	Date	Remarks	Signature
Fire Is. Lt. Sta.	12/5/41	Received expert pistol shot medal	P. H. Simpson.

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Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

RECORD OF WOOD, Roy Vernon (9) 111-209

(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
Fire Is.Light Sta.	7-10-41	First year		30	0	P.E.SHAW, Lieut.Comdr.
AMAGANSETT STA.	4-19-43	4-25-43	5	25	-	C.B.Lemon

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

UN

RECORD OF WOOD, Roy Vernon (Full name, surname to the left) 111-209 (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

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

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

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

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

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

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

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { To / Not to } REENLIST NEXT DAY.

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

_____
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9076

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

FIRE ISLAND LIGHT STATION (Unit) — Bay Shore, N.Y. (Place)

10 July, 1941. (Date)

FROM: WOOD, Roy Vernon (111-209) B.M.1c.

TO: COMMANDANT (via Commander, New York District)

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

Emily Oakland Wood (Full name of wife; if not married, so state)	Fire Island Light Station, Bay Shore, N.Y. (Address of wife)
Barbara Lee Wood, 8 yrs. old) (Full name of child; if none, so state)	Fire Island Light Station, Bay Shore, N.Y. (Address of child)
Eleanor Harriet Wood (7 yrs. old). (Full name of child; if none, so state)	Fire Island Light Station, Bay Shore, N.Y. (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:

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY: P. E. Shaw

P. E. SHAW, Lieut.Comdr., U.S.C.G.
Rank

SIGNED: Roy Vernon Wood

ROY VERNON WOOD, B.M.1c., U.S.C.G.
Rank or Rating

2—10348 U. S. GOVERNMENT PRINTING OFFICE

EDUCATIONAL AND SPECIAL QUALIFICATIONS.

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

WOOD, Roy Vernon (NAME) 111-209 (SERVICE NUMBER) B.M.1c. (RATING, RANK or GRADE).

EDUCATION:

(a) Grammar School: 8 yrs. Graduated 8
(number of years attended, graduated) (Grade)

(b) High School: 2 yrs. Did not graduate.
(Number of years attended, grade completed or graduated).

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

EXPERIENCE:

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

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )
Electrician (general)	( )	Engineer, steam	( )
Engineer, Diesel	2)	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern maker	( )
Plumber and fitter	( )	Secretary	( )
Sign painter	( )	Stenographer	( )
School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

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.

Served 8 yrs. & 26 days in the Coast Guard from which last discharged on 6 June, 1933, as C.Mo.M.M. (Permanent appointment). Served 2 yrs. 3 mos. & 15 days with Public Health Service, Norfolk, Va. Served as clerk in Ry.Mail Serv,, New York, N.Y. for 6 days. Served 9 mos. & 15 days as electrician's helper with Procurement Div., Public Works Branch, Treas.Dept., Field, N.Y.

Use reverse side of this form when necessary. (See reverse).

Roy Vernon Wood.

ROY VERNON WOOD

(Signature)

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2508.—Ed. 15,000—May, 1924

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name WOOD, Roy Vernon Serial number 111-209

Rate or grade at time of discharge C.Mo.M.M.

Service from which discharged U.S.C.G. Organization (If discharged from Army)

Kind of discharge Honorable

Organization in which enlisted Coast Guard

Enlisted or enrolled (place) Stapleton,S.I., N.Y., (date) 17 May, 1932.

Date called to active duty (if enrolled in U.S.N.R.F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service 6 June, 1933

Discharged (place) Staten Island, N.Y., (date) 6 June, 1933.

Federal service under this discharge* 1 years 0 months 13 days.

Previous service 7 years 0 months 13 days.

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

presented to me this day by ROY VERNON WOOD

Date 10 July, 1941.

P. E. SHAW, Lieut.Comdr., U.S.C.G.

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U.S.N.R.F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

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

presented to me this day by

Date

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

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