

**TO BE USED ONLY AS**

# **PERSONNEL RECORD FOLDER**

**FOR**

**WAR DEPARTMENT CIVILIAN EMPLOYEE**

**(201 FILE)**

KAY, MARJORIE A.  
B/D 4 Sept. 1919  
S.S. No. 113-07-9892

K-000

UPON RECEIPT OF THIS FILE, ALL PAPERS SHOULD BE VERIFIED AS PERTAINING TO THE INDIVIDUAL CONCERNED. RETURN ANY PAPERS CONCERNING A DIFFERENT INDIVIDUAL TO THE OFFICE FROM WHICH THE FILE IS RECEIVED, OR TO THE DISCONTINUED PROJECTS BRANCH, A.G.O., IF THE PRESENT EMPLOYING STATION IS NOT INDICATED.

IF THIS FILE IS MISPLACED OR MISROUTED AND THE EMPLOYING OFFICE CANNOT BE DETERMINED, OR ON SEPARATION OF EMPLOYEE FROM WAR DEPARTMENT EMPLOYMENT, OR ON TRANSFER TO A STATION OUTSIDE THE UNITED STATES, FORWARD FILE IN THIS FOLDER TO CHIEF, DISCONTINUED PROJECTS BRANCH, A. G. O.

ITEM NO. 53-F-4627

1. *Ray Majors A.*  
 (Surname) (First name) (Middle name)

3. Social Security No.: *113-01-9892*

4. Date of birth: *7-4-1919*

2. EMPLOYING OFFICE (force or service, station and location):  
*WD Second Service Command, ASF  
 Fort Monjara New York  
 Station Hospital*

5. Sex (check one):  
 Male  Female

6. E. O. D. date under certifying officer:  
*3-19-45*

7. STATEMENT OF RETIREMENT DEDUCTIONS

PERIOD COVERED SHOW BEGINNING AND ENDING DATES	GROSS RETIREMENT DEDUCTIONS, INCLUDING TONTINE	TOTAL TONTINE CHARGE
<i>6/16/45 - 6/30/45</i>	<i>3.75</i>	<i>0.00</i>

8. IF EMPLOYEE TRANSFERS to the jurisdiction of another certifying officer within the War Department, complete the following:

Force or service transferred to \_\_\_\_\_

Station and location \_\_\_\_\_ Date of transfer \_\_\_\_\_

9. IF ABSOLUTE SEPARATION from the Department, complete the following:

Type of separation *Reduction in Force*

Was separation involuntary? (Yes or No) *None*

If involuntarily separated, is delinquency or misconduct involved (Yes or No) *no*

Dept. or Agency transferred to \_\_\_\_\_ Date of separation from War Dept. *6/30/45*

CHECK APPROPRIATE BLOCK BELOW

- Employee is not indebted to the War Department for any reason.
- Employee is indebted to the War Department (attach Form CSC 3037 or letter giving full details).

10. REMARKS:

11. CERTIFICATION: I certify that the deductions and statements shown hereon are correct and complete as shown on the records of this office.

(Signature) \_\_\_\_\_

(Date) *7-30-45* (Title) \_\_\_\_\_

## INSTRUCTIONS FOR PREPARING FORM WD-51

### 1. SPECIAL REPORT (See CPR 85.16-6):

- (a) The following items on Form WD-51 will be completed: 1, 2, 3, 4, 7, and 11.
- (b) Items 5 and 6 will be completed if the employee entered on duty under the jurisdiction of the certifying officer during the period covered by the special report submitted for all employees.

### 2. SEPARATION REPORT:

- (a) Items 1, 2, 3, 4, 7, 11, and either item 8 or 9, whichever is appropriate, will be completed.
- (b) Items 5 and 6 will be completed on all cases of separation occurring on or before June 30, 1943. For separations occurring after that date, items 5 and 6 will be completed if the employee entered on duty under the jurisdiction of the certifying officer subsequent to a special report.

### 3. EXPLANATION OF CERTAIN ITEMS APPEARING ON FORM WD-51:

#### Item

- 1. Name should be shown as it appears on the pay roll vouchers. If employee has changed name in period reported, show changed name above former name.
- 7. Period covered (See CPR 85.16-6, b). Gross retirement deductions include the tontine charge as shown on Form WD-43 under column headed "CS Retirement" for the period covered by the report. Total tontine charge is computed as explained in CPR 85.16-7.
- 8. To be completed if employee leaves the jurisdiction of the present certifying officer but remains within the War Department. Show station and location of new employing office and date of transfer as it appears on "Notification of Personnel Action" (Forms ACCP-50, CP-50, etc.).
- 9. To be completed if employee is absolutely separated (by removal, drop, termination of appointment, resignation, etc.) from the War Department or transfers to another Federal Department or Agency. This information required to determine when tontine is returnable (See CPR 85.2-4, b). Separation is with delinquency or misconduct only when effected under CPR 60.2, or 60.10-2, c. If employee transferred to position outside of purview of the Retirement Act, indicate under remarks in item 10.
- 10. Use this block to supplement information shown elsewhere on the form or to explain unusual or exceptional cases.
- 11. The certification should be signed by certifying officer personally or by individuals authorized to sign for him, provided their initials appear below signature. A facsimile signature may be used if desired.

1. **Kay** **Marjorie** **A**  
 (Surname) (First name) (Middle name)

2. EMPLOYING OFFICE (force or service, station and location):  
**WD, SECOND SERVICE COMMAND, ASF  
 FORT NIAGARA, NEW YORK  
 STATION HOSPITAL**

3. Social Security No.: **113-07-9892**

4. Date of birth: **9-4-19**

5. Sex (check one):  
 Male  Female

6. E. O. D. date under certifying officer:  
**3/19/45**

7. STATEMENT OF RETIREMENT DEDUCTIONS

PERIOD COVERED SHOW BEGINNING AND ENDING DATES	GROSS RETIREMENT DEDUCTIONS, INCLUDING TONTINE	TOTAL TONTINE CHARGE
<b>3/19/45-6/15/45</b>	<b>21.75</b>	<b>3.00</b>

8. IF EMPLOYEE TRANSFERS to the jurisdiction of another certifying officer within the War Department, complete the following:

Force or service transferred to \_\_\_\_\_

Station and location \_\_\_\_\_ Date of transfer \_\_\_\_\_

9. IF ABSOLUTE SEPARATION from the Department, complete the following:

Type of separation \_\_\_\_\_

Was separation involuntary? (Yes or No) \_\_\_\_\_

If involuntarily separated, is delinquency or misconduct involved (Yes or No) \_\_\_\_\_

Dept. or Agency transferred to \_\_\_\_\_ Date of separation from War Dept. \_\_\_\_\_

CHECK APPROPRIATE BLOCK BELOW

- Employee is not indebted to the War Department for any reason.
- Employee is indebted to the War Department (attach Form CSC 3037 or letter giving full details).

10. REMARKS:

11. CERTIFICATION: I certify that the deductions and statements shown hereon are correct and complete as shown on the records of this office.

(Date) **5 July 1945** (Signature) \_\_\_\_\_ (Title) **JOHN J. O'GRADY  
 1st Lt., AUS, Pers. Officer**

## INSTRUCTIONS FOR PREPARING FORM WD-51

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- (a) The following items on Form WD-51 will be completed: **1, 2, 3, 4, 7,** and 11.
- (b) Items 5 and 6 will be completed if the employee entered on duty under the jurisdiction of the certifying officer during the period covered by the special report submitted for all employees.

### 2. SEPARATION REPORT:

- (a) Items 1, 2, 3, 4, 7, 11, and either item 8 or 9, whichever is appropriate, will be completed.
- (b) Items 5 and 6 will be completed on all cases of separation occurring on or before June 30, 1943. For separations occurring after that date, items 5 and 6 will be completed if the employee entered on duty under the jurisdiction of the certifying officer subsequent to a special report.

### 3. EXPLANATION OF CERTAIN ITEMS APPEARING ON FORM WD-51:

#### Item

- 1. Name should be shown as it appears on the pay roll vouchers. If employee has changed name in period reported, show changed name above former name.
- 7. Period covered (See CPR 85.16-6, b). Gross retirement deductions include the tontine charge as shown on Form WD-43 under column headed "CS Retirement" for the period covered by the report. Total tontine charge is computed as explained in CPR 85.16-7.
- 8. To be completed if employee leaves the jurisdiction of the present certifying officer but remains within the War Department. Show station and location of new employing office and date of transfer as it appears on "Notification of Personnel Action" (Forms ACCP-50, CP-50, etc.).
- 9. To be completed if employee is absolutely separated (by removal, drop, termination of appointment, resignation, etc.) from the War Department or transfers to another Federal Department or Agency. This information required to determine when tontine is returnable (See CPR 85.2-4, b). Separation is with delinquency or misconduct only when effected under CPR 60.2, or 60.10-2, c. If employee transferred to position outside of purview of the Retirement Act, indicate under remarks in item 10.
- 10. Use this block to supplement information shown elsewhere on the form or to explain unusual or exceptional cases.
- 11. The certification should be signed by certifying officer personally or by individuals authorized to sign for him, provided their initials appear below signature. A facsimile signature may be used if desired.

**WAR DEPARTMENT  
NOTIFICATION OF PERSONNEL ACTION  
(FIELD)**

1. Date: **June 30, 1945**

2. TO: **MARJORIE A. KAY** 3. S. S. NO. **113-07-9892**  
First Name Middle Initial Last Name

4. THROUGH: **Station Hospital**  
Office in Which Employed or to be Employed

This is to notify you of the following action concerning your employment. This action is subject to the provisions on the reverse hereof:

5. NATURE OF ACTION (Use standard terminology)

6. EFFECTIVE DATE

**Reduction in Force**  
(FROM)

**June 30, 1945**  
(TO)

- 7. POSITION TITLE
- 8. SERVICE GRADE AND SALARY
- 9. FORCE AND SERVICE OR COMMAND
- 10. INSTALLATION & LOCATION
- 11. ORGANIZATION UNIT
- 12. DUTY STATION & LOCATION

**Nurse**

**SP-5, \$1800. per annum**

**Second Service Command, ASF**

**Fort Niagara, New York**

**Station Hospital**

14. Civil Service Report Series  
(Temp.) (Perm.)

15. Date of Birth  
**9-4-1919**

16. Civil Service or Other Legal Authority.  
**CS Rule XII**

17. Appropriation or Fiscal Authority.  
**552-1752**  
**P413-01**

18. Male Female

19. Non Veteran VETERAN  
No Pref 5 Pt. 10 Pt.

20. Civil Service Retirement  
 Yes  No

21. Public Law 49  
(War Overtime Pay Act)  
 Yes  No

22. White Negro Other

23. Position Reference or Job Description Manual Number

13. REMARKS: **Number of days of annual leave: 7 days**  
**Calendar period covered by such leave: July 2, 1945 thru July 10, 1945**  
**This action is necessary due to reduction in force ordered by higher authority and is effected in compliance with War Department and Civil Service rules and regulations.**

24. Date of oath  
(Accession Action Only)

For the Commanding Officer:

\_\_\_\_\_  
(Signature)  
**JOHN J. O'GRADY**  
**1st Lt., AUS**  
(Rank and/or Title)  
**Civ Personnel Officer**

**PAY ROLL**

*M*

KAY

MARJORIE

W. S. A.

Mar 19, 1945

P/A

8 hrs.

1945

LAST NAME	FIRST NAME	MID	INITIAL	IDENTIFICATION NO.	TYPE OF APPOINTMENT	DATE OF APPOINTMENT	MENT	BASIS OF COMPENSATION	TOUR OF DUTY	CALENDAR YEAR
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Standard Form 70A—OCT. 1944—C. S. C.

LEAVE RECORD

16-42030-1 G.F.

FORM APPROVED—BUDGET BUREAU NO. 50-RO-21

MO.	REP. PERIOD	ANNUAL TAKEN			SICK TAKEN			MO.	REP. PERIOD	ANNUAL TAKEN			SICK TAKEN			ABSENCE WITHOUT PAY				REMARKS (CHANGES IN TOUR OF DUTY, ETC.)
		TAKEN		ACCR.	TAKEN		ACCR.			TAKEN		ACCR.	TAKEN		ACCR.	W-LWOP AWL-ABSENCE WITHOUT LEAVE SUS-SUSPENSION				
		HOURS	TOTAL		HOURS	TOTAL				HOURS	TOTAL		HOURS	TOTAL		DATE	TYPE	HOURS	TOTAL	
JAN							JUL													6/30/45 - Termination Reduction in force 7du 17L. - Calendar period covered by such leave 2 July thru 10 July COB
FEB							AUG													
MAR				4			SEP													
APR							OCT													
MAY				20			NOV													
JUN	31			36	8	46	DEC													
				56																
															YEARLY SUMMARY					
															ITEM	ANNUAL	SICK			
															BALANCE FORWARD					
															YEAR ACCRUAL	56				
															TOTAL	56				
															TOTAL TAKEN	-				
															BALANCE	56				

LAST NAME	FIRST NAME	MIDDLE INITIAL	IDENTIFICATION NO.	TYPE OF APPOINTMENT	DATE OF APPOINTMENT	BASIS OF COMPENSATION	TOUR OF DUTY	CALENDAR YEAR
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MO.	REP. PERIOD	ANNUAL			SICK			MO.	REP. PERIOD	ANNUAL			SICK			ABSENCE WITHOUT PAY				REMARKS (CHANGES IN TOUR OF DUTY, ETC.)
		TAKEN		ACCR.	TAKEN		ACCR.			TAKEN		ACCR.	TAKEN		ACCR.	W-LWOP AWL-ABSENCE WITHOUT LEAVE SUS-SUSPENSION				
		HOURS	TOTAL		HOURS	TOTAL				HOURS	TOTAL		HOURS	TOTAL		DATE	TYPE	HOURS	TOTAL	
JAN								JUL												
FEB								AUG												
MAR								SEP												
APR								OCT												
MAY								NOV												
JUN								DEC												

YEARLY SUMMARY		
ITEM	ANNUAL	SICK
BALANCE FORWARD		
YEAR ACCRUAL		
TOTAL		
TOTAL TAKEN		
BALANCE		



ORIGINAL

WAR SAVINGS BOND— CHANGES IN OR CANCELATION OF CLASS A PAY RESERVATION—  
CIVILIAN EMPLOYEES IN UNITED STATES, ALASKA, HAWAII, PANAMA, AND PUERTO RICO

1. Place Fort Niagara Youngstown New York Date, 19 April 1945

2. I,  Mrs. (Station, post, or camp) (City) (State)  
 Mr. Civilian Employee Kay Marjorie A  
 Miss (Grade) (Last name) (First name) (Initial)

3. of Station Hospital hereby request that the Class A Pay Reservation for the purchase of War Savings Bonds, Series E, authorized by me in the amount of \$ \_\_\_\_\_ per  month,  semimonth,  week be revoked. I further request that the pay reservation deducted on the \_\_\_\_\_, 1945 pay day be the FINAL reservation under my authorization, that my account be closed out, and that the proceeds therefrom be sent in my name to the address given on my original authorization form; OR to \_\_\_\_\_

OR \_\_\_\_\_ (Number and street) (City) (State)

4. I, the individual named above, hereby request that the following changes be made in the amounts, names or addresses of owners, co-owners, beneficiaries, etc., of the War Savings Bonds I am purchasing. In the event of a requested change in the amount of deduction each pay day or in the maturity value of such Bonds, I hereby authorize any balance in my account not already used for the purchase of Bonds under my prior authorization to be applied to my credit under this authorization. I understand that this request can be made effective only so far as it applies to Bonds not already issued.  
State hereon change requested: change bond deduction from \$9.38 to \$10.95, effective next pay day.

7. Entered on INDIVIDUAL EARNINGS RECORD M  
(Initials only)

5. Marjorie A. Kay  
(Signature of subscriber)

OR  
6. \_\_\_\_\_  
(Signature of personnel or other responsible officer with grade and organization)

8. It is requested that the War Savings Bond account of the individual named above be closed out for the reasons stated below and that the unapplied balance in the subscriber's account be sent to him at the address given on the original authorization, OR, if such address has been changed, to him at (see instruction No. 8 on reverse):

State reason: \_\_\_\_\_ (Number and street) (City) (State)

9. Entered on INDIVIDUAL EARNINGS RECORD \_\_\_\_\_  
(Initials only)

10. \_\_\_\_\_  
(Signature of personnel or other responsible officer with grade and organization)

W. D., A. G. O. Form No. 30-5  
Form approved by Comptroller General, U. S.  
February 13, 1943

16-29089-2

Wherever a box  occurs it is essential that the appropriate title, status, or designation be indicated by check mark. Mark not more than ONE box under each heading.

## INSTRUCTIONS AND CONDITIONS

Numbers used refer to items on face of form

1. Enter place and date form is executed.
2. State proper grade and name of subscriber. Every individual whose name appears on form must be further identified by one of the following titles: Mrs., Mr., Miss. If there are TWO given names the initial of ONE may be used. Married women must use their own given names, that is, Mrs. Mary A, NOT Mrs. John R.
3. State arm or service of subscriber. State the amount of deduction, pay period, and date of pay roll on which last deduction is to be made.  
If address to which refund is to be mailed is different from that shown on authorization (W. D., A. G. O. Form 29-5) give new address.
4. Enter request for CHANGES in original authorization (W. D., A. G. O. Form 29-5) in space provided.
5. Subscriber must sign both copies in ink or indelible pencil.
6. Personnel or other responsible officer must sign both copies of forms.
7. Enter initials of person making required entries on pertinent records.
8. Use this section ONLY when subscriber is unable to sign request for cancelation of Pay Reservation Account.  
If address to which refund is to be mailed is different from that shown on authorization (W. D., A. G. O. Form 29-5) give new address. State reason for cancelation.
9. Enter initials of person making required entries on pertinent records. Initial ONLY when section 8 is executed.
10. Personnel or other responsible officer must sign both copies of this form when request for cancelation is made by a person other than subscriber. Sign ONLY when section 8 is executed.

# EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

(Collection of Income Tax at Source on Wages)

Print full name MARJORIE A. KAY Social Security No. 113-07-9892

Print home address Youngstown, New York

FILE THIS FORM WITH YOUR EMPLOYER. Otherwise, he is required by law to withhold tax from your wages without exemption.

## HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

I. If you are SINGLE, write the figure "1" here . . . . . 1

II. If you are MARRIED, one exemption is allowed for the husband and one exemption for the wife.

(a) If you claim *both* of these exemptions, write the figure "2" here . . . . . \_\_\_\_\_

(b) If you claim *one* of these exemptions, write the figure "1" here . . . . . \_\_\_\_\_

(c) If you claim *neither* of these exemptions, write "0" here . . . . . \_\_\_\_\_

III. If during the year you will provide more than one-half of the support of persons closely related to you, write the number of such dependents here. (See Instruction 3 on other side.) . . . . . \_\_\_\_\_

IV. Add the number of exemptions which you have claimed above and write the total here . . . . . 1

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date 17 March, 1945

(Signature) Marjorie A. Kay m.

1. **NEW CERTIFICATE REQUIRED.**—The Individual Income Tax Act of 1944 revised the withholding exemptions *effective January 1, 1945*, and requires the filing of **NEW** certificates—

**BY ALL EMPLOYEES**—on or before December 1, 1944.

**BY NEW EMPLOYEES**—on or before beginning work.

**BY EMPLOYEES WHOSE EXEMPTIONS DECREASE**—within 10 days after such change.

2. **CHANGES IN EXEMPTIONS.**—You *may* file a new certificate at any time if the number of your exemptions increases.

You *must* file a new certificate within 10 days if the number of your exemptions *decreases* for any of the following reasons:

a. Your wife (or husband) for whom you have been claiming exemption either dies, is divorced, or claims her (or his) own exemption on a separate certificate.

b. The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

c. You find that a dependent for whom you claimed exemption will receive \$500 or more of income of his own during the year.

3. **DEPENDENTS.**—To qualify as your dependent (line III on other side), a person must (1) receive more than one-half of his or her support from you, (2) have less than \$500 of income of his or her own during the year, and (3) be closely related to you. "Closely related" means that the person is—

Your son, daughter, or their descendants; stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, or ancestor of either; stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but not if related only by marriage).

The above relationships apply to a legally adopted child the same as though he or she were a child by blood. Do not claim a citizen of a foreign country as a dependent unless he or she is a resident of the United States, Canada, or Mexico.

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Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

ORIGINAL

WAR SAVINGS BOND, CLASS A PAY RESERVATION APPLICATION—CIVILIAN EMPLOYEES IN THE UNITED STATES, ALASKA, HAWAII, PANAMA, AND PUERTO RICO

1. Place Fort Niagara, New York Date 19 March, 1945  
(Station, post, or camp) (City) (State)
2. I,  Mrs. Majorie A.  
 Mr. Kay (Last name) (First name) (Initial)  
 Miss Station Hospital (Grade)
3. of Station Hospital, hereby request and authorize a Class A Pay Reservation from my pay for (Arm or service)
4. the purchase of War Savings Bonds, Series E, in the denomination of:  \$25  \$50  \$100  \$500  \$1,000 MATURITY VALUE, at the rate of \$ 9.38 each pay day beginning with pay due me on 15 April, 1945
5. my pay-roll period being  monthly,  semimonthly,  weekly. I FURTHER AGREE that in signing this form I understand that this authorization will remain in effect to include last full month of my employment with War Department, unless revoked by me, in writing, prior to that date, and that sums reserved pursuant to this authorization will not bear interest before they have been converted into War Savings Bonds.
6. Register bonds in my name—At Youngstown New York  
(City) (State)
7. List as my  Co-owner—  Mrs. (Number and street) Youngstown New York  
or  Mr. Kay (Last name) Loretta G.  
 Beneficiary—  Miss (Grade) (Initial)
- CAUTION.—See instruction No. 7 on reverse.
8. Mail bonds to\*—At Youngstown New York  
 Mrs. (Number and street) (City) (State)  
 Mr. Kay (Last name) Majorie A.  
 Miss (Grade) (First name) (Initial)
9. Hold bonds in safekeeping in the Treasury Department at no expense to me and mail receipt therefor to me\*—  
At \_\_\_\_\_ (Number and street) (City) (State)
10. I direct that when my Bond Account is closed out the unapplied balance thereof be refunded to me—  
At Youngstown New York  
(Number and street) (City) (State)
11. Entered on Individual Earnings Record by M  
(Initials only)

\*Select plan desired.—USE ONE, NOT BOTH.

Wherever a box  appears, it is essential that subscriber indicate by check mark (✓) the appropriate title, status, or designation. Mark not more than ONE box under each heading.

W. D., A. G. O. Form 29-5  
Form Approved by Comptroller General, U. S.  
February 13, 1943

12. Majorie A. Kay  
(Signature of subscriber)
13. John J. O'Connell  
(Signature of personnel or other responsible officer with grade and organization)

## INSTRUCTIONS AND CONDITIONS

Numbers used refer to items on face of form

1. Enter place and date form is executed.
2. State proper grade and name of subscriber. Every individual whose name appears on form must be further identified by one of the following titles: Mrs., Mr., Miss. If there are TWO given names the initial of ONE may be used. Married women must use their own given names, that is, Mrs. Mary A., NOT Mrs. John R.
3. State arm or service of subscriber.
4. Indicate denomination of bond desired; state amount to be deducted each pay day.
5. Indicate subscriber's pay-roll period.
6. Give home address or other permanent post-office address, if any.
7. Co-owner or beneficiary is not necessary, but if desired, ONE person may be named as either a co-owner or a beneficiary, NOT BOTH. In cases of married women, see (2) above. If a co-owner is designated, either the co-owner or the subscriber may redeem the bond without the signature of the other. If a beneficiary is designated the bond can be redeemed ONLY by the subscriber during his lifetime, and by the beneficiary ONLY if he or she survives the subscriber.
8. If subscriber desires bonds to be mailed, give name and address of person to whom bonds are to be sent. Subscribers who are seldom at home when mail is delivered should designate their business or place of employment address rather than their residence address.
9. If subscriber desires Treasury Department to hold bonds in safekeeping, give address to which receipt therefor is to be mailed.  
CAUTION.—If name and address are given on line 8, line 9 should be left blank or vice versa.
10. Give address to which refunds are to be sent.
11. Enter initials of person making required entries on pertinent records.
12. Subscriber must sign both copies of application in ink or indelible pencil.
13. Personnel or other responsible officer must sign both copies of applications.

### ADDITIONAL INSTRUCTIONS AND CONDITIONS

#### Disposition of Forms:

*Class A Pay Reservation.*—Forms will be transmitted in accordance with the provisions of Circular No. 412, War Department, 1942, as amended.

**W. DEPARTMENT**  
**NOTIFICATION OF PERSONNEL ACTION**  
(FIELD)

1. Date: **March 19, 1945**

2. TO: **MARJORIE A. KAY**  
First Name Middle Initial Last Name

3. S. S. NO. **113-07-9892**

4. THROUGH: **Station Hospital**

Office in which Employed or to be Employed

This is to notify you of the following action concerning your employment. This action is subject to the provisions on the reverse hereof:

5. NATURE OF ACTION (Use standard terminology)

**War Service Indefinite Appointment**  
(FROM)

6. EFFECTIVE DATE

**March 19, 1945**  
(TO)

- 7. POSITION TITLE
- 8. SERVICE GRADE AND SALARY
- 9. FORCE AND SERVICE OR COMMAND
- 10. INSTALLATION & LOCATION
- 11. ORGANIZATION UNIT
- 12. DUTY STATION & LOCATION

**Nurse**

**SP-5, \$1800. per annum**

**Second Service Command, ASF**

**Fort Niagara, New York**

**Station Hospital**

14. Civil Service Report Series  
(Temp.) (Perm.)

**X**

15. Date of Birth

**9-4-1919**

16. Civil Service or Other Legal Authority.

**2nd CS Region  
EMH:DCE  
3-19-45**

17. Appropriation or Fiscal Authority.

**552-1752  
P413-01**

18. Male Female

**X**

19. Non Veteran V E T E R A N  
No Pref. 5 Pt. 10 Pt.

**X**

20. Civil Service Retirement

**X**

Yes

No

21. Public Law 49 (War Overtime Pay Act)

**X**

Yes

No

22. White Negro Other

**X**

23. Position Reference or Job Description Manual Number

24. Date of oath (Accession Action Only)

**3-19-45**

13. REMARKS:

For the Commanding Officer:

(Signature)

**JOHN J. O'GRADY**

**1st Lt., AUS**  
(Rank and/or Title)

**Civ Personnel Officer**

PAY ROLL

M.





No. \_\_\_\_\_

DATE OF BIRTH			DATE	DESIGNATION	OFFICE
MONTH	DAY	YEAR			
SEX		RACE			
RETIREMENT AGE					

(SURNAME)                      (FIRST NAME)                      (SECOND NAME)

DATE	FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	TONTINE DEDUCTIONS	NET FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	DEPARTMENTS ESTABLISHMENTS WILL NOT USE THIS COLUMN	BALANCE FORWARD	TOTAL CREDITED TO EMPLOYEE	DATE OF ORIGINAL APPOINTMENT
						REMARKS	

**WA DEPARTMENT  
NOTIFICATION OF PERSONNEL ACTION  
(FIELD)**

1. Date: **June 30, 1945**

2. TO: **MARJORIE A. KAY**  
First Name Middle Initial Last Name

3. S. S. NO. **113-07-9892**

4. THROUGH: **Station Hospital**  
Office in which Employed or to be Employed

This is to notify you of the following action concerning your employment. This action is subject to the provisions on the reverse hereof:

5. NATURE OF ACTION (Use standard terminology)

6. EFFECTIVE DATE

**Reduction in Force**  
(FROM)

**June 30, 1945**  
(TO)

7. POSITION TITLE

**Nurse**

8. SERVICE GRADE AND SALARY

**SP-5, \$1800. per annum**

9. FORCE AND SERVICE OR COMMAND

**Second Service Command, ASF**

10. INSTALLATION & LOCATION

**Fort Niagara, New York**

11. ORGANIZATION UNIT

**Station Hospital**

12. DUTY STATION & LOCATION

14. Civil Service Report Series  
(Temp.) (Perm.)

15. Date of Birth

**9-4-1919**

16. Civil Service or Other Legal Authority.

**CS Rule XII**

17. Appropriation or Fiscal Authority.

**552-1752  
P413-01**

18. Male Female

19. Non Veteran V E T E R A N  
No Pref. 5 Pt. 10 Pt.

20. Civil Service Retirement

Yes

No

21. Public Law 49  
(War Overtime Pay Act)

Yes

No

22. White Negro Other

23. Position Reference or Job Description Manual Number

24. Date of oath  
(Accession Action Only)

13. REMARKS: **Number of days of annual leave: 7 days  
Calendar period covered by such leave: July 2, 1945 thru  
July 10, 1945  
This action is necessary due to reduction in force ordered  
by higher authority and is effected in compliance with  
War Department and Civil Service rules and regulations.**

For the Commanding Officer:

\_\_\_\_\_  
(Signature)  
**JOHN J. O'GRADY**  
**1st Lt., AUS**  
\_\_\_\_\_  
(Rank and/or Title)  
**Civ Personnel Officer**

UNITED STATES OF AMERICA ☆ ☆ ☆ PERSONNEL SECURITY QUESTIONNAIRE

1. WD, SECOND SERVICE COMMAND, ASF (U. S. Government Bureau requesting) FORT NIAGARA, NEW YORK (Address) 3-19-45 (Date)

2. Station Hospital (Agency or company employing) Fort Niagara, New York (Address)

3. Nurse, SP-5, \$1800. per annum (Description of duties of employee)

4. KAY (Last name) Majorie (First name) A. (Middle name) (Alias)

5. (Present address) (Street) Youngstown (City) New York (State) (Date)

6. 17 Oxford Street (Last previous address) (Street) Rochester (City) New York (State)

7. Youngstown, New York (Place of birth) 9-4-1919 (Date) (Social Security No.) (Service Command number)

8. United States (Citizenship) (If naturalized, give place, date, and number of certificate) (Alien registration number)

9. Female (Sex) White (Color) 51 (Height) 117 (Weight) Brown (Color of hair) Blue (Color of eyes) Single (Marital status)

(Do not use this space)

R.  S.

10. Relatives: (List following members of family, even though deceased.)

RELATION	NAME IN FULL	ADDRESS	COUNTRY WHERE BORN	CITIZENSHIP
Father:	Howard Kay	Deceased	U. S.	U. S.
Mother:	Loretta Kay	Youngstown, New York	U. S.	U. S.
Spouse:				
Children:				
Parents-in-law:				
Brothers and sisters:	Mary Kay Andrews	Lake Road, Youngstown, New York	U. S.	U. S.
	William Kay	U. S. Navy	U. S.	U. S.
	James Kay	Youngstown, New York	U. S.	U. S.
	Joan Kay	Youngstown, New York	U. S.	U. S.
	Patricia Kay	Youngstown, New York	U. S.	U. S.

11. Education: High School or College. (Name last attended only.)  
 School Rochester General Address Rochester, New York Date: From 1940 to 1943

12. Military Service: Date: From None to \_\_\_\_\_ Country \_\_\_\_\_

13. Employment: (Account for all time from 1935 to date.) Show present position first.

NAME OF EMPLOYER	STREET ADDRESS	CITY AND STATE	DATE	
			From—	To—
Memorial Hospital. J. Craig Potter, M. D. Pierce Marine Corp.	561 University Avenue	Niagara Falls, N. Y.	11-43	3-45
		<del>Niagara Falls, N. Y.</del>	4-43	10-43
		Youngstown, New York	6-36	2-40

14. Membership in organizations: (List all organizations of which you are or have been a member since 1930.)

NAME	CHARACTER	ADDRESS	YEARS MEMBER
None			

15. Foreign countries visited since 1930: (If foreign born show date and port of first entry here: \_\_\_\_\_)

FOREIGN COUNTRIES VISITED SINCE 1930	LEFT (U. S. A.)	RETURNED (U. S. A.)	REASONS FOR VISIT
Canada			

16. References: (Give names of three responsible citizens, not relatives or employers, who have known you the past 10 years.)

NAME	RESIDENCE ADDRESS	OCCUPATION	YEARS KNOWN
Mr. Richard Ullrich	Youngstown, New York	Druggist	25
Dr. L. Falkner	Youngstown, New York	Physician	25
Mrs. Edith T. Ripson	Youngstown, New York	Principal	25

17. \_\_\_\_\_ (Signature and title of approving authority)

18. Majorie A. Kay (Usual signature or mark of employee)

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 (Do not type to the left of this line)

Mail case report or other information about the subject to—

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(Street address)

(City) (State)

Case report should be sent:

Unclassified.  Confidential.  Secret.

**UNITED STATES OF AMERICA ☆ ☆ ☆ PERSONNEL SECURITY QUESTIONNAIRE**

1. WD, SECOND SERVICE COMMAND, ASF FORT NIAGARA, NEW YORK 3-19-45  
(U. S. Government Bureau requesting) (Address) (Date)

2. Station Hospital Fort Niagara, New York  
(Agency or company employing) (Address)

3. Nurse, SP-5, \$1800. per annum  
(Description of duties of employee)

4. KAY Majorie A.  
(Last name) (First name) (Middle name) (Alias)

5. Youngstown New York  
(Present address) (Street) (City) (State) (Date)

6. 17 Oxford Street Rochester New York  
(Last previous address) (Street) (City) (State)

7. Youngstown, New York 9-4-1919  
(Place of birth) (Date) (Social Security No.)

8. United States  
(Citizenship) (If naturalized, give place, date, and number of certificate) (Alien registration number)

9. Female White 5' 117 Brown Blue Single  
(Sex) (Color) (Height) (Weight) (Color of hair) (Color of eyes) (Marital status)

10. Relatives: (List following members of family, even though deceased.)

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Br.

RELATION	NAME IN FULL	ADDRESS	COUNTRY WHERE BORN	CITIZENSHIP
Father:	Howard Kay	Deceased	U. S.	U. S.
Mother:	Loretta Kay	Youngstown, New York	U. S.	U. S.
Spouse:				
Children:				
Parents-in-law:				
Brothers and sisters:	Mary Kay Andrews William Kay James Kay Joan Kay Patricia Kay	Lake Road, Youngstown, New York U. S. Navy Youngstown, New York Youngstown, New York Youngstown, New York	U. S. U. S. U. S. U. S. U. S.	U. S. U. S. U. S. U. S. U. S.

11. Education: High School or College. (Name last attended only.)  
 School Rochester General Address Rochester, New York Date: From 1940 to 1943

12. Military Service: Date: From None to \_\_\_\_\_ Country \_\_\_\_\_

13. Employment: (Account for all time from 1935 to date.) Show present position first.

NAME OF EMPLOYER	STREET ADDRESS	CITY AND STATE	DATE	
			From—	To—
Memorial Hospital J. Craig Potter, M. D. Pierce Marine Corp.	561 University Avenue	Youngstown, New York	11-43	3-45
		<del>Youngstown, New York</del>	4-43	10-43
		Youngstown, New York	6-36	2-40

14. Membership in organizations: (List all organizations of which you are or have been a member since 1930.)

NAME	CHARACTER	ADDRESS	YEARS MEMBER
None			

15. Foreign countries visited since 1930: (If foreign born show date and port of first entry here: \_\_\_\_\_)

FOREIGN COUNTRIES VISITED SINCE 1930	LEFT (U. S. A.)	RETURNED (U. S. A.)	REASONS FOR VISIT
Canada			

16. References: (Give names of three responsible citizens, not relatives or employers, who have known you the past 10 years.)

NAME	RESIDENCE ADDRESS	OCCUPATION	YEARS KNOWN
Mr. Richard Ullrich	Youngstown, New York	Druggist	25
Dr. L. Falkner	Youngstown, New York	Physician	25
Mrs. Edith T. Ripson	Youngstown, New York	Principal	25

17. \_\_\_\_\_  
(Signature and title of approving authority)

18. Majorie A. Kay  
(Usual signature or mark of employee)

Mail case report or other information about the subject to—

-----

-----  
(Street address)

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(City) (State)

Case report should be sent:

Unclassified.       Confidential.       Secret.

UNITED STATES OF AMERICA ☆ ☆ ☆ PERSONNEL SECURITY QUESTIONNAIRE

1. ED, SECOND SERVICE COMMAND, ASF FORT NIAGARA, NEW YORK 3-19-45  
 (U. S. Government Bureau requesting) (Address) (Date)

2. Station Hospital Fort Niagara, New York  
 (Agency or company employing) (Address)

3. Nurse, SP-5, \$1800. per annum  
 (Description of duties of employee)

(Do not use this space)

4. KAY Majorie A.  
 (Last name) (First name) (Middle name) (Alias)

5. Youngstown New York  
 (Present address) (Street) (City) (State)

6. 17 Oxford Street Rochester New York  
 (Last previous address) (Street) (City) (State)

7. Youngstown, New York 9-4-1919  
 (Place of birth) (Date) (Social Security No.)

8. United States  
 (Citizenship) (If naturalized, give place, date, and number of certificate) (Alien registration number)

9. Female White 5' 117 Brown Blue Single  
 (Sex) (Color) (Height) (Weight) (Color of hair) (Color of eyes) (Marital status)

10. Relatives: (List following members of family, even though deceased.)

RELATION	NAME IN FULL	ADDRESS	COUNTRY WHERE BORN	CITIZENSHIP
Father:	Howard Kay	Deceased	U. S.	U. S.
Mother:	Loretta Kay	Youngstown, New York	U. S.	U. S.
Spouse:				
Children:				
Parents-in-law:				
Brothers and sisters:	Mary Kay Andrews William Kay James Kay Joan Kay Patricia Kay	Lake Road, Youngstown, New York U. S. Navy Youngstown, New York Youngstown, New York Youngstown, New York	U. S. U. S. U. S. U. S. U. S.	U. S. U. S. U. S. U. S. U. S.

11. Education: High School or College. (Name last attended only.)  
 School Rochester General Address Rochester, New York Date: From 1940 to 1943

12. Military Service: Date: From None to \_\_\_\_\_ Country \_\_\_\_\_

13. Employment: (Account for all time from 1935 to date.) Show present position first.

NAME OF EMPLOYER	STREET ADDRESS	CITY AND STATE	DATE	
			From—	To—
Memorial Hospital	561 University Avenue	Niagara Falls, N. Y.	11-43	3-45
J. Craig Potter, M. D.		<del>Niagara Falls, N. Y.</del>	4-43	10-43
Pierce Marine Corp.		Youngstown, New York	6-36	2-40

14. Membership in organizations: (List all organizations of which you are or have been a member since 1930.)

NAME	CHARACTER	ADDRESS	YEARS MEMBER
None			

15. Foreign countries visited since 1930: (If foreign born show date and port of first entry here: \_\_\_\_\_)

FOREIGN COUNTRIES VISITED SINCE 1930	LEFT (U. S. A.)	RETURNED (U. S. A.)	REASONS FOR VISIT
Canada			

16. References: (Give names of three responsible citizens, not relatives or employers, who have known you the past 10 years.)

NAME	RESIDENCE ADDRESS	OCCUPATION	YEARS KNOWN
Mr. Richard Ullrich	Youngstown, New York	Druggist	25
Dr. L. Falkner	Youngstown, New York	Physician	25
Mrs. Edith T. Ripson	Youngstown, New York	Principal	25

17. \_\_\_\_\_  
 (Signature and title of approving authority)

18. Marjorie A. Kay  
 (Usual signature or mark of employee)

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*Handwritten notes and scribbles at the top of the page.*

Mail case report or other information about the subject to—

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(Street address)

(City)

(State)

Case report should be sent:

Unclassified.

Confidential.

Secret.



UNITED STATES OF AMERICA ☆ ☆ ☆ PERSONNEL SECURITY QUESTIONNAIRE

1. **WD, Second Service Command, ASF** (U. S. Government Bureau requesting) **PORT NIAGARA, NEW YORK** (Address) **3-19-45** (Date)

2. **Station Hospital** (Agency or company employing) **Port Niagara, New York** (Address)

3. **Nurse, ST-5, \$1800. per year** (Description of duties of employee)

(Do not use this space)

4. **KAY** (Last name) **Marion** (First name) **A** (Middle name)  (Alias)

5.  (Present address) (Street) **Youngstown** (City) **New York** (State)

(Date)

6. **17 Oxford Street** (Last previous address) (Street) **Rochester** (City) **New York** (State)

(Service Command number)

7. **Youngstown, New York** (Place of birth) **9-4-1919** (Date)  (Social Security No.)

R.  S.

8.  (Citizenship) (If naturalized, give place, date, and number of certificate)  (Alien registration number)

9. **Female** (Sex) **White** (Color) **51** (Height) **117** (Weight) **Brown** (Color of hair) **Blue** (Color of eyes) **Single** (Marital status)

10. Relatives: (List following members of family, even though deceased.)

RELATION	NAME IN FULL	ADDRESS	COUNTRY WHERE BORN	CITIZENSHIP
Father:	Howard Kay	Deceased	U. S.	U. S.
Mother:	Loretta Kay	Youngstown, New York	U. S.	U. S.
Spouse:				
Children:				
Parents-in-law:				
Brothers and sisters:	Mary Kay Andrews William Kay James Kay Joan Kay	Lake Road, Youngstown, New York U. S. Navy Youngstown, New York Youngstown, New York	U. S. U. S. U. S. U. S.	U. S. U. S. U. S. U. S.

11. Education: High School or College. (Name last attended only.)

School **Rochester General** Address **Rochester, New York** Date: From **1940** to **1943**

12. Military Service: Date: From **None** to  Country

13. Employment: (Account for all time from 1935 to date.) Show present position first.

NAME OF EMPLOYER	STREET ADDRESS	CITY AND STATE	DATE	
			From—	To—
Memorial Hospital J. Craig Potter, M. D. Pierce Marine Corp.	561 University Avenue	Magara Falls, N. Y.	11-43	3-45
		Magara Falls, N. Y.	4-43	10-43
		Youngstown, New York	6-36	2-40

14. Membership in organizations: (List all organizations of which you are or have been a member since 1930.)

NAME	CHARACTER	ADDRESS	YEARS MEMBER
None			

15. Foreign countries visited since 1930: (If foreign born show date and port of first entry here: \_\_\_\_\_)

FOREIGN COUNTRIES VISITED SINCE 1930	LEFT (U. S. A.)	RETURNED (U. S. A.)	REASONS FOR VISIT
Canada			

16. References: (Give names of three responsible citizens, not relatives or employers, who have known you the past 10 years.)

NAME	RESIDENCE ADDRESS	OCCUPATION	YEARS KNOWN
Mr. Richard Ullrich	Youngstown, New York	Druggist	25
Dr. L. Falkner	Youngstown, New York	Physician	25
Mrs. Edith T. Ripson	Youngstown, New York	Principal	25

17. \_\_\_\_\_ (Signature and title of approving authority)

10-31313-2

18. *Marion O. Kay* (Usual signature or mark of employee)

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C. C.   
Br.

Mail case report or other information about the subject to—

(Street address)

(City)

(State)

Case report should be sent:

Unclassified.

Confidential.

Secret.

K-000 KAY MARJORIE A MISS 113-07-9892

WAR DEPARTMENT, SECOND SERVICE COMMAND, ASF

6 7/15/45 - 60-2

Youngstown, New York

F.D. 8 hrs da (48 hrs wk) 11 av day off

FORT NIAGARA, NEW YORK

CARD No. 65

DATE OF-	MONTH	DAY	YEAR
ENTRANCE ON DUTY	3	19	1945
OATH OF OFFICE	3	19	1945
BIRTH	9	4	1919

CURRENT TAX EXEMPTION  
 Exemption Status F-1-Max  
 Normal Amt. of withholding 14.00  
**FIRST HALF-CALENDAR YEAR 1943 5**

STATION HOSPITAL  
 FORT NIAGARA, NEW YORK

APPOINTMENT AND STATUS CHANGES						EXPLANATIONS		WAR BOND AUTHORIZATIONS				
DATE OF ACTION	EFFECTIVE DATE	TYPE OF ACTION	DESIGNATION	GRADE	RATE			EFFECTIVE DATE	AMOUNT TO BE DEDUCTED	PURCHASE PRICE	ITEM CODE	NAME(S) AND ADDRESS(ES) OF PERSON(S) TO WHOM ISSUED
3-19-45	3-19-45	WSA Indef.	Nurse	SP-5	1800P/A			4-30-45	10.95	18.75		Miss Marjorie A. Kay, Youngstown, N.Y. OR Mrs. Loretta G. Kay.
6-30-45	6-30-45	Termination - reduction in force.										

PAY PERIOD ENDING	PAY ROLL NUMBER	REGULAR SALARY	SALARY ADJUSTMENT		SALARY EARNED	OTHER COMPENSATION		OVERTIME		GROSS EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET AMOUNT PAID	WAR SAVINGS BONDS		SYMBOL No. VOUCHER No. AND MONTH
			TIME	AMOUNT		CODE	AMOUNT	DAYS OR HOURS	AMOUNT		FEDERAL TAX	CIVIL SERVICE RETIREMENT	SUBSISTENCE AND QUARTERS	BIS	OTHER	WAR SAVINGS BONDS	BOND PURCHASES OR REFUNDS	NET CUMULATIVE BALANCE					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Normal					75.00				16.25	912.5	14.00	3.75						10.95	28.70	62.55			210-077
3/19/45-6/15/45					435.00				94.25	529.25	80.30	21.75						53.18	155.23	374.02	37.50	15.68	
6-30-45	1	75.00			75.00	@	60.83		16.25	152.08	27.80	3.75						15.68	15.87	136.21		-0-	2104 July
3/19/45-6/30/45					510.00		60.83		110.50	681.33	108.10	25.50						37.50	171.10	510.23	37.50	-0-	

Approved G.A.N.

3/19/45-6/15/45 Gross Ret 21.75 Fortno 3.00  
 6/16/45-6/30/45 gross ret. 3.75 - 1 on line - 0

EMPLOYEE'S NAME KAY LAST NAME MARJORIE FIRST NAME A MIDDLE NAME (MISS) (MRS.) A SOCIAL SECURITY NO. 113-07-9892 EMPLOYEE No. OR CLOCK No. WAR DEPARTMENT, SECOND SERVICE COMMAND, ASF

BUREAU, FORCE, OR SERVICE FORT NIAGARA, NEW YORK

Youngstown, New York  
EMPLOYEE'S ADDRESS

T-D 8 hrs. <sup>48 hrs wk. - var. day. off.</sup> ~~Mon - Sat.~~  
NAME OF SPOUSE

CARD NO.	DATE OF—	MONTH	DAY	YEAR
	ENTRANCE ON DUTY	3	19	1945
	OATH OF OFFICE	3	19	1945
	BIRTH	9	4	1919

CURRENT TAX EXEMPTION  
Exemption Status I-1-3/1945  
Normal amt of withholding 14.00  
INDIVIDUAL EARNINGS RECORD  
FIRST PERSON HALF-CALENDAR YEAR 1943 1945

STATION HOSPITAL  
DIVISION OR SECTION  
FORT NIAGARA, NEW YORK  
LOCATION

APPOINTMENT AND STATUS CHANGES						EXPLANATIONS		WAR BOND AUTHORIZATIONS				
DATE OF ACTION	EFFECTIVE DATE	TYPE OF ACTION	DESIGNATION	GRADE	RATE			EFFECTIVE DATE	AMOUNT TO BE DEDUCTED	PURCHASE PRICE	ITEM CODE	NAME(S) AND ADDRESS(ES) OF PERSON(S) TO WHOM ISSUED
3-19-45	3-19-45	WSA Indefinite	Nurse	SP-5	\$1800P/A			4-15-45	9.38	18.75		Miss Marjorie A. Kay, Youngstown, New York OR Mrs. Loretta G. Kay.
								4-30-45	10.95	18.75		

PAY PERIOD ENDING	PAY ROLL NUMBER	REGULAR SALARY	SALARY ADJUSTMENT		SALARY EARNED	OTHER COMPENSATION		OVERTIME		GROSS EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET AMOUNT PAID	WAR SAVINGS BONDS		SYMBOL No. VOUCHER No. AND MONTH
			TIME	AMOUNT		CODE	AMOUNT	DAYS OR HOURS	AMOUNT		FEDERAL TAX	CIVIL SERVICE RETIREMENT	SUBSISTENCE AND QUARTERS	B I S		OTHER	WAR SAVINGS BONDS	BOND PURCHASES OR REFUNDS			NET CUMULATIVE BALANCE		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Normal					75.00				16.25	91.25	14.00	3.75						10.95	28.70	62.55			210-077
3-31-45	1				60.00				13.00	73.00	10.30	3.00						-	13.30	59.70			74501-4
4-15-45	1	75.00			75.00				16.25	91.25	14.00	3.75						9.38	27.13	64.12			9.38 78447-4
4-30-45	1	75.00			75.00				16.25	91.25	14.00	3.75			3914			10.95	28.70	62.55	18.75	1.58	82812-5
5-15-45	1	75.00			75.00				16.25	91.25	14.00	3.75						10.95	28.70	62.55		125.3	86361-5
5-31-45	1	75.00			75.00				16.25	91.25	14.00	3.75			4244			10.95	28.70	62.55	18.75	4.73	90491-6
6-15-45	1	75.00			75.00				16.25	91.25	14.00	3.75						10.95	28.70	62.55		156.8	94976-6
3/19/45-6/15/45					435.00				94.25	529.25	80.30	21.75						53.18	155.23	374.02	37.50	156.8	

3/19/45-6/15/45 - Gross Pmt 21.75 - Total 3.00

OFFICE OF THE POST ( Surgeon )  
FORT NIAGARA, NEW YORK

DATE 2 July 1945

SUBJECT: Request for Personnel Action.

TO : Civilian Personnel Officer,  
Fort Niagara, New York

NATURE OF ACTION: Involuntary resignation  
because of reduction in force.

FULL NAME OF EMPLOYEE: Marjorie A. Kay

LEGAL RESIDENCE: Youngstown, New York

EFFECTIVE DATE:

Bureau Authority (Date,  
Position No., etc.):

Appropriation:

Nature of Position  
New:  
Vice:

	FROM	TO
Position Title	Nurse	
Grade & Salary	SP-5, \$1800.00 per annum	
Office	Nursing Section	
Station	Station Hospital Fort Niagara, New York	

REMARKS: Worked to close of business 30 June 1945.

5 July 1945  
 Hq, Civ Pers Div, Ft Niagara, NY  
 Approved:  
 For the Commanding Officer:  
 JJO

JOHN J. O'GRADY  
1st Lt, AUS, Pers. Officer

*Russell E. Darrow*  
 SIGNATURE OF REQUESTING OFFICER  
 RUSSELL E. DARROW  
 1st Lt, MAC  
 Supervisor, Civ Pers

ARMY SERVICE FORCES  
Headquarters, Fort Niagara  
Civilian Personnel Branch  
Youngstown, New York

GVM/jhw

22 June 1945

Miss Marjorie A. Kay  
Youngstown, New York

Dear Miss Kay:

It is with regret that we inform you that upon orders from Army Service Forces, Headquarters, Second Service Command, we are compelled to reduce our staff in the Station Hospital and you are among those whose services we must terminate.

Your last day of duty will be 30 June 1945, and at the close of business on that date, you will be placed on terminal leave, if accrued.

The Commanding General has emphasized the need for civilian nurses in Veterans Administration Hospitals, and you are urged to give this need your careful consideration.

Your response to our appeal for assistance last winter, and your work at this Post is appreciated by the Commanding Officer. We are sorry that circumstances do not permit your retention.

Very truly yours,

GRANVILLE V. MAGEE  
Capt., Inf.  
Director of Personnel

**WA DEPARTMENT  
NOTIFICATION OF PERSONNEL ACTION  
(FIELD)**

1. Date: **March 19, 1945**

2. TO: **MARJORIE A. KAY** 3. S. S. NO. **113-07-9892**  
First Name Middle Initial Last Name

4. THROUGH: **Station Hospital**  
Office in which Employed or to be Employed

This is to notify you of the following action concerning your employment. This action is subject to the provisions on the reverse hereof:

5. NATURE OF ACTION (Use standard terminology)

6. EFFECTIVE DATE

**War Service Indefinite Appointment**

**March 19, 1945**

7. POSITION TITLE  
8. SERVICE GRADE AND SALARY  
9. FORCE AND SERVICE OR COMMAND  
10. INSTALLATION & LOCATION  
11. ORGANIZATION UNIT  
12. DUTY STATION & LOCATION

(FROM)

(TO)

**Nurse**

**SP-5, \$1800. per annum**

**Second Service Command, ASF**

**Fort Niagara, New York**

**Station Hospital**

13. REMARKS:

14. Civil Service Report Series  
(Temp.) (Perm.)

**X**

15. Date of Birth

**9-4-1919**

16. Civil Service or Other Legal Authority.

**2nd CS Region  
EMH:DCE  
3-19-45**

17. Appropriation or Fiscal Authority.

**552-1752  
P413-01**

18. Male Female

**X**

19. Non Veteran V E T E R A N  
No Pref. 5 Pt. 10 Pt.

**X**

20. Civil Service Retirement

**X**

Yes

No

21. Public Law 49 (War Overtime Pay Act)

**X**

Yes

No

22. White Negro Other

**X**

23. Position Reference or Job Description Manual Number

24. Date of oath (Accession Action Only)

**3-19-45**

For the Commanding Officer:

(Signature)

**JOHN J. O'GRADY**

**1st Lt., AUS**

(Rank and/or Title)

**Civ Personnel Officer**

201 FILE

*W.B. Fitzgerald Chartered 3/24/45*

SECOND UNITED STATES CIVIL SERVICE REG.  
OFFICE OF THE REGIONAL DIRECTOR  
FEDERAL BUILDING - CHRISTOPHER STREET  
NEW YORK 14, N. Y.  
334 P. O. Bldg.  
Bflo. 3, N.Y.

REC. A (REV.)  
Nov. 1944

FILE EMH:DCE  
RECRUITMENT ORDER No. 359  
DATE March 19, 1945  
ORDER OF CERTIFICATION IS No. 1

Lt. O'Grady  
Civ Personnel Officer  
Headquarters  
Fort Niagara, New York

DEAR SIR:

THE BEARER IS CERTIFIED TO YOU, UNDER CIVIL SERVICE RULES AND REGULATIONS, IN CONNECTION WITH YOUR REQUEST FOR PERSONNEL TO FILL THE POSITION SHOWN BELOW.

IN ACCORDANCE WITH SECTION 4 OF WAR SERVICE REGULATION IV, QUOTED ON THE REVERSE OF THIS FORM, SELECTION MUST BE MADE FROM AMONG THE FIRST THREE ELIGIBLES CERTIFIED TO YOU WHO EXPRESS WILLINGNESS TO ACCEPT APPOINTMENT. THE PROVISIONS APPLYING TO ELIGIBLES GRANTED 5- OR 10-POINT PREFERENCE MUST ALSO BE FOLLOWED. YOU WILL NOTE ABOVE THE ORDER IN WHICH THIS ELIGIBLE WAS CERTIFIED TO YOU.

IF THIS ELIGIBLE IS PROPERLY SELECTED, THIS LETTER MAY BE USED AS AUTHORITY FOR HIS APPOINTMENT UNDER WAR SERVICE REGULATION V. APPOINTMENT IS SUBJECT TO:

<input type="checkbox"/>	INVESTIGATION BY THE CIVIL SERVICE COMMISSION	<input type="checkbox"/>	RECHECK OF RECORDS
<input checked="" type="checkbox"/>	INVESTIGATION BY WAR DEPT., TREASURY DEPT., OR OTHER AUTHORIZED GOVERNMENT AGENCY	<input type="checkbox"/>	INQUIRY
<input type="checkbox"/>	CLEARANCE IS NECESSARY	} UNDER EXISTING WAR MANPOWER COMMISSION DIRECTIVES AND REGULATIONS BEFORE THIS ELIGIBLE MAY BE ENTERED ON DUTY.	
<input checked="" type="checkbox"/>	CLEARANCE IS NOT NECESSARY		

BY DIRECTION OF THE REGIONAL DIRECTOR:

*George W. Hipp*  
George W. Hipp

(RECRUITING REPRESENTATIVE)

NAME: Majorie A. Kay, Youngstown, N.Y.

DATE OF BIRTH: 9/4/1919

POSITION AND SALARY: Nurse, SP-5,  
 WAR SERVICE INDEFINITE \$1800 p.a.

PLACE OF EMPLOYMENT: Niagara Falls, N.Y.  
 WAR SERVICE TEMPORARY,  
DURATION \_\_\_\_\_

NOTE TO APPOINTING OFFICER:

THIS FORM IS SUBMITTED IN DUPLICATE. RETURN ONE COPY IMMEDIATELY SHOWING ACTION TAKEN. OTHER COPY IS FOR YOUR FILES.

APPLICATION ENCLOSED. RETURN IMMEDIATELY WITH COPY OF THIS LETTER

INTERVIEWED ON March 19, 1945 AT 8:00 AM  
(DATE) (TIME)

SELECTED Yes

SIGNATURE OF APPOINTING OFFICER

*John J. O'Grady*  
JOHN J. O'GRADY  
1st Lt., AUS

NOT SELECTED \_\_\_\_\_

TITLE \_\_\_\_\_

Civ Personnel Officer

(O V E R)



SECTION 4 OF WAR SERVICE REGULATION IV PROVIDED AS FOLLOWS:

"SELECTION - THE NOMINATING OR APPOINTING OFFICER SHALL, WITH SOLE REFERENCE TO MERIT AND FITNESS, MAKE SELECTIONS FOR APPOINTMENT TO EACH VACANCY FROM NOT MORE THAN THE HIGHEST THREE NAMES AVAILABLE FOR APPOINTMENT ON THE CERTIFICATE: PROVIDED, THAT THE APPOINTING OFFICER NEED NOT CONSIDER ANY ELIGIBLE WHO HAS BEEN WITHIN HIS REACH IN CONNECTION WITH THREE SEPARATE APPOINTMENTS OR AGAINST WHOM OBJECTION SHALL BE MADE AND SUSTAINED FOR ANY OF THE REASONS STATED IN SECTION 3 OF REGULATION II. THE SECOND AND ANY ADDITIONAL VACANCIES SHALL BE FILLED IN LIKE MANNER.

"AN APPOINTING OFFICER WHO PASSES OVER AN ELIGIBLE GRANTED FIVE OR TEN-POINT PREFERENCE UNDER THESE REGULATIONS AND TENTATIVELY SELECTS A NONPREFERENCE ELIGIBLE, SHALL FILE WITH COMMISSION HIS REASONS IN WRITING FOR SO DOING AND THE COMMISSION SHALL DETERMINE THE SUFFICIENCY OR INSUFFICIENCY OF SUCH SUBMITTED REASONS. THE NONPREFERENCE ELIGIBLE TENTATIVELY SELECTED MAY NOT LEGALLY BE APPOINTED UNTIL THE APPOINTING OFFICER HAS CONSIDERED THE FINDINGS OF THE COMMISSION AS TO THE SUFFICIENCY OR INSUFFICIENCY OF THE REASONS SUBMITTED FOR PASSING OVER THE PREFERENCE ELIGIBLE. UPON RECEIPT OF A FINDING OF THE COMMISSION THAT THE REASONS FOR PASSING OVER A PREFERENCE ELIGIBLE ARE SUFFICIENT, THE NONPREFERENCE ELIGIBLE TENTATIVELY SELECTED MAY BE APPOINTED. IF THE COMMISSION FINDS THAT THE REASONS SUBMITTED ARE INSUFFICIENT THE APPOINTING OFFICER MAY (A) SUBMIT ADDITIONAL INFORMATION IN SUPPORT OF HIS REASONS, IN WHICH CASE THE APPOINTMENT OF THE NONPREFERENCE ELIGIBLE MAY NOT BE MADE UNTIL THE APPOINTING OFFICER RECEIVES THE FINDINGS OF THE COMMISSION ON THE ADDITIONAL INFORMATION; OR (B) CONSIDER THE FINDINGS OF THE COMMISSION AS TO THE INSUFFICIENCY AND APPOINT EITHER THE PREFERENCE ELIGIBLE OR THE TENTATIVELY SELECTED NONPREFERENCE ELIGIBLE. A COPY OF THE APPOINTING OFFICER'S REASONS AND THE COMMISSION'S FINDINGS SHALL, UPON REQUEST, BE SENT TO THE ELIGIBLE OR HIS DESIGNATED REPRESENTATIVE. IF UPON CERTIFICATION REASONS DEEMED SUFFICIENT BY THE COMMISSION FOR PASSING OVER HIS NAME SHALL THREE TIMES HAVE BEEN GIVEN BY APPOINTING OFFICERS, CERTIFICATION OF HIS NAME FOR APPOINTMENT WILL THEREAFTER BE DISCONTINUED, PRIOR NOTICE OF WHICH SHALL BE SENT TO THE ELIGIBLE. ANY ELIGIBLE WHO HAS BEEN WITHIN REACH IN CONNECTION WITH THREE SEPARATE APPOINTMENTS IN HIS TURN, AND ANY PREFERENCE ELIGIBLE WHO HAS BEEN PASSED OVER THREE TIMES FOR REASONS DEEMED SUFFICIENT BY THE COMMISSION, MAY BE SUBSEQUENTLY SELECTED, SUBJECT TO THE APPROVAL OF THE COMMISSION, FROM THE CERTIFICATE ON WHICH HIS NAME LAST APPEARED IF THE CONDITION OF THE LIST HAS NOT SO CHANGED AS TO PLACE HIM IN OTHER RESPECTS BEYOND REACH OF CERTIFICATION."

THESE PROVISIONS APPLY EQUALLY IN THE CASE OF CERTIFICATION OF ELIGIBLES ON INDIVIDUAL LETTERS OF CERTIFICATION AND MUST BE FOLLOWED IN MAKING SELECTION FROM ELIGIBLES SO CERTIFIED,

SECOND UNITED STATES CIVIL SERVICE REG.  
OFFICE OF THE REGIONAL DIRECTOR  
FEDERAL BUILDING - CHRISTOPHER STREET  
NEW YORK 14, N. Y.  
334 P. O. Bldg.  
Bflo. 3, N.Y.

REC. A (REV.)  
Nov. 1944

FILE MMI:DCB  
RECRUITMENT ORDER No. 359  
DATE March 17, 1945  
ORDER OF CERTIFICATION IS No. 1

Lt. O'Grady  
Civ Personnel Officer  
Headquarters  
Fort Niagara, New York

DEAR SIR:

THE BEARER IS CERTIFIED TO YOU, UNDER CIVIL SERVICE RULES AND REGULATIONS, IN CONNECTION WITH YOUR REQUEST FOR PERSONNEL TO FILL THE POSITION SHOWN BELOW.

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<input type="checkbox"/>	CLEARANCE IS NECESSARY	}	UNDER EXISTING WAR MANPOWER COMMISSION DIRECTIVES AND REGULATIONS BEFORE THIS ELIGIBLE MAY BE ENTERED ON DUTY.
<input checked="" type="checkbox"/>	CLEARANCE IS NOT NECESSARY		

BY DIRECTION OF THE REGIONAL DIRECTOR:

George W. Hipp

(RECRUITING REPRESENTATIVE)

NAME: Majorie A. Ray, Youngtown, N.Y.

DATE OF BIRTH: 9/4/1919

POSITION AND SALARY: Nurse, SP-5, \$1800 p.a.

PLACE OF EMPLOYMENT: Niagara Falls, N.Y.

WAR SERVICE INDEFINITE

WAR SERVICE TEMPORARY,  
DURATION \_\_\_\_\_

NOTE TO APPOINTING OFFICER:

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APPLICATION ENCLOSED. RETURN IMMEDIATELY WITH COPY OF THIS LETTER

INTERVIEWED ON March 19, 1945 AT 8:00 AM  
(DATE) (TIME)

SELECTED Yes

SIGNATURE OF APPOINTING OFFICER

John J. O'Grady  
JOHN J. O'GRADY  
1st Lt., AUS

NOT SELECTED \_\_\_\_\_

TITLE \_\_\_\_\_

Civ Personnel Officer

(O V E R)

SECTION 4 OF WAR SERVICE REGULATION IV PROVIDED AS FOLLOWS:

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OFFICE OF THE POST ( Surgeon )  
FORT NIAGARA, NEW YORK

DATE 19 March 1945

SUBJECT: Request for Personnel Action.

TO : Civilian Personnel Officer,  
Fort Niagara, New York

NATURE OF ACTION: **Appointment, War Service**

Bureau Authority (Date,  
Position No., etc.):

FULL NAME OF EMPLOYEE: **Marjorie A. Kay**

Appropriation:

LEGAL RESIDENCE: **Youngstown, New York**

Nature of Position

EFFECTIVE DATE: **19 March 1945**

New:

Vice:

	FROM	TO
Position Title		Nurse
Grade & Salary		SP5, \$1800.00 per annum
Office		Nursing Section
Station		Station Hospital, Fort Niagara, N. Y.

REMARKS: **EOD 19 March 1945**

Hq, Civ Pers Div, Ft Niagara, NY 3-19-45  
 To: Station Hospital, Ft. Niagara, NY

Approved.

For the Commanding Officer:

*John J. O'Grady*  
**JOHN J. O'GRADY**  
 1st Lt, AUS, Pers. Officer

*Russell E. Darrow*  
 SIGNATURE OF REQUESTING OFFICER  
**RUSSELL E. DARROW**  
 1st Lt, MAC  
 Supervisor, Civ Pers

RECEIVED  
 MAR 20 1945  
 CIVILIAN PERSONNEL OFFICE  
 FORT NIAGARA, N. Y.

UNITED STATES CIVIL SERVICE COMMISSION  
SECOND UNITED STATES CIVIL SERVICE REGION  
OFFICE OF THE SPECIAL REPRESENTATIVE  
334 Post Office Bldg.  
Buffalo, New York

REQUEST FOR PERSONNEL

Date: 10 March 1945

TO: SPECIAL REPRESENTATIVE

1. Position: \_\_\_\_\_ Grade & Rate of Pay: GS-5, \$3000.00

2. Date to be filled: 3-22-45 Place of Assignment: Station Hospital

3. Number needed: \_\_\_\_\_ Hours of Work: 8:00AM to 5:00PM

4. Full description of duties: Care and treatment of patients; supervision over ward, patients, nurses, enlisted personnel and other persons assisting in nursing care of patients; responsibility for all orders relating to care and treatment of patients; proper administration of all medicines and treatments; ~~nurses~~ bathing of patients; procuring medicines from pharmacy as required by

5. Full description of minimum qualifications: Officer, Registered Nurse

6. Is request for a replacement? \_\_\_\_\_ New Appointment: Yes

7. Can this vacancy be filled by a woman? \_\_\_\_\_ If not, why? \_\_\_\_\_

8. I certify that all the positions covered by this requisition are essential to carrying on the work program of this department in time of war, that funds are available to cover the salaries therefore, that an effort to effect transfers has been made, and that the work to be carried on by the incumbents of these positions will not duplicate other activities carried on either within the department or in other departments.

Approved:

\_\_\_\_\_  
JOHN J. O'GRADY  
1st Lt., AUS  
Civ Pers Officer

AGENCY: Station Hospital, Fort Hancock, New York

# OATH OF OFFICE, AFFIDAVIT, AND DECLARATION OF APPOINTEE

WD, SECOND SERVICE COMMAND, ASE, FORT NIAGARA, NEW YORK, Station Hospital  
(Department or Establishment) (Bureau or Division) (Place of Employment)

**A. OATH OF OFFICE**  
I, MARJORIE A. KAY  
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

**B. AFFIDAVIT**  
Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

**C. DECLARATION OF APPOINTEE**  
Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee, and [strike out either (3) or (4)]  
(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;  
(4) the answers contained in my Application for Federal Employment, Form No. 67, dated 28 February, 1945, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

Marjorie A. Kay  
(Signature of Appointee)

Subscribed and sworn before me this 19th day of March A. D., 19 45

at Fort Niagara, New York  
(City) (State)

[SEAL]

John J. O'Grady  
(Signature of Officer)  
**JOHN J. O'GRADY**  
1st Lt., AIS  
**Civ Personnel Officer**  
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

3-19-45 Nurse, SP-5, \$1800. per annum 9-4-1919  
(Date of Entrance on Duty) (Position to which appointed) (Date of Birth)

## DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address ----- Youngstown, New York -----  
(Street and Number) (City and State)

2. Who should be notified in case of emergency? ----- Mrs. Lorretta Kay ----- Mother -----  
(Name) (Relationship)

----- Youngstown, New York -----  
(Street and Number) (City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? ----- If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relation-ship	Married or single	Age
		1. ----- 2. ----- 3. -----			
		1. ----- 2. ----- 3. -----			
		1. ----- 2. ----- 3. -----			

4. Place of birth -----  
(Town) (State or Country)

Indicate "Yes" or "No" answer by placing <b>X</b> in proper column	Yes	No	12. Space for detailed answers to other questions.																						
5. Are you a citizen of the United States? -----			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ITEM NO.</th> <th style="width: 90%;">Write in left column numbers of items to which detailed answers apply</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	ITEM NO.	Write in left column numbers of items to which detailed answers apply																				
ITEM NO.	Write in left column numbers of items to which detailed answers apply																								
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? (2) this agency in connection with this appointment? -----																									
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you gained your citizenship? -----																									
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? ----- If so, state the place, position, and salary under Item 12.																									
(b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position? -----																									
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act? ----- If so, give details under Item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act; and rank, if retired from military or naval service.																									
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position? ----- If so, give under Item 12 where employed, name and address of employer and the reason for discharge in each case.																									
11. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant, or indicted for or convicted of any offense (felony or misdemeanor)? ----- If so, for each case give under Item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.																									

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil-service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promise to observe provisions regarding political activity, and particularly for the following:

(1) **Identity** of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) **Age**.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment.

(3) **Citizenship**.—The responsibility for observing provisions of appropriation acts prohibiting or restricting the employment of citizens lies with the appointing

officer. The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) **Members of Family**.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Minors do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, including all pertinent evidence, should be referred to the Civil Service Commission or its duly authorized representatives for decision. Under War Service Regulations, the members of family provision does not apply to temporary appointments for one year or less.

# APPLICATION FOR FEDERAL EMPLOYMENT

ANNO. NO.

APP. NO.

**INSTRUCTIONS.**—Answer every question clearly and completely. Typewrite or write legibly in BLACK INK, to assure clear photographic copies for appointing agencies. *If you are applying for a specific United States Civil Service Examination*, read the Examination Announcement carefully, follow all directions, and mail this application to the office named therein; if *not*, mail with an explanatory letter to the U. S. CIVIL SERVICE COMMISSION, WASHINGTON, D. C., unless otherwise directed. Notify same office of any change of address.

This space for agency use:

1. Name of examination, if any; or name of position applied for:	AV.	This space for U. S. Civil Service Commission		To U. S. Civil Service Commission
		2. Place of examination (if a written test), or place of employment applied for:		
		3. Optional subject (if mentioned in examination announcement):		

4.  Mr.  Mrs.  Miss **Majorie A. Kay**  
 (First name) (Middle) (Maiden, if any) (Last)

5. (R. D. or street and number)  
**Youngstown, New York**  
 (City or post office, and State)

6. Date of birth (month, day, year): **9-4-1919** 7. Age last birthday: **25** 8. Date of this application: **2-28-45**

9. Legal or voting residence: State **New York**

10. Telephone numbers: **223**  
 (Residence phone) (Business phone)

11. (a) Check one:  Male  Female (b) Check one:  Widowed  Single  Separated  Married  Divorced

12. Height, without shoes: **5** ft. **0** in. Weight: **127** lb.

13. Where were you born? **Youngstown, New York**  
 (Town) (State or country)

<input type="checkbox"/> Appor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nonappor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E & E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P & D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ini.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Preference: Adm'd exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Allowed—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Veteran.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wife.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Widow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disallowed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Approved by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Exam. date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Not. Ra.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Date Reg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Material att'd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Material filed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Indian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Material ret.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This space for U. S. Civil Service Commission

SEL. NO.

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	Indicate "Yes" or "No" answer by placing X in proper column	Yes	No
14. Are you a citizen of the United States? Unless otherwise instructed, naturalized citizens must submit, along with this application, Naturalization Certificate; other foreign born, documentary proof of citizenship. Documents will be returned.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. (a) Were you ever in the U. S. military or naval service? If so, give branch of service and date of last discharge: -- Army. -- Navy. -- Marine. -- Coast Guard. Date	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? If so, list all cases, without any exception whatsoever, under Item 45, page 4, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(b) Were all discharges granted under honorable conditions? (c) Have you already established military preference with the Civil Service Commission? If so, check kind of preference below: -- Veteran. -- Disabled -- Wife of disabled -- Widow of veteran. veteran. veteran.	<input type="checkbox"/>	<input type="checkbox"/>
16. (a) Have you any physical defect or disability whatsoever? (b) Have you ever had a nervous breakdown? If your answer to either (a) or (b) is yes, give full particulars under Item 45, page 4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If you are applying for a specific examination, and wish to claim veteran preference in connection with it, attach C. S. C. (Preference) Form 14, together with the evidence specified therein.	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If so, give complete details under Item 45.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Have you registered under the Selective Service Act? If so, give address and number of local board	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Have you ever been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, state (under Item 45) when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If classified, give your classification ----- Your order number -----	<input type="checkbox"/>	<input type="checkbox"/>
19. Within the past 12 months, have you used intoxicating beverages? If so, specify: <input checked="" type="checkbox"/> Occasionally. -- Habitually. -- To excess.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. (a) Are you now a member of any branch of military or naval reserve? If so, give name of organization (b) Are you now on active duty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Are any members of your family or relatives (either by blood or by marriage), employed by the United States Government, excluding persons in the armed forces? If so, give name, address, relationship, and branch of service of each such relative under Item 45.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Give number of persons completely dependent on you, other than husband or wife ----- <b>None</b> -----	<input type="checkbox"/>	<input type="checkbox"/>
21. Are you NOW employed by the Federal Government? (a) If so, (Department or agency) (Bureau) (Location) (b) If you now are or have ever been so employed, give dates: from ----- (Month) 19----- (Year) to ----- (Month) 19----- (Year)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Would you accept short-term appointment? <input checked="" type="checkbox"/> 6 months. -- 3 months. -- 1 month.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			27. (a) Would you accept appointment anywhere offered in the United States? Give location preferences (b) Would you accept appointment outside the United States? Give locations acceptable (c) Would you accept appointment in Washington, D. C.? If so, and if you are applying for a specific examination, refer to the examination announcement to see if the Certificate of Residence (C. S. C. Form 12) is to be submitted. Proof of residence is required for many kinds of positions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			28. What is the lowest entrance salary you will accept? \$ <b>1800.</b> per. yr You will not be considered for positions paying less.	<input type="checkbox"/>	<input type="checkbox"/>
			29. If you are willing to travel specify: <input checked="" type="checkbox"/> Occasionally. -- Frequently. -- Constantly.	<input type="checkbox"/>	<input type="checkbox"/>
			30. How much notice will you require to report for work? ----- <b>March 19, 1945</b> -----	<input type="checkbox"/>	<input type="checkbox"/>



Print or type your name here as in Item 4

Majorie A. Kay

31. (a) Have you ever filed applications for any Federal civil service examinations? (If so, list them below.) Yes No

Table with 4 columns: Titles of examinations, Examined in what cities, Month and year, Ratings

(b) Have you passed any State or other civil service examination (other than the above) within the last 5 years? (If so, give details under Item 45) Yes No

32. EDUCATION: (a) Circle highest grade completed, elementary or high school: 1 2 3 4 5 6 7 8 9 10 11 12. Did you graduate? Yes No

Table with 5 columns: Name and location of school, Dates attended (From-To), Years completed (Day-Night), Degrees conferred (Title-Date), Semester hours credit

Table with 4 columns: (d) List your four chief undergraduate subjects, Semester hrs., List your four chief graduate subjects, Semester hrs.

Table with 3 main sections: 33. Indicate your knowledge of foreign languages (READ, SPEAK, UNDERSTAND), 34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CPA, etc.)? R Nurse, Give kind of license and State New York, Earliest license (year) 4-21-43, Most recent license (year)

35. REFERENCES: List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for close direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

Table with 3 columns: Full name, Address (Give complete address, including street and number), Business or occupation

36. May inquiry be made of your present employer regarding your character, qualifications, etc.? Yes No

37. EXPERIENCE: In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, accounting for all periods of unemployment. Describe your field of work and position and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name you used on pay roll if different from that given on this application.

Table with 3 columns: Present Position (Place, From, Name of employer, Address, Kind of business or organization, Number and class of employees you supervised, Name and title of your immediate supervisor), Exact title of your position, Salary: Starting, \$, Per mo Final, \$, Duties and responsibilities, Machines and equipment you used

PRESENT POSITION

Place Rochester, New York  
From 4 (Month) 19 43 (Year) To 10 (Month) 19 43 (Year)

Name of employer: J. Craig Potter, M. D.  
Address 561 University Avenue  
Rochester, New York

Kind of business or organization: Physician  
Number and class of employees you supervised None

Name and title of your immediate supervisor J. Craig Potter

Reason for leaving To be nearer home

Place Youngstown, New York  
From 6 (Month) 19 36 (Year) To 2 (Month) 19 40 (Year)

Name of employer: Pierce Marine Corp  
Address Youngstown, New York

Kind of business or organization: Boat Company  
Number and class of employees you supervised None

Name and title of your immediate supervisor Mr. Herce

Reason for leaving

Place  
From 19 To 19  
(Month) (Year) (Month) (Year)

Name of employer:

Address

Kind of business or organization:

Number and class of employees you supervised

Name and title of your immediate supervisor

Reason for leaving

Place  
From 19 To 19  
(Month) (Year) (Month) (Year)

Name of employer:

Address

Kind of business or organization:

Number and class of employees you supervised

Name and title of your immediate supervisor

Reason for leaving

Exact title of your position Nurse Salary: Starting, \$  
Per MO Final, \$ 125.

Duties and responsibilities

Machines and equipment you used

Exact title of your position Secretary Salary: Starting, \$  
Per MO Final, \$ 100

Duties and responsibilities

General bookkeeping work, stenographic,

Machines and equipment you used

Exact title of your position Salary: Starting, \$  
Per Final, \$

Duties and responsibilities

Machines and equipment you used

Exact title of your position Salary: Starting, \$  
Per Final, \$

Duties and responsibilities

Machines and equipment you used



UNITED STATES CIVIL SERVICE COMMISSION

CERTIFICATE OF MEDICAL EXAMINATION

Applicant must fill in dotted lines below to heavy line

Kay, Marjorie, A.

Youngstown, New York

Female

(Sex)

4 September, 1919

(Date of birth)

Sp Gr. 5, Nurse

(Post-office address)

(Title of examination taken)

WD Station Hospital Fort Niagara, N.Y.

(Department and bureau in which you are to be employed)

Youngstown, New York

(City or town in which you are to be employed)

1. Have you any physical defect or disease or disability whatsoever?

Heart disease subsequent to rheumatic fever

2. If answer is "yes" give details

PHYSICIAN SHOULD FILL IN THE FOLLOWING

60 inches. \* 117 pounds. { Males, with and without clothing; females, clothed, but without wrap or hat.

\*To be taken for males only upon special written request of the official ordering examination.

Items checked (✓) were examined and found normal. Deviations from normal are noted. (See instructions on reverse side, numbered to correspond with items below.)

1. Eyes: Distant vision: Without glasses: Right: 20/70 Left: 20/50 With glasses if worn: Right: 20/20 Left: 20/20

Near vision:

What is the longest and the shortest distance at which the following specimens of Jaeger No. 1 and Jaeger No. 2 can be read by the applicant? If No. 1 is read with ease, No. 2 need not be given. Test each eye separately.

With the view of promoting health and efficiency and of minimizing accidents among Federal employees, the heads of the several executive departments and independent establishments having a medical personnel are directed to make such physical examination of applicants for (Jaeger No. 1) and employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative. This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4, 1924). (Jaeger No. 2)

Without glasses: J-1 R. 3 in. to 12 in. L. 3 in. to 15 in. With glasses, if used: R. 3 in. to 20 in. L. 3 in. to 22 in.

Evidence of disease or injury: Right None Left None

Color vision: Is color vision normal when Ishihara or other color plate test is used? Yes

If not, can applicant pass lantern, yarn or other comparable test?

2. Ears: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.) Ordinary conversation: Right ear 20 Left ear 20 Evidence of disease or injury: Right ear none Left ear none

3. Nose, sinus disease, etc. Normal

4. Mouth and throat Normal

5. Gastro-intestinal Normal

6. Thyroid (especially in women) Normal

7. Heart and blood vessels See remarks (Reverse side)

Blood pressure: Mm. Hg. systolic 130 Mm. Hg. diastolic 65

Is organic heart disease present? Yes If organic heart disease is present, is it fully compensated? Yes

8. Lungs: Right Normal Left Normal

History of tuberculosis? No. If so, has the disease been arrested for at least 1 year?

If there is a history of tuberculosis, is any type of collapse therapy being received at present? (If so, give full details under remarks.)

9. Hernia None

(If present, name variety: Inguinal, ventral, femoral, etc.; read definition on reverse before answering)

If present, is it supported by a well-fitting truss?

10. Varicose veins None

(If present, state location and degree)

Varicocele (see note 10 on reverse side) None

11. Feet: Is flat foot present? No. Degree of impairment of function

(None, slight, moderate, severe)

12. Deformities, atrophies, and other abnormalities, diseases, or defects not included above None

13. Scars of serious injury or disease None

14. Nervous system (see note 14 on reverse side) Normal

Is there any history of a "nervous breakdown"? No.

If hospitalized, give name of hospital and location

15. (a) Urinalysis (see reverse side) for report (b) Venereal disease Denies

16. Obtain from applicant statement of disabilities, past and present, give diagnosis and your comments under "Remarks."

17. Does Veterans Administration recognize service-connected disability in this case? No. If "yes," cover in your comments.

(Yes or no)

18. Has examinee ever received disability retirement from U. S. Civil Service Commission? No

(Yes or no)

The aim of the Executive order of September 4, 1924, under which this examination is made, is to obtain information as to the physical condition of appointees to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

### Notes for Examining Physician

**WEIGHT.**—Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females, clothed, but without wrap or hat. If overweight, state whether due to bone and muscle or to fat.

**HEIGHT.**—Without boots or shoes; observe that no appliances are used to increase.

The examination should include the following observations:

1. **Eyes.**—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses. Near vision must be reported. In testing vision without glasses the applicant or appointee should be instructed to remove the glasses at least one-half hour before testing uncorrected vision.

2. **Ears.**—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator and actual distance as numerator.

3. **Nose.**—Ability to blow through each nostril. If free, a speculum examination would not be indicated.

4. **Mouth and throat.**—Missing teeth, pyorrhea; tonsils, hypertrophy or disease.

5. **Gastro-intestinal.**—Ulcers, inflammations, etc.

6. **Thyroid.**—Presence of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially in women.

7. **Heart.**—Murmurs. State whether functional or organic. If valvular disease exists, state whether or not it is fully compensated. Arteriosclerosis.

8. **Lungs.**—It is necessary that the auscultatory cough be used. If tuberculosis is present, state whether active or arrested; if arrested, state your opinion as to how long it has been quiescent. Sputum to be examined for tubercle bacilli in all suspected cases.

9. **Hernia.**—Give details as to size, location, etc., and whether well-fitting truss is worn. Inguinal hernia exists when ring is enlarged and on coughing visceral impulse is felt which follows the finger on withdrawal.

10. **Varicocele.**—If varicocele is present, state approximate size—e. g., size of walnut, lemon, etc.

11. Flat foot of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a weak foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An anatomically flat foot, but strong, is not disqualifying.

12 and 13. Scars, deformities, atrophies, and paralyses should be noted, but it is not important that small insignificant scars or blemishes which might be referred to as marks of identification be recorded.

14. This entry should include symptoms and full history of any mental or nervous abnormality.

15. Urinalysis to be made in case of persons over 40, and in all cases where arteriosclerosis, nephritis, or diabetes is suspected, and when obesity is found on examination.

Record of urinalysis, if made: Sp. gr. 1.010 Albumen Negative Sugar Negative Casts Negative  
 If tachycardia is present, give pulse rate: Sitting 88 Immediately after exercise 108 Two minutes after exercise 88 Cardiac reserve Good  
 (Good, fair, or poor)

I have found this applicant abnormal under the following headings: \_\_\_\_\_

In my opinion, applicant is capable of performing duties involving Moderate physical exertion.

REMARKS: #7 Mid-diastolic, apex, murmur, rumbling and rolling, first sound at the apex accentuated. Rheumatic mitral disease. X-ray of chest negative. Cardiac measurements in normal limits. EKG. Normal limits. Sedimentation rate 0 mm/hr.

(Signature of applicant) \_\_\_\_\_

(This space to be filled in, as a matter of identification, by the applicant in own hand writing, and in ink, in the presence of the physician)

Fort Niagara, New York

(Place of examination)

28 Feb. 1945

(Date of examination)

The examining physician must be a duly licensed doctor of medicine (M. D.)

V. W. Miller Captn

(Signature of examining physician)

, M. D.

Captain, M. C. A. U. S.

(If in Federal medical service, give title and branch)

Full time? X Part time? \_\_\_\_\_ Fee paid? No

The personnel officer should fill in the blanks below before sending this form to the Commission for action

To be appointed in \_\_\_\_\_ (Department) \_\_\_\_\_ (Bureau)

Title of position \_\_\_\_\_

Type of appointment (check):  Original appointment  Transfer  Reinstatement  Classification

Number of certificate upon which applicant's name appears (to be given in case of original appointment) \_\_\_\_\_

This is to certify that it is agreeable to us to have

Miss Majorie Kay leave the employ of the Niagara Falls  
Memorial Hospital for work in some other essential occupation.

Date: Feb. 26, 1945

P. G. Savage  
P. G. Savage  
Superintendent

Date 3-19-45

WAR SERVICE REGULATION  
GOVERNING RESIGNATIONS

I have read and fully understand the following War service  
Regulation:

Resignations will be accepted with prejudice  
unless the employee gives notice in writing one  
complete pay period in advance of leaving a  
position (exclusive of terminal annual leave).

Marjorie A. Kay  
(Employees sign here)

OFFICE OF THE POST INTELLIGENCE OFFICER  
Fort Niagara, New York

SAFEGUARDING MILITARY INFORMATION

For the purpose of safeguarding military information and the vital interests of the United States in time of war, the Espionage Act provides a penalty of death or long term imprisonment in case of willful violation of this act.

In general, where wrongful intent is present, it is forbidden:

1. To obtain information by entering upon, flying over, or otherwise, any vessel, aircraft, work or defense, navy yard, naval station, submarine base, coaling station, fort, battery, torpedo station, dockyard, canal railroad, arsenal, camp, factory, mine, telegraph, telephone, wireless, or signal station, building, office, or other place connected with the national defense, under the possession, control, and/or jurisdiction of the United States.
2. To copy, take, make, or obtain or attempt, or induce or aid another to copy, take, make or obtain any sketch, photograph, photographic negative, blueprint, plan, map, model, instrument, appliance, document, writing or note of anything connected with the national defense.
3. To receive or obtain, or agree, attempt, induce or aid another to receive or obtain from any person any article mentioned in (2) above.
4. Or, having possession of any article mentioned in (2) and (3) above, to communicate or transmit, or attempt to communicate or transmit the same to any person not entitled to receive it.
5. Or, having possession of any article mentioned in (2), (3), and (4) above, through gross negligence, to permit the same to be removed from its proper place of custody or delivered to anyone in violation of trust, or to be lost, stolen, abstracted or destroyed.
6. To collect, record, publish, or communicate, or attempt to elicit any information with respect to the movement, number, description, condition or disposition of any of the armed forces, ships, aircraft, or war materials of the United States, or with respect to the plans or conduct, or supposed plans or conduct of any naval or military operations, or with respect to any work or measures, undertaken for or connected with, or intended for the fortification of any place, or any other information relating to the public defense, which might be useful to the enemy.
7. To conspire, with another, or with others, to effect, or to attempt, any of the foregoing.
8. To harbor or conceal any person when it is known, or where there are reasonable grounds for believing or suspecting, that the said person has or attempted, or is about to attempt, any of the foregoing.

I HAVE CAREFULLY AND COMPLETELY READ ALL OF THE ABOVE, AND I UNDERSTAND THE MEANING AND IMPLICATIONS THEREOF.

Date 3-19-45

Signed Marjorie A. Kay

Place Fort Niagara, N.Y.