

(DEPENDENT) ALLOWANCE
(Ev. 2-B)

(Check one)

START

CHANGE IN DEPENDENTS

1. SERVICE NUMBER: 53230
2. LAST NAME OF ENLISTED MEMBER: OSWALD
3. (First) Name: Lee
4. (Middle) Name: Harvey
5. GRADE: Pfc(E-2)

6. Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? YES NO

7. DATE OF THIS APPLICATION: 20 July 1959

8. STATION PREPARING THIS APPLICATION:

9. DATE OF CURRENT ENLISTMENT OR RE-ENLISTMENT FOR ACTIVE DUTY: 24 October 1956

10. AIR FORCE AIR CONTROL SQUADRON-9
11. FG-3, 3d MAW, Air Force Pacific
12. AF, Santa Ana, California

13. DATE OF LAST DISCHARGE OR DATE OF RELEASE TO INACTIVE DUTY: N/A

NAME OF DEPENDENT (Include full given name)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
MARGUERITE Margarite OSWALD	3124 W. 5th Street Fort Worth, Texas	Mother		20 Jul 59
				•••••
				•••••
				•••••
				•••••
				•••••

14. Following information concerning custodian of any dependent named above:

15. NAME OF CUSTODIAN: _____ ADDRESS: _____ RELATIONSHIP: _____

16. DATE AND PLACE OF PRESENT MARRIAGE: _____ Have you been previously married? YES NO

17. DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE: _____

18. If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? YES NO

19. If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT: _____

20. Has your wife been previously married? YES NO

21. If yes, GIVE DATE AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE: _____

22. DEPENDENCY STATEMENT: (This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)

I certify that Margarite OSWALD, named above, has been dependent upon me for more than one-half of his or her support since June 1959; that during such period I have contributed to his or her support an average of \$ 50.00 per month in cash or its equivalent; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged \$ 0.00 per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged \$ 250.00 per month. (Separate certificate required for each dependent.)

23. HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION: _____

24. LIST FOR "Q" ALLOTMENTS—Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.

PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE		DEPENDENT NUMBER
			Month	Year	
MARGUERITE Margarite OSWALD	3124 W. 5th Street Fort Worth, Texas	\$91.30	8	59	1

25. I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on account of any person later determined not to be dependent as defined in existing laws and regulations. I also certify that none of the above named dependents is a member of the uniformed services on active duty.

26. Signed and sworn to before me this 20th day of JULY, 1959

ODGH

26:AGA:hjk
1900
12 Sept 1959

SIXTH ENDORSEMENT on PFC (E-2) OSWALD's ltr of 17 Aug 1959

From: Commanding Officer, Headquarters and Headquarters Squadron
(Officer in Charge, Area Separation Section) LCAS, El Toro
(Santa Ana) California

To: Commandant of the Marine Corps (Code DGK)

Subj: Discharge by reason of Hardship, request for; case of Private
First Class (E-2) Lee H. OSWALD 1653230/6741 USMC

1. Private First Class (E-2) Lee H. OSWALD 1653230/6741 USMC
~~released from active duty and transferred to the Marine Corps
Reserve on 11 September 1959.~~

A. G. MYERS JR.
A. G. MYERS JR.
By direction

Copy to:
CG, 3rdMAW

RECEIVED
SEP 15 1959
MARINE CORPS
HEADQUARTERS
EL TORO

10:GCK:wdp

31 AUG 1959

FIFTH ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Commanding General, 3d Marine Aircraft Wing
To: Commanding Officer, Headquarters and Headquarters
Squadron (OIC Area Separation Section), MCAS, El Toro
(Santa Ana), California

Subj: Discharge by reason of Hardship, request for case of
Private First Class (E-2) Lee H. OSWALD 1653230/6741.
USMC

Ref: (d) CMC msg 281745Z Apr 58
(e) AirFMFPac Order 1326.1c

1. Readdressed and forwarded approving the recommendation of the Hardship/Dependency Discharge Board to separate Private First Class (E-2) Lee H. OSWALD 1653230/6741 from the U. S. Marine Corps.

2. In accordance with authority contained in reference (d) and (e), Private First Class (E-2) OSWALD will be reassigned to your command for separation.

3. In accordance with the provisions of subparagraph 9 of reference (b), it is requested that upon completion of administrative processing the basic letter and all supporting papers be forwarded to the Commandant of the Marine Corps (Code DGK), and that a copy of your endorsement be furnished this command.


C. H. HAYES

Copy to:
CO, MWHG (end only)
CO, MACS-9 (end only)

11 sep

DEPARTMENT OF THE NAVY
NAVY DISCHARGE REVIEW BOARD

TO: SECRETARY OF THE NAVY JAP:pic

BUCKET NO. 8812

REVIEW OF THE DISCHARGE OF: OSWALD, Lee Harvey Ex-Pfc 1653230 USMC	CHARACTER OF DISCHARGE RECEIVED UNDES (UNFIT)
COUNSEL: NONE	PETITIONER PRESENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	RECORD OF PROCEEDINGS OF REVIEW MADE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DATE OF REVIEW: 10/1/59

FINDINGS				RECOMMENDED	TREATY	ACT
DATE OF ENTRY IN NAVAL SERVICE: 21 Oct 56	AGE: 17/0	LENGTH OF SERVICE: 02Y 10M 17D	RECORDS HELD: 15 days	3.94	4.1	105

SUMMARY OF PETITIONER'S CLAIM: Petitioner requests recommendation for reenlistment, review of case and appropriate action. He submitted a brief which essentially states that his discharge was improperly issued. Also included was pet's statement and two letters from the U.S. Embassy, Moscow. As requested by pet, his lengthy statement was read to the board. It contained his contention that the Undesirable Discharge Board found against him primarily on the grounds that he went to USSR and allegedly renounced his U.S. citizenship to become a citizen of that country. Pet denied this allegation and claimed that since he had a choice of residence as an American citizen, such action could not be judged as being fair or impartial. He further stated that he did not violate any U.S. laws by his actions and quoted in part, an American Embassy, Moscow letter which stated: "Meanwhile, your continued retention of your present Soviet passport or an extension thereof does not prejudice in any way your claim to American citizenship."

SUMMARY OF SERVICE, COMMENDATIONS, AND OFFENSES:

Enl for 3 years. No prior service claimed. Attained equiv of High School grad through USAFI; Grad 4/6/54 AvnFundScol, JAX and completed AC&WOperCrse, Keesler AFB.

11May57 Pro to PFC.
MACS-1, MAG-11, 1stMAW, FMF

11Apr58 SumCM Violate a lawful general order by having in his possession a privately-owned weapon that was not registered. Sent as appr: CHL for 20 days and forf \$25.00 per mo for two mos and red to PVT. (Confinement suspended for 6 mos etc., but vacated on 27Jun58)

27Jun58 SumCM 1. Wrongfully use provoking words to a Staff NCO. (found guilty)
2. Assault a Staff NCO (found not guilty)
Sent as appr: CHL for 28 days and forf \$55.00 per mo for 1 month.

17Oct58 SubUnit 1, H&MS 11, MAG-11, 1stMAW
SRB JAG found that injury received by pet on 27Oct57 as a result of an accidental discharge of a weapon, was incurred in line of duty and not result of misconduct. (Upon opening his locker, a .22 cal pistol fell to the floor and discharged, wounding pet in the left elbow.)

1Mar59 MACS-9, MWHG, 3dMAW, AirFMFPac
Pro to PFC

17Aug59 Pet submitted a request for dependency discharge, by reason of hardship on the part of his mother. Pet appeared before the Hardship/Dependency discharge Board who recommended that he be released from active duty for reason of dependency. Appr by CG, 3dMAW on 31Aug59.

(SEE ATTACHED SHEET)

50:BJK:mwh
1910
AUG 28 1959

FOURTH ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Senior Member, 3d Marine Aircraft Wing Hardship or
Dependency Discharge Board

To: Commanding General, 3d Marine Aircraft Wing

Subj: Discharge by reason of dependency; request for case of
Private First Class Lee H. OSWALD 1653230/6741 USMC

1. Guided by the provisions of reference (a) and in compliance with Third Endorsement hereto, the Hardship or Dependency Discharge Board met at 1530, 27 August 1959 to consider the case of Private First Class Lee H. OSWALD 1653230/6741 USMC. The Marine had submitted an official request for a dependency discharge in accordance with reference (a). The following members were present:

Lieutenant Colonel Bolish J. KOZAK 07108 USMC (MWHG-3)
Major George E. MC CLANE 016430/7335 USMC (MAG-36)
Major Eugene T. CARD 035129/7304 USMC (MWHG-3)

2. Upon examination of the basic request, supporting enclosures and Service Record, Private First Class Lee H. OSWALD was interviewed by the Board. The following facts were then considered:

a. Private First Class Lee H. OSWALD, not married, on his initial three (3) year enlistment in the Marine Corps is obligated to serve on active duty until 7 December 1959.

b. The Marine submitted his request for a dependency discharge in order that he may provide physical and financial assistance to his invalid mother residing in Fort Worth, Texas.

c. The home situation of Private First Class OSWALD has been aggravated subsequent to his enlistment date through incapacitation of his mother as a result of an industrial accident. The mother is no longer gainfully employed due to her physical condition and has no source of income. The presence of her son, Private First Class OSWALD, is required for physical and financial assistance.

d. One son, married and residing in Fort Worth is unable to provide either financial or physical assistance to the Marine's mother due to his marital responsibilities and the inability of the two families to maintain a common home. Another son, married, with the U. S. Air Force on active duty in Japan, cannot furnish financial support.

*2-10-59
any file
W.H.A.*

50:BJK:mwh
1910

2. The Marine has no firm offer of employment he has indicated that his former employer will entertain offering employment with a suitable salary to provide the necessary support of his mother.

3. In evaluation of all facts available, it is the opinion of the Board that Private First Class OSWALD meets the requirements of paragraph 10273 MCM for release from active duty.

4. The Board recommends that Private First Class Lee H. OSWALD be released from active duty with the Marine Corps for reasons of dependency.

B. J. Kozak

B. J. KOZAK

Lieutenant Colonel, U. S. Marine Corps

10:GCK:wdp
26 Aug 1959

THIRD ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Commanding General, 3d Marine Aircraft Wing
To: Senior Member, 3d Marine Aircraft Wing Hardship/
Dependency Discharge Board.

Subj: Dependency Discharge; request for; case of Private
First Class Lee H. OSWALD 1653230/6741 USMC

Ref: (b) Para 10273 MarCorMan
(c) CG 3d MAW ltr to LtCol KOZAK 10:RH:dln of 30
Jul 1959

1. Delivered.
2. In accordance with the provisions of subparagraph 9c of reference (b), you will convene the 3d Marine Aircraft Wing Hardship/Dependency Discharge Board, as designated by reference (c), as soon as practicable for the purpose of considering the subject case.
3. The recommendations of the Board will be returned to this Headquarters by endorsement hereon as expeditiously as possible.



W. A. CLOMAN, JR.
By direction

10:TAW:hds
P19

AUG 24 1959

SECOND ENDORSEMENT on Pfc OSWALD's ltr of 17Aug59

From: Commanding Officer, Marine Wing Headquarters Group
To: Commanding General, Third Marine Aircraft Wing

Subj: Dependency Discharge; request for

1. Forwarded recommending approval.
2. Reference (a) is hereby corrected to read Paragraph 10273 MCM.


M. BRILLIANT
Acting

19:INC:dlh
P19

1959

FIRST ENDORSEMENT on Pfc OSWALD's ltr of 17 August 1959

From: Commanding Officer, Marine Air Control Squadron-9, MWHG, 3dMAW,
AirFMFPac, MCAF, Santa Ana, California
To: Commanding General, 3d Marine Aircraft Wing, AirFMFPac, MCAS,
El Toro (Santa Ana), California
Via: Commanding Officer, Marine Wing Headquarters Group-3, 3dMAW,
AirFMFPac, MCAS, El Toro (Santa Ana), California

Subj: Dependency Discharge; request for

1. Forwarded recommending approval.
2. The service record of Pfc OSWALD indicates the following:
 - a. Pfc OSWALD's EOS is 23 October 1962.
 - b. There is no disciplinary action pending in this case.
 - c. Allotments: "D" in favor of Margarite OSWALD in the amount of \$40.00, first payment August 1959.
 - d. Service Schools: AvnFundSchool, Jacksonville, Florida 1957;
AC&W Operators Course, Keesler AFB, Buloxi, Mississippi, 1957.
3. Pfc OSWALD has submitted an application for a "Q" allotment in favor of his mother Margarite OSWALD, in the amount of \$91.30, first payment August 1959. This application is currently awaiting approval by Commandant of the Marine Corps.
4. A genuine hardship exists in this case, and in my opinion, approval of the "Q" allotment will not sufficiently alleviate this situation.

J. W. Poindexter
J. W. POINDEXTER

MARINE AIR CONTROL SQUADRON 9
MARINE WING HEADQUARTERS GROUP
3D MARINE AIRCRAFT WING, AIRFMFPAC
MCAF, SANTA ANA, CALIFORNIA

17 August 1959

From: Private First Class Lee H. OSWALD 1653230/6741 USMC
To: Commanding General, 3d Marine Aircraft Wing, AirFMFPac,
MCAS, El Toro (Santa Ana), California
Via: (1) Commanding Officer, Marine Air Control Squadron 9,
MMHG, 3dMAW, AirFMFPac, MCAF, Santa Ana, California
(2) Commanding Officer, Marine Wing Headquarters Group-3,
3dMAW, AirFMFPac, MCAS, El Toro (Santa Ana), California

Subj: Dependency Discharge; request for

Ref: (a) Marine Corps Order 1910.18

Encl: (1) Ltr from Attorney Kelly JACOBS dtd 22Jul59
(2) Ltr from Mrs. M. CHILDS dtd 28Jul59
(3) Ltr from Mrs. J. B. KNIGHT dtd 28Jul59
(4) Ltr from Mrs. M. OSWALD dtd 28Jul59
(5) Ltr from Lester L. HAMILTON, D.O. dtd 21Jul59

1. In accordance with the provisions of reference (a), which provides enlisted marines the opportunity to apply in writing for a Dependency Discharge, it is requested that I be discharged from the Marine Corps by reason of dependency. The following information is furnished:

a. My reasons for this request are: To be with my mother and provide support for her, as she is unable to provide support for herself. To substantiate this, enclosures (1) through (5) are submitted:

b. My mothers home address is: 3124 W. 5th St., Fort Worth, Texas.

c. Names and addresses of persons familiar with my case:

Kelly JACOBS, Attorney, 601 Sinclair Building,
Fort Worth 2, Texas

Mrs. Melba CHILDS, 3240 Sondra Drive,
Fort Worth, Texas

Mrs. John B. KNIGHT, 6470 Greenway,
Fort Worth, Texas

Lester L. HAMILTON, D.O., 5725 Camp Bowie Blvd.,
Fort Worth 7, Texas

- d. Marital Status: Single
- e. There are no other members of my family that can assist in the present or future situation.

Lee H. Oswald
LEE H. OSWALD

LAW OFFICES OF
SPURLOCK, SCHATTMAN & JACOBS

601 SINCLAIR BUILDING
FORT WORTH 2, TEXAS

JOE SPURLOCK
DENNING SCHATTMAN
KELLY JACOBS

TOM CAVE

Telephone
EDISON 2-2946

July 22, 1959

To Whom It May Concern:

This is to certify that the undersigned is attorney for Mrs. Marguerite C. Oswald, representing her in a claim for Workman's Compensation Benefits, growing out of her injuries sustained December 5, 1958, while she was an employee of the King Candy Company working at the Fair Ridglea Department Store.

This is a Workman's Compensation Claim, and suit has not yet been filed because the claim is pending before the Industrial Accident Board of the state of Texas, and the matter was supposed to have been passed on by the Industrial Accident Board on July 14, 1959, but no notice has been received as of this date as to whether or not any award was entered at that time.

It is possible and likely that suit will have to be filed when the award of the Industrial Accident Board is known, and it is not expected that the case would be set for trial earlier than December, 1959, and probably not later than March or April of 1960.



ENCLOSURE (1)

AFFIDAVIT

State of Texas |

County of Tarrant |

RE: Pfc. Lee H. Oswald
1653230
MCAS-1-MAG 11
F.P.O. San Francisco,
California

I, Mrs. Marguerite Childs, of 3240 Sondra Drive, Fort Worth, Texas, do on this 24th day of July 1959, make the following statement concerning the need for Pfc. Lee H. Oswald, 1653230, MCAD - 1-MAG 11, F.P.O. San Francisco, California, to be given a discharge.

I am a friend of the serviceman's mother. I have known the serviceman's mother for four months while we were neighbors. I know Mrs. Oswald is in poor health and not able to work. Her condition is due to an accident which occurred in December 1958. I know she has been the care of doctors since then. They tell her there is no cure for her. Her illness is such that she cannot hold a job.

I know Mrs. Oswald is in dire need of money. She has no income and for a time, I as well as other neighbors bought her groceries for her.

I feel that Mrs. Oswald needs her son here with her to take care and provide for her.

Signed,

Mrs. Melba Childs

Mrs. Marguerite Childs
3240 Sondra Drive
Fort Worth, Texas

THE STATE OF TEXAS |
COUNTY OF TARRANT |

On this the 28th day of July, 1959, Mrs. Melba Childs personally appeared before me and acknowledged that she executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Thomas Hanberry
Notary Public, Tarrant County, Texas

AFFIDAVIT

State of Texas |

County of Tarrant |

RE: Pfc. Lee H. Oswald
1653230
MCAS -1- MAG * 11
F.P.O. San Francisco,
California

I, Mrs. John B. Knight, of 6470 Greenway, Fort Worth, Texas, do on this 24th day of July 1959, make the following statement concerning the need for Pfc. Lee H. Oswald, 1653230, MCAS -1- MAG - 11, F.P.O. San Francisco, California, to be given a discharge.

I am a friend of the serviceman's mother. I have known her for eight months. Our acquaintanceship and friendship started over the sale of a dog which we had and the Oswalds bought.

Mrs. Oswald has not been in good health since her accident in December 1958. She is very nervous and has a great deal of trouble in breathing. Her nose is swollen much of the time. I know Mrs. Oswald has been under the care of doctors for many months. Because of her condition she is not able to return to her work. She has tried to hold down other jobs but because she is not well she is forced to give up her work.

It is hard for Mrs. Oswald to be alone and to make all the many decisions which come up. I know how hard it is for a woman alone since I had to make all the decisions for my family for 4 years.

I know Mrs. Oswald has no income and since she can't work she needs her son here to provide for her. I believe that Pfc. Lee Oswald should be given a discharge so that he may come home and provide for his mother.

Signed,

SUBSCRIBED AND SWORN TO BEFORE ME THIS 24th DAY OF
July 1959 AT FORT WORTH, TEXAS

My Commission

Expires 6-1-61

Clady's Johnson
CLADY'S JOHNSON, Notary Public
in and for Tarrant County, Texas

John B. Knight
Mrs. John B. Knight
6470 Greenway
Fort Worth, Texas

AFFIDAVIT

STATE OF TEXAS I
 COUNTY OF TARRANT I

RE: Pfc. Lee H. Oswald
 1653230 N.C.A.S.
 L-146-11 FPO
 San Francisco, Calif.

I, Mrs. Marguerite Oswald, of 3124 West 5th, Fort Worth, do on this 28th day of July, 1959, make the following statement concerning the need for my son, Pfc. Lee H. Oswald, 1653230, N.C.A.S. L-146-11, FPO, San Francisco, California to be given a discharge.

I need my son to provide for me since I am no longer able to work. In December 1958 some boxes fell on my face as I was reaching for them off a high shelf. At that time I was manager of the candy department for King Candy Company in the Fair Ridglen Department Store. At that time my face was badly swollen. I was examined by two doctors designated by Liberty Mutual Insurance Company, who insure the King Candy Company. These doctors told me "there was nothing wrong" and "to go back to work." I did go back to work at two different times, but was unable to complete a days work due to nasal drainage and great facial discomfort. A fifth doctor who examined me, Dr. J. R. Harris, an ear, eye, nose and throat specialist, advised me to "apply heat to the swollen area around an eye" and at that time one-half cup of infection drained out. "Everyone got scared" and realized that, although there was no fracture of the nose, I've not been well after all. So five weeks after the accident I began receiving \$29.00 a week disability payment. When my payments were discontinued, the insurance doctors being of the opinion that I was employable, I hired a lawyer, Mr. Jacks, to bring suit against King Candy Company. It is uncertain when the case will be up before the State Board of Insurance Commissioners.

In the meantime since I had no prospects of any income I sold all my furnishings for less than \$200.00 and took employment as a housekeeper at \$21.00 a week plus room and board. I stayed there only two weeks because my employer drank too much. I hope to find baby-sitting jobs but I cannot apply for an eight-hour-a-day job because my sinis are completely congested at night and I must apply steam to drain them, losing a part deal of sleep. Also I must constantly blow my nose.

My budget is as follows:

MONTHLY EXPENDITURES

<u>Item</u>	<u>amt. Per Month</u>	
Rent	55.00	Rent due on July 27
Food	60.00	
Utilities	Utilities furnished	
telephone	6.00	For installation plus first months rate 6.05
	6.05	
Transportation	25.00	
Insurance	3.70	For Life Insurance and Hospitalization
Clothing	none	
Medical		
physician	50.00	Does not go but should -Heat treatments and shots
drugs	10.00	
Veterans Adminis-	10.00	For reimbursement of employment for son on allotment
tration		from husband who was World War I Veteran. Est. 120.
TOTAL	<u>\$ 230.75</u>	

Mr. Lee H. Oswald
1453230 W. C. A. S.

Page 2

I have two other sons: Robert is married and is not able to help me since he has his own responsibilities.

My other son is John E. Po. He is in the Air Force and is presently stationed in Japan. He has a wife and three small children to support and is in no position to help me.

I have no money to use for living expenses and I must have my son at home now to provide for me.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 24 DAY OF
1961 AT FORT WORTH, TEXAS
My Commission Gladys Johnson
Expires 6-1-61 GLADYS JOHNSON, Notary Public
in and for Tarrant County, Texas

Mrs. Marguerite Oswald
Mrs. Marguerite Oswald
3124 West 5th
Fort Worth, Texas

LESTER L. HAMILTON, D. O.
PHYSICIAN AND SURGEON

CARL E. EVERETT, D. O.
PHYSICIAN AND SURGEON

HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD.
TELEPHONE PE 7-6142
FORT WORTH 7, TEXAS

July 21, 1959

To Whom it may Concern:

Mrs. Marguerite Oswald came to us Feb. 20, 1959 with traumatic arthritis of temporo-mandibular and cervical joints and also right maxillary sinusitis and 5th cranial nerve neuritis. She was last treated by us on May 26th, 1959 and was not well of her ailments at that time.

Sincerely

Lester L. Hamilton, D.O.

Lester L. Hamilton, D.O.
5725 Camp Bowie Blvd.
Fort Worth 7 Texas.

FN(45)

NOTICE OF OBLIGATED SERVICE

NAVMC 10271-PO (REV. 10-54)
 (SUPERSEDES (REV. 2-55) EDITION WHICH
 MAY BE USED FOR 6-YEAR OBLIGATIONS)

INSTRUCTIONS

Prepare in quadruplicate
 Original to Service Record Book
 Duplicate to CMC (Code DGM)
 Triplicate to member
 Quadruplicate to district director concerned
 X out those words which do not apply

NAME OF MEMBER CEWOLD, Leo Harvey	SERVICE NO. 1653230	RANK PFC E-2	ISS 6721
---	-------------------------------	------------------------	--------------------

1. You, having assumed the 6-year military service obligation prescribed by law upon your ~~(initial)~~ (enlistment) in the S. Marine Corps ~~(Reserve)~~, on 24 October, 1956 (Branch of Armed Forces initially entered)

and having served in the United States Marine Corps ~~(Reserve)~~ from 24 October, 1956, to 11 September, 1959, are hereby (released from active duty and transferred to the Marine Corps Reserve) ~~(released in the Marine Corps Reserve)~~ for the remainder of that 6-year period which ends on 8 December, 1962

unless sooner discharged. During that period you are deemed by law to be a member of the Marine Corps Reserve and will be subject to such training and service as is now or may hereafter be authorized by law for members of the Marine Corps Reserve.

2. You are (assigned to) ~~(assigned to)~~ the (Ready) ~~(Ready)~~ Reserve, Class (III) (III). You are further (transferred to) ~~(transferred to)~~ the Marine Air Reserve Training Command

(Unit or district) address of which is: Naval Air Station, Glenview, Illinois

(Unit or district address) You have given your future mailing address as: 3124 West 5th Street
Forth Worth, Texas

3. This Notice of Obligated Service executed for and on behalf of the United States Marine Corps at: _____ on 11 September, 1959

HEADQUARTERS AND HEADQUARTERS SQUADRON
 MARINE CORPS AIR STATION
 EL TORO (SANTA ANA), CALIFORNIA

By *A. G. Ayers, Jr.*
 (Signature and rank of officer executing notice)
A. G. AYERS, JR. Lt. USMCR

4. I hereby acknowledge receipt of this Notice of Obligated Service.

SIGNATURE OF MEMBER *Leo Harvey Cewold*

This is to certify that a copy of this Notice of Obligated Service was ~~(delivered to)~~ (delivered to) the man named above.

SIGNATURE *A. G. Ayers, Jr.*
A. G. AYERS, JR. Lt. USMCR

Ltr Dept of Navy (DNB-wmf), 24 Aug 59, Basic allowance for quarters, case of
PFC (E 2) Lee H. OSWALD, 1653230, USMC

1st Ind (ARFDA-21)

4 September 1959

HQ, AFAPC, 3800 York Street, Denver 5, Colo

TO: Commandant of the Marine Corps, Department of the Navy, Hq U.S. Marine
Corps, Washington 25, D. C.

There is no record of Class Q or E allotment authorized by S/Sgt John E. Pic,
AF 1131 3239, payable to mother, Marguerite Oswald.

FOR THE COMMANDER:

for
A. P. RENO

Allotment and Retired Pay Division

*file
Hwy*

Department of the Navy
Edqs. United States Marine Corps
Washington 25, D. C.

4 September 1959

DAB-wmf
1653230

Re: FFC Lee H. OSWALD, 1653230, USMC

Attn: R. A. Cooley
Major, U.S. Marine Corps

Dear Sir:

- I. At the present time, my monthly gross income from all sources is none from wages, contributions, pensions, social security, and compensations. I have no income.

In the last 12 months, August to December 1958, I received \$200 a month from wages, contributions - none, pensions - none, social security and compensations - none. Then January thru May 1959, I have received the Workers Disability Compensation of \$29 a week, which totaled \$543.

From May until the present time, I have had no income nor reserve amount to draw upon. I have had to sell my furniture in order to pay my rent and food bills. It sold for less than \$200 and during this time, my cocker spaniel dog had puppies which I sold for \$55. This has helped me, but now my funds are exhausted and I have no income and am unemployable since I am under the care of two doctors and must go every day.

- II. I am a widow and live alone.
- III. I have not worked since December 5, 1958, which was the date of my accident. My gross monthly pay was \$200 a month and the name and address of my last employer - King Candy Company, 813 East 9th, Fort Worth, Texas.

FFC Lee H. OSWALD, 1653230, USMC - page 2

I received \$116 a month from Disability Compensation from the months January thru May 26, 1959. I have no spouse.

IV. Doctor's statement attached.

V. I have not received the Workers Disability Compensation since May 26, 1959.

Mrs. Marguerite C. Oswald
(Mrs.) Marguerite Oswald
3124 West 5th Street
Fort Worth, Texas

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4 DAY OF

Sept. 1959 AT FORT WORTH, TEXAS

Commission

2-1-61

Helen Wollner
HELEN WOLLNER, Notary Public
in and for Tarrant County, Texas

REX J. HOWARD, M.D., F.A.C.S.

DRS. HOWARD & KLEUSER

ORTHOPAEDIC SURGERY
830 FIFTH AVENUE
FORT WORTH 4, TEXAS

L. P. KLEUSER, M.D.


September 4, 1959

TO WHOM IT MAY CONCERN:

Re: Mrs. Margurite Oswald

The above named patient has traumatic arthritis in the joint between C-3-4 on the right. She is having considerable pain, and spasm in the trapezius muscle. She is up and around, but is not able to do heavy work requiring long standing.

Signed


REX J. HOWARD, M.D., F.A.C.S.

RJH:jo

Fort Worth, Texas
Sept. 3, 1959

The American Red Cross
Fort Worth, Texas

Gentlemen:

I have been treating Mrs. Marguerite Oswald since Sept. 5, 1959, for Acute Nasopharyngitis. She will be under treatment for about six or eight months. Her bill to date has been \$33.00. The cost in the future will be about \$20.00 per month.

Yours sincerely,

Rex Z. Howard M.D.

Rex Z. Howard, M.D.

REX Z. HOWARD, M. D.
Suite 511-12 Medical Arts Bldg.
Fort Worth, Texas

Aff sent 31 Jul 59

DEPARTMENT OF DEFENSE PARENT'S DEPENDENCY AFFIDAVIT <i>(Dependents' Assistance Act of 1950)</i>		BUDGET BUREAU NO. 29-2024 <i>Approval emblem April 28, 1953</i>	
INFORMATION RELATIVE TO SERVICE MEMBER			
SERVICE OR FILE NUMBER 1653230	SERVICE MEMBER'S LAST NAME—FIRST NAME—MIDDLE NAME OSWALD, Lee Harvey	GRADE PFC	CLASS
1 <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> MC <input type="checkbox"/> OTHER (Specify)		STATION OR SHIP ADDRESS M.C.A.S. 9M.C.A.F. Santa Anna, Calif.	
INFORMATION RELATIVE MY/OUR DEPENDENCY UPON SERVICE MEMBER NAMED ABOVE			
A NAME OF SERVICE MEMBER'S MOTHER Marguerite Oswald	ADDRESS 3124 West 5th Ft. Worth, Texas	DATE OF BIRTH July 19, 1907 52	
B NAME OF SERVICE MEMBER'S FATHER Robert E.L. Oswald	ADDRESS Deceased	DATE OF BIRTH not known	
(NOTE: When this application is for one parent only, check the following as it applies)			
3 <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> LIVING APART UNDER A LEGAL SEPARATION <input type="checkbox"/> OTHER (Specify)		IF YOUR HUSBAND OR WIFE IS DECEASED OR IS DIVORCED OR SEPARATED FROM YOU, STATE DATE OF DEATH, DIVORCE, OR SEPARATION.	MONTH August
			YEAR 1939
IF YOU DO NOT MAINTAIN YOUR OWN HOUSEHOLD, GIVE THE FOLLOWING INFORMATION ABOUT PERSON WITH WHOM YOU LIVE:			
4 NAME AND ADDRESS Does not apply		RELATIONSHIP	MONTHLY PAYMENT FOR ROOM AND MEALS
5 I/WE <input checked="" type="checkbox"/> DID <input type="checkbox"/> DID NOT FILE A FEDERAL INCOME TAX RETURN FOR PAST CALENDAR OR FISCAL YEAR. IF TAX RETURN WAS FILED, IT WAS FILED WITH COLLECTOR OF INTERNAL REVENUE AT: (City and State) Dallas, Texas			
A PRESENT OCCUPATION OR BUSINESS OF SERVICE MEMBER'S FATHER Deceased		NAME AND ADDRESS OF EMPLOYER (If unemployed, state reason)	
B PRESENT OCCUPATION OR BUSINESS OF SERVICE MEMBER'S MOTHER Not employed		NONE	
MY CHILDREN (Including adopted and stepchildren) NOW SERVING IN THE ARMED SERVICES OF THE UNITED STATES:			
LAST NAME — FIRST NAME — MIDDLE NAME	GRADE	MILITARY ADDRESS	BRANCH OF SERVICE
Pic, John E.	S/ Sgt.	AF 11313239 Box 3 21, U.S.A.F. Hosp. APO 323, San Francisco, Calif.	AF
Oswald, Harvey Lee.	Pfc.	1653230 M.C.A.S. 9M.C.A.F. San Anna, Calif.	Marines
			son

MY CHILDREN NOT LISTED IN ITEM 7 (Not serving in the Armed Services of the United States):

NAME AND ADDRESS	RELATION	AGE	MAR. / DIV.	SINGLE	OCCUPATION (If unemployed, so state)	MONTHLY INCOME	MONTHLY CONTRIBUTIONS TO HEAD
Robert L. Oswald 7313 Davenport	SON	25	X		salesman for Boswell's Daries	unknown	None

LIST ALL REAL ESTATE AND PERSONAL PROPERTY, INCLUDING CASH, STOCKS, BONDS, ETC., OWNED BY YOU AND YOUR HUSBAND (or wife). (Do not include furniture or household equipment.)

DESCRIPTION	VALUE	MORTGAGES, LIENS, ETC., THEREON
None		

LIST ANY LARGE DEBTS OWED BY YOU OR YOUR HUSBAND/WIFE:

DESCRIPTION	AMOUNT
Doctor bills May be paid by insurance company if I win pending suit.	approx. \$500

MY/OUR TOTAL INCOME FOR PAST YEAR FROM SOURCES LISTED:

SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL INCOME FOR THE PAST YEAR	SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL INCOME FOR THE PAST YEAR
WAGES OR SALARIES		1863.00	INSURANCE OR PRIVATE PENSION PAYMENTS	None	None
INTEREST ON BONDS, INVESTMENTS, SAVINGS	None	None	U. S. GOVERNMENT SOCIAL SECURITY PAYMENTS (Old-Age and Survivors Insurance)	"	"
SALES OF LIVESTOCK OR POULTRY	"	"	UNEMPLOYMENT OR DISABILITY COMPENSATION	"	583.80
SALE OF FARM PRODUCE	"	"	ASSISTANCE FROM STATE OR LOCAL WELFARE AGENCIES	"	"
RENTS RECEIVED FROM PROPERTIES	"	"	OTHER INCOME (Specify)	"	"
INCOME FROM BOARDERS OR ROOMERS	"	"			
ALIMONY OR PAYMENTS FROM DIVORCED OR SEPARATED HUSBAND OR WIFE	"	"			
CONTRIBUTIONS FROM OTHERS (Excluding member named in Item 1)	"	"			