



NV07025047

KENNEY JOSEPH

001021794

RG 024

N. Nav. 150.

102 17 94

CLASS

4

JOSEPH

4-2041

DIRECTIONS TO CLERKS.

The following letters should be used in the first column on the front of this jacket to indicate--

E for enlistment.

T for transferred.

CR for change of rating.

R. for deserted.

DEL for delivered.

BUR for surrendered.

DD for died,

DIS for discharged.

THE LETTERS—

AA for acting appointment.
DA for

PA for permanent appointment.

MEN WHO GRADUATE THE CLASS SHOULD
BE GIVEN--

POC for petty officers' class.

SGC for seaman gunner class.

EH for electrical class.

MC for machinist class.

AC for artificer class.

YC for yeoman class.

Meeker

Pin

Beer

Bar

Barry

33347

ENROLLMENT RECORD

NAVAL RESERVE FORCE

CLASS 4

SURNAME,

CHRISTIAN NAME,

ENROLLED AS,



ENROLLED AT,

DATE OF ENROLLMENT,

Navy Yard, Boston, Mass.

DISCHARGED AT,

JUN 24 1921

DATE DISCHARGED,

DISCHARGED AS,

SND-1
R10:41P

REPORT OF EXAMINATION

Candidates Name Kenney, Joseph Rate M.M.1c

U.S. Newport Section Date of examination Mar 6 19 19 D

Scale of marks: 4, excellent; 3.5, very good; 2, fair; 1, in-difference; 0, bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2 in each subject, and minimum average of 2.5.

Subject	Marks	Subject	Marks	Subject	Marks	Subject	Marks	Subject	Marks
A	S-1	B-5	M-7	Y-1					
B	S-2	B-6	N-7	Y-2					
C	S-3	B-7	O-7	Y-3					
D	S-4	B-8		ART. 23					
E	S-5	B-1		" 31					
F	S-6	B-2	Q-1	" 39					
G	S-7	B-3	Q-2	PAR. 1:					
H	S-8	B-4	Q-3	" 2:					
I	S-9	B-5	Q-4	ART 40:					
J	S-10	B-6	Q-5	PAR 1:					
K	S-11	B-7	M-1	" 2:					
L		B-8	M-2	" 3:					
M	A-G	B-9	B-1	" 4:					
N	B-G		B-2	Profile-					
O	C-G	A-T	B-3	ency					
P	E-G	B-T	B-4						
Q	F-G	C-T	B-5						
R	G-G	L-T							
S	H-G	D-T	G-1						
T	I-G	F-T	G-2						
U	J-G	G-T	G-3						
V		H-T	G-4						
W	b-1	I-T	Q-1						
X	b-2	J-T	Q-2						
Y	b-3	K-T	Q-3						
Z	b-4	L-T	Q-4						

no sea duty

Final Average

We certify that we deem the candidate fully qualified for the rating of and do not Recommend him for said rating Not confirmed

Whitchard

(RANK) Ensign, U. S. N. R. F.

Seldon James

Ensign, U. S. N. R. F.

D. J. Subin

Ensign, U. S. N. R. F.

Seaman A to Z, S-1 to S-11
Gun Captains A to Z, S-1 to S-11
A-G to J-G
Coxswain's and Boatswain's Mates
A to Z, S-1 to S-11 Art. 23 B-1

Chief Boatswain's Mates
Art. 31, B-1 to B-5
Chief Gunner's Mates, Art. 31
G-1 to G-4
Chief Turret Captains Art

Name

Penney
 (Surname first)
Joseph
 (Christian name.)

U. S. S.

New York, N. Y.
 (Place.)

June 25 1917
 (Date.)

Under the provisions of the act approved August 29, 1916, all officers and men of the Naval Reserve Force shall, when *actively employed*, be entitled to the same pay, allowances, gratuities, and other emoluments as officers and enlisted men of the ~~naval~~ service on active duty of corresponding rank.

Under the provisions of the act approved August 22, 1912, and as modified by the act approved August 29, 1916, relating to the payment of six months' pay to the widow or children or dependent relative of any officer or enlisted man on the active list of the U. S. Navy, U. S. Naval Reserve Force, or Marine Corps who dies from wounds or disease not the result of his own misconduct, I give below the name and address of my wife and the name and address of each of my children.

Not

(Full name of wife; if not married, so state.)

(Address of wife.)

(Full name of child; if none, so state.)

(Address of child.)

(Full name of child.)

(Address of child.)

(Full name of child.)

(Address of child.)

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

Father
 (Relationship.)

Thomas Penney
 (Name in full.)

527 Plymouth Ave
 (Address.)

Dorchester
Mass

(On lines above state briefly wherein dependency consists, such as "allotments registered," "monthly contributions by Government check," etc.)

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

Mother

(Relationship.)

Anne Kennedy

(Name in full.)

527 Plymouth Ave

(Address.)

Gallegos
Mass

*State briefly wherein dependency consists.

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing beneficiary slip are true to the best of my knowledge and belief.

Joseph Kennedy

(Name.)

M M i c, U. S. N. R. F.

(Rating.)

Subscribed and sworn to before me, this

28 day of June, 1917

[SEAL.]

H. H. Herring

Ensign U. S. N. R. F.

Enrolling Officer

INSTRUCTIONS.

Two of this form are fastened in each record. When a man is enrolled both forms will be executed; one removed from the service record and filed with the shipping articles, the other to remain in the record.

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries should be carefully stated. If a married woman, her own Christian name should be given, not that of her husband; thus, "Mrs. Anna May Smith," not "Mrs. John Smith."

New beneficiary slips should be filled out and forwarded to the Commandant of the Naval District to which the man is attached in all cases in which such action becomes necessary by reason of change in the status of the officer or man, or of his beneficiaries, due, for example, to marriage, death, birth of children, or the fact that a designated beneficiary should cease to be dependent. In any event payment will be made to the widow or children, if any, of the officer or enlisted man, whether designated or not.

HEADQUARTERS, SECOND NAVAL DISTRICT

NEWFORT, RHODE ISLAND.

Name Kenney, Joseph. ----- Rate M.M.lc. -----

<u>Called to</u> <u>Active</u> <u>Service.</u>	<u>Present</u> <u>Station</u>	<u>Changes of</u> <u>Rating</u> <u>With Date.</u>	<u>Vol. for</u> <u>Class</u>	<u>Qualified</u> <u>for duty</u> <u>in Class</u>	<u>Resident of</u> <u>Congressional</u> <u>District.</u>
6/28/17	Material Section.	None.	4	4	15 (Mass.)
Gen. Service.					

Fall River, Mass.

UNITED STATES NAVAL RESERVE FORCE

1021794

(Ship or station.)

(Date.)

ENROLLMENT of Kennedy Joseph on the 25 day

of

(Full name, surname to the left.)

June 25, 1917, as

(Rate.)

I Joseph Kennedy, applicant for enrollment in the rating of M Mic in the C-4 (Class of reserve.) of the United States Naval Reserve Force, and being of good habits and character in all respects,

do affirm that I am mentally and physically qualified to perform the duties of the rating in which I am about to enroll. I am not at this date an officer or an enlisted man in any branch of the Military Service of the United States or any State thereof, nor will I accept such employment while enrolled in the United States Naval Reserve Force.

My occupation is Machinist; Citizenship* U.S.; Placeof birth Fall River Mass; Date of birth Jan 27 1892; Name and addressof beneficiary or next of kin Thomas Kennedy; Factor; 527 Plymouth St (Name.) (Relation.) (Address)

I have not served in the Navy; I hold Continuous Service Certificate No. _____; I first enlisted in the Navy _____ (Strike out "not" if necessary.) (Date.)

at _____ and was last discharged _____ from the U. S. S. _____ (Place.)

with _____ discharge as _____; I first enrolled in the Naval Reserve Force _____ (Honorable or ordinary.) (Rating.) (Date.)

at Newport R.I. and was last discharged from the Naval Reserve Force _____ I agree (Place.) (Date.)to and with Ensign N. L. Auerick of the United States Navy, in manner and form following, that is to say: (Name of enrolling officer.)I AGREE, for and in consideration of the authorized retainer and active duty pay, to enroll in the _____ Class 4 (Class of reserve.)United States Naval Reserve Force, under the provisions of the act of Congress making appropriations for the Naval Service, for the fiscal year ending June 30, 1917, and for other purposes, approved August 29, 1916, to serve four years from June 25 1917, 19

(Signature of applicant in own handwriting.)

I CERTIFY to the foregoing signature; that I have inspected the above-named man; that he is not intoxicated, and that in accepting him I have observed the regulations which govern enrollment in the Naval Reserve Force.

U. S. Enrolling Officer.

Age 25 years 5 months; Height 5 feet 7 1/4 inches; Weight 120 lbs.; Eyes blue; Hair reddish br.Complexion ruddy; Personal characteristics, marks, etc., 1/4" scar on chin; vac. scar l.arm: 6 in scar right lumber regions

I CERTIFY that I have carefully examined the above-named man, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing the duties of the rating for which he is an applicant.

I, Joseph Kennedy, do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the Rules and Articles for the government of the Navy.

And I do further swear (or affirm) that all statements made herein by me are correct.

Subscribed and sworn to before me this 25 day of

(Signature of man enrolling in own handwriting.)

Command _____ U. S. U. S. N. R. F.

* CITIZENSHIP.—Native born, use initials "U. S.;" naturalized, "N. U. S.;" Enrolling Officer.

This form to be used for all classes of the Naval Reserve Force except the Fleet Naval Reserve.

4-2917

Commandant

4 NCDR

ACCOUNT CARD, NAVAL RESERVE FORCE.

TO BE USED FOR ALL CLASSES EXCEPT 1-C AND 1-D. DO NOT FOLD. FOLLOW STRICTLY INSTRUCTIONS ON OTHER SIDE.

Quarterly pay 5.00
Qualified as 1st Lt
Dates 25 Jun 17
This is to certify that—
Joseph Kenney,
(Christian name in full.)
Address 527 Plymouth Ave., Fall River, Mass.,
Enrolled in Class 4
on June 25, 1917.
(Date.)

REMARKS.

RESERVE SERVICE RECORD.

Dates of Enrollments. Dates of Discharges.

June 25/17

Total previous naval service: yrs.

mos. Rating

Last honorably discharged from the U. S. S.

NUMBERS OF CHECKS BY WHICH PAYMENTS WERE MADE.

Year 19 19 19 19

1st Qtr 2d Qtr

Lieut. (jg) XUSMRT, USN

DO NOT FILL OUT THIS PART.

S. and A. Form 42.
Form approved by
Comptroller of Treasury
August 5, 1915.
4-2809

QUARTER, 19				QUARTER, 19				QUARTER, 19			
Quarterly Pay.	Months.	Days.	Amounts.	Quarterly Pay.	Months.	Days.	Amounts.	Quarterly Pay.	Months.	Days.	Amounts.
NAVY SERVICE RECORD Totals NAVY SERVICE RECORD Totals NAVY SERVICE RECORD Totals											

INSTRUCTIONS.

This form to be made out in triplicate, i. e., two thick copies and one thin one, on typewriter by the officer enrolling the reserve and forwarded to the Navy Disbursing Officer, Bureau of Supplies and Accounts, Navy Department, Washington, D. C., who will complete them and return the thin copy to the enrolling officer to be filed in the reserve's service record. When writing the three copies the thin one must be placed between the two thick copies in order that one of the latter may be the original. Whenever a reserve reenrolls a new set of cards must be made out and forwarded.

Record of previous enrollments must be noted thereon in space provided.

2. In writing the reserve's name the Christian name in full, followed by the surname, must be stated, e. g., John Henry Brown.

In stating the date of enrollment the month must be written as follows: Jan., Feb., etc., and not expressed by the numerals 1, 2, etc.

When a reserve qualifies in his rank or rating, thereby changing his rate of pay, or when it is affected by forfeiture, discharge, or death, etc., notice in triplicate, in writing, not using account card, must be sent to the Navy Disbursing Officer. One copy will be indorsed and returned as acknowledgment to the officer from whom received. If such acknowledgment is not received within a reasonable time, new notices should be sent.

All notices of change of address to be made singly and forwarded to the Navy Disbursing Officer, using post-card form.

All communications with reference to a reserve must state his rank or rating and class of service in which he enrolled. Only one reserve affected must be referred to in the same notice, i. e., a separate notice must be sent in the case of each.

Do not fill out spaces for quarterly pay, naval service record, record of check numbers by which payments were made, and amounts due for fractional quarters.

Avoid sending duplicate sets of cards. Duplicate payment is liable to result.

RESERVE SERVICE RECORD

REMARKS

Totals

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DO NOT FILL OUT THIS PART

Commandant

DO NOT FILL OUT THIS PART

4-2899

June 25/1917

I have this date examined Joseph Kenney (Name) and find him to be qualified for the provisional rating of MM1C (Class of Naval Reserve), in class Class 4 (Class of Naval Reserve), United States Naval Reserve Force, and recommend him for said rating.

M. J. Hermin
Ensign U. S. N. R. F., U. S. N.
Enrolling Officer.

I have this date examined the above-named man and find him qualified for confirmation in the rating of _____ (Date.)
_____, in class _____, United States Naval Reserve Force.
(Class of Naval Reserve.)

_____, U. S. N.
This form will be filled out and signed by officer who examines man for enrollment, and again when man is first examined for confirmation in his rating. Subsequent examinations for advancement in rating will not be inserted in record, but note will be made on pages 4 and 8.
4-2934

rollments, 1 _____ U. S. _____
ial No. _____ at _____

ENROLLMENT RECORD

OF

me Kenney, Joseph
te MM1C Enrolled June 25 1917, 19____
Newport, R. I. to serve 4
rs from June 25 1917, 19____, in the

Class 4.

(Class of reserve.) _____, United States Naval

serve Force. Citizenship U. S. (U. S. or N. U. S.)

ce of birth Fall River, Mass

te of birth Jan 27, 1892 Home

ress: 527 Plymouth (Street No., city, and State.)

me and address of next of kin Father (Relation.)

Thomas Kenney (Name and address.)

527 Plymouth

Fall River, Mass

M. J. Hermin

Ensign U. S. N. R. F.

Enrolling Officer. _____, U. S. N.,
Enrolling Officer.

The above to be executed and signed at the rendezvous or on board the vessel
re man is enrolled. The abbreviations, for citizenship will be used as follows:
., Native-born citizen of the U. S.; N. U. S., Naturalized citizen of the U. S.;
P., citizen of Insular Possessions of U. S. Citizens of the Insular possessions
be enrolled in the Naval Auxiliary Reserve, but in no other class.)

4-2934

Account cards prepared and mailed

AUG

1917

(DATE)

June 25 1917

I have this date examined Joseph Kenney (Name) and find him to be qualified for the provisional rating of MM1C (Class of Naval Reserve), in class Class 4, United States Naval Reserve Force, and recommend him for said rating.

M. J. Herrell
Ensign U. S. N. R. F., U. S. N.
Enrolling Officer.

I have this date examined the above-named man and find him qualified for confirmation in the rating of _____ (Date), _____ United States Naval Reserve Force, _____ (Class of Naval Reserve).

This form will be filled out and signed by officer who examines man for enrollment and again when man is first examined for confirmation in his rating Subsequent examinations for advance _____, U. S. N.

Enrollments, 1 _____ U. S. _____

Serial No. _____ at _____

ENROLLMENT RECORD

OF

Name Kenney, Joseph
Rate MM1C Enrolled June 25 1917, 19____
at Newport, R. I. to serve 4
years from June 25 1917, 19____, in the

Class 4, United States Naval
(Class of reserve.)

Reserve Force. Citizenship U. S.
(U. S. or N. U. S.)

Place of birth Fall River, Mass

Date of birth Jan 27, 1892 Home

address: 527 Plymouth
(Street No., city, and State)

Name and address of next of kin Gatherer
(Relation.)

Thomas Kenney
(Name and address.)

527 Plymouth

Fall River, Mass

M. J. Herrell

Ensign U. S. N. R. F., U. S. N.,
Enrolling Officer.

(The above to be executed and signed at the rendezvous or on board the vessel where man is enrolled. The abbreviations, for citizenship will be used as follows: U. S., Native-born citizen of the U. S.; N. U. S., Naturalized citizen of the U. S.; C. I. P., citizen of Insular Possessions of U. S. Citizens of the Insular possessions may be enrolled in the Naval Auxiliary Reserve, but in no other class.)

4-2934

Account cards prepared and mailed AUG 1917
(DATE)

DESCRIPTIVE LIST.

Age, ⁵25 years 5 monthsHeight, 5 feet 7 1/4 inchesWeight, 120 lbs.Eyes, blue Hair, red brownComplexion, Ruddy

Personal characteristics, marks, scars, etc.,

1/4 inch s. on chinVacc. s. l. armFire scar right
lumber regions

PREVIOUS NAVAL SERVICE.

Total naval service _____ years.

First enlisted _____, 1

as _____;

Last discharged _____, 1

From the U. S. _____

with _____ discharge.

PREVIOUS SERVICE IN NAVAL RESERVE
FORCE.

First enrolled in Naval Reserve Force, Class

_____ ; total Reserve service

years; classes _____

Last discharged _____, 19

from the _____ Naval District

_____, U. S. N.,
Enrolling Officer.

Record of *Henry Joseph*

SHIP OR STATION.	T. Dis. R. D.D.	DATE. (Enter dates of change in rating.)	RATE.	Proficiency in rating.	SPECIAL QUALIFICATIONS.		CONDUCT.		Recommended for reenroll- ment.	Rating best qual- ified to fill.
							Sobriety.	Obedience.		
HEADQUARTERS, SECOND NAVAL DISTRICT										
1 NAVAL STATION.		6-25-11	M.M.C.							
2 Headquarters, Second Naval District		6-28-17	M.M.C.		Reported this date.					
3 Newport Sect. - Material Officer.		6-30-17	M.M.C.		Quarterly report - Less than a month.					
4 Newport Sect. - Material Officer.		8-5-17	M.M.C.	3.5	Quarterly report.		4	4	Y	M.M.C.
5 Material Officer.		9-30-17	M.M.C.	3.6	Quarterly report.		4	4	Y	M.M.C.
6 Material Officer.		12-30-17	M.M.C.	3.8	Quarterly report.		4	4	Y	M.M.C.
7 Material Officer.		3-31-18	M.M.C.	3.8	Quarterly report.		4	4	Y	M.M.C.
8 Material Section		6-30-18	M.M.C.	3.8	Quarterly Reports		4	4	Y	M.M.C.
9 Material Section		9-30-18	M.M.C.	3.8	Quarterly Reports		4	4	Y	M.M.C.
10 Material Section		12-30-18	M.M.C.	3.8	Quarterly Reports		4	4	Y	M.M.C.
11 Newport Section		3-8-19	M.M.C.	3.8	Rating not confirmed.		4	4	Y	M.M.C.
12 Headquarters, Second Naval District.		3-6-19	M.M.C.							

4-2834

13 Headquarters, Second Naval District.		3-8-19	M.M.C.							
14 District Personnel Office		JUN 24 1921	M.M.C.							
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50										
FINAL AVERAGE,				3.7						

4-2834

Record of *Hennery Joseph*

SHIP OR STATION.	T. DIS. R. D. D.	DATE. (Enter dates of change in rating.)	RATE.	Proficiency in Rating.	SPECIAL QUALIFICATIONS.		CONDUCT.		Recommended for reenroll- ment.	Rating best qual- ified to fill.
							Sobriety.	Obedience.		
HEADQUARTERS, SECOND NAVAL DISTRICT										
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FINAL AVERAGE,					39			64		

DATE.	MERITORIOUS CONDUCT WORTHY OF SPECIAL MENTION; OFFENSES AND PUNISHMENTS; ISSUE AND REVOCATION OF APPOINTMENTS; ADVANCEMENT OR REDUCTION IN RATING.	SIGNATURE OF COMMANDING OFFICER.
1 6-25-17	<i>Enrolled</i>	<i>W. L. Herrick</i>
2 6-28-17	<i>Reported.</i> Record Clear	
3 6-30-17	Quarter ending this date. Record Clear	
4 8-5-17	Record Clear	
5 9-30-17	Quarter ending this date. Record Clear	L. S. TREADWELL
6 12-30-17	Quarter ending this date. Record Clear	L. S. TREADWELL
7 3-31-18	Quarter ending this date. Record Clear	L. S. TREADWELL
8 6-30-18	Record Clear	L. S. TREADWELL
9 9-30-18	Record Clear	L. S. TREADWELL
10 12-30-18	QUARTER ENDING THIS DATE. RECORD CLEAR	L. S. TREADWELL
11 3-8-19	RECORD CLEAR	J. T. ROWLAND
12 3-6-19	Rating not confirmed?	D. R. HUNNEMAN

13 3-8-19	Inactive duty.	D. R. HUNNEMAN
14 JUN 24 1921	Honorable Discharge, Expiration of Enrollment.	<i>John I. Helam</i>
15 2-22-22	Awarded Victory Medal and 2nd Class	W. D. ...
16		
17		
18		
19		
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21		
22		
23		
24 4-20-24		

SIGNATURE OF COMMANDING OFFICER.

MERITORIOUS CONDUCT WORTHY OF SPECIAL MENTION; OFFENSES AND PUNISHMENTS;
ISSUE AND REVOCATION OF APPOINTMENTS; ADVANCEMENT
OR REDUCTION IN RATING.

DATE.

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4-2934

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4-2934

NOTE.—Detail as gun captain, gun pointer, coxswain of power boats, ice machine, evaporator, steersmen, steering engine, etc.

[illegible]

DETAILS.

[illegible]

Name

(Surname first.)

(Christian name.)

U. S. S.

(Place.)

June 25 1917

(Date.)

Under the provisions of the act approved August 29, 1916, all officers and men of the Naval Reserve Force shall, when *actively employed*, be entitled to the same pay, allowances, gratuities, and other emoluments as officers and enlisted men of the naval service on active duty of corresponding rank.

Under the provisions of the act approved August 22, 1912, and as modified by the act approved August 29, 1916, relating to the payment of six months' pay to the widow or children or dependent relative of any officer or enlisted man on the active list of the U. S. Navy, U. S. Naval Reserve Force, or Marine Corps who dies from wounds or disease not the result of his own misconduct, I give below the name and address of my wife and the name and address of each of my children.

Not
(Full name of wife; if not married, so state.)

(Address of wife.)

(Full name of child; if none, so state.)

(Address of child.)

(Full name of child.)

(Address of child.)

(Full name of child.)

(Address of child.)

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

(Relationship.)

(Name in full.)

(Address.)

(On lines above state briefly wherein dependency consists, such as "allotments registered," "monthly contributions by Government check," etc.)

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

Mother
 (Relationship.)
 Anne Kinnery
 (Name in full.)
 527 Plymouth Ave
 (Address.)
 Fall River
 Mass

*State briefly wherein dependency consists.

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing beneficiary slip are true to the best of my knowledge and belief.

Joseph Kinnery
 (Name.)
 M M 7 C, U. S. N. R. F.
 (Rating.)

Subscribed and sworn to before me, this

28 day of June, 1917

[SEAL.]

M. J. Kinnery
 Ensign U. S. N. R. F.
 Enrolling Officer

INSTRUCTIONS.

Two of this form are fastened in each record. When a man is enrolled both forms will be executed; one removed from the service record and filed with the shipping articles, the other to remain in the record.

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries should be carefully stated. If a married woman, her own Christian name should be given, not that of her husband; thus, "Mrs. Anna May Smith," not "Mrs. John Smith."

New beneficiary slips should be filled out and forwarded to the Commandant of the Naval District to which the man is attached in all cases in which such action becomes necessary by reason of change in the status of the officer or man, or of his beneficiaries, due, for example, to marriage, death, birth of children, or the fact that a designated beneficiary should cease to be dependent. In any event payment will be made to the widow or children, if any, of the officer or enlisted man, whether designated or not.

4-2934

NAME OF MEMBER

NO. NAVY. 010.

CLASS 4 USNR
 (Class of reserve.)

During period of active service for {Training War} carried on my rolls, viz:

From June 28, 1917 to Sept. 30, 1917, issued uniform gratuity in amount of \$ 60.00

During period of active service for {Training War} carried on my rolls, viz:

From , 191 , to , 191 , issued uniform gratuity in amount of \$

During period of active service for {Training War} carried on my rolls, viz:

From , 191 , to , 191 , issued uniform gratuity in amount of \$

During period of active service for {Training War} carried on my rolls, viz:

From , 191 , to , 191 , issued uniform gratuity in amount of \$

During period of active service for {Training War} carried on my rolls, viz:

From , 191 , to , 191 , issued uniform gratuity in amount of \$

During period of active service for {Training War} carried on my rolls, viz:

From , 191 , to , 191 , issued uniform gratuity in amount of \$

4-3111

(Signature of supply officer.)
 Paymaster General, U.S.N.

(Signature of supply officer.)

(Signature of supply officer.)

(Signature of supply officer.)

(Signature of supply officer.)

(Signature of supply officer.)

4-2908

Discharged at Navy Yard, Boston, Mass.

on account of E.P. of Enroll

this 24 day of June, 1921

Recommended for reenrollment. Yes-No.
(Erase one.)

U. S. District Personnel Office

Navy Yard, Boston, Mass.

John Thelton, U. S. N., 1st
Comdr.

Post-office address after discharge:

527 Plymouth Ave
Fall River
Mass.

Disbursing Office, 2nd Naval Dist.

Mar 8 1919

Total pay per month 66.50

Balance due and paid 144.29

Ins. Prem. chgd. for 60.00 paid

Cam. All. 3.35 chgd. for Mar 1919

Allot. 6a B 4.00 chgd. for Mar 1919

Allot. 6a none chgd. for none

J. M. Smith
Lieut. Ensign (Pay Corps) U. S. N. Na
Disbursing Officer Schnotala
Lieutenant (Pay Corps)
Disbursing Officer

Discharged at Navy Yard, Boston, Mass.

on account of Exp of Enroll

this 24 day of June, 1921

Recommended for reenrollment. Yes-No.
(Erase one.)

U. S. District Personnel Office

Navy Yard, Boston, Mass.

John Thelander, U. S. N., 1st
Comdr.

Post-office address after discharge:

527 Plymouth Ave
Fall River
Mass.

4-2034

[Faint handwritten notes on a piece of paper attached to the bottom left of the form, including "Plymouth Ave" and "Fall River"]

I hereby returning for general duty with the fleet,
or in whatever capacity may be qualified to fill, or
wherever my services may be needed.

Joseph Kinnear

In case of death, discharge,
desertion or release from
active service, this record
shall be returned at once to
Commandant,
Second Naval District,
Newport, R. I.

3 NC4A TC 2 9-25-87 V.3.
ROUT/COLOR-CODE.....C/O DATE.....SEARCHER.....ADDRESS-CODE 13
SSAN/SN NAME SVC-CODE REGISTRY-NO.
026 05 2901 NOT FOUND RUN DATE 09/22/87
001 02 1794 BALDWIN JAMES X QM P 0000 653 868 RUN TIME 18.50
001 02 1794 CYPLOCK JOSEPH QM P 0000 653-868 RUN PAGE 01347
INQ PAGE 00001

=====REQUEST FOR INFORMATION VA FORM 70-3101-4 JUL 1986=====

DATE 09-19-87 VA-INS-NO. VA-FILE-NO. 026 05 2901
TYPE-OF-REQUEST ORIGINAL 1.NAME KENNEY, JOSEPH, SR -
TYPE-OF-CLAIM BURIAL 2.SSAN 026-05-2901
3.SERVICE-BRANCH NAVY
DATA-REQUESTED SERVICE 4.DATE-OF-BIRTH 01-27-92
5.PLACE-OF-BIRTH
6.DATE-OF-DEATH 08-23-87

VETERANS ADMINISTRATION (304)
380 WESTMINSTER MALL
PROVIDENCE RI 02903 ORIGINATING-UNIT ADJUDICATION 2123

7. ENT 8. SEP 9. 10. SVC 11. LAST GRADE, RATE, 12. SEP FOR
ACT DUTY ACT DUTY CHAR NUMBER RANK, AND/OR ORGANIZATION ON FILE
A 06-28-17 03-08-19 HON 01021794 NO
B

13. SUBSEQUENT-RES/RET-STATUS NONE 14. TERMINAL-DATE 15. RET-STATUS

16. ALLEGED DISEASE/INJURY 17. TREATMENT-DATES 18. PLACE-OF-TREATMENT 19. TYPE

20.

() AVAILABLE (X) ITEMS 1, AND 2 OR 10 () ITEMS 1, AND 2 OR 10
REQUESTED RECORDS (WHICHEVER WAS THE IDENTIFIER) (WHICHEVER WAS THE IDENTIFIER)
FORWARDED. AND 7-9 VERIFIED CORRECT. AND 7-9 VERIFIED CORRECT, EXCEPT

ENCLOSURES () X-RAYS () CLINICAL RECORDS . SIGNATURE AND TITLE . DATE
() HEALTH RECORDS () DENTAL RECORDS .
() ENTRANCE PHYSICAL () MEDICAL RECORDS .
() SEPARATION PHYSICAL () OTHER RECORDS .
N-C 10-2-87
11/1

ROUT/COLOR-CODE.....3ND4A.....C/O DATE.....4-25-87 U.S.....SEARCHER.....ADDRESS-CODE 13
SSAN/SN NAME SVC-CODE REGISTRY-NO.
026 05 2901 NOT FOUND RUN DATE 09/22/87
001 02 1794 BALOWIN JAMES X QM P 0000 653 868 RUN TIME 18.50
001 02 1794 CYPLOCK JOSEPH QM P 0000 653 868 RUN PAGE 01347
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DATA-REQUESTED SERVICE 4.DATE-OF-BIRTH 01-27-92
5.PLACE-OF-BIRTH
6.DATE-OF-DEATH 08-23-87

VETERANS ADMINISTRATION (304)
380 WESTMINSTER MALL
PROVIDENCE RI 02903 ORIGINATING-UNIT ADJUDICATION 2123

7. ENT 8. SEP 9. 10. SVC 11. LAST GRADE, RATE, 12. SEP FORM
ACT DUTY ACT DUTY CHAR NUMBER RANK, AND/OR ORGANIZATION ON FILE
A 06-28-17 03-08-19 HON 01021794 NO
B

13. SUBSEQUENT-RES/RET-STATUS NONE 14. TERMINAL-DATE 15. RET-STATUS

16. ALLEGED DISEASE/INJURY 17. TREATMENT-DATES 18. PLACE-OF-TREATMENT 19. TYPE

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() AVAILABLE (X) ITEMS 1, AND 2 OR 10 () ITEMS 1, AND 2 OR 10
REQUESTED RECORDS (WHICHEVER WAS THE IDENTIFIER) (WHICHEVER WAS THE IDENTIFIER)
FORWARDED. AND 7-9 VERIFIED CORRECT. AND 7-9 VERIFIED CORRECT, EXCEPT

ENCLOSURES () X-RAYS () CLINICAL RECORDS . SIGNATURE AND TITLE . DATE
() HEALTH RECORDS () DENTAL RECORDS .
() ENTRANCE PHYSICAL () MEDICAL RECORDS .
() SEPARATION PHYSICAL () OTHER RECORDS .
N-c 10-2-87
H/A

VICTORY MEDAL RECEIPT.

Admiral's. First Naval Div.

Navy Yard, Boston, Mass.

From: Joseph Kenney

To: Bureau of Navigation,
Navy Department.

Via:

SUBJECT: Receipt of Victory Medal and Clasp.

I. The Bureau is informed that I have received
the Victory Medal and ~~no~~ Clasp
conferred upon me in recognition of services rendered in the World War.

Joseph Kenney

H.M. 1c

U. S. N.
U. S. N. R. F.

Forwarded by

W. L. Pryor

DISTRICT PERFORMER OF ICE
FIRST NAVY
NAVY YARD, BOSTON, MASS.



RECEIVED
FEB 27 1927

Kenney, Joseph

Unknown M10 17 6 25 Disc 6-24-21

1st Naval District

Honorable Discharge R. of Enr.

APR 18 1922



Kenney (Last name) Joseph (Christian name) (Middle name) 32-500 (Application number)
M M 10 (Rank or rate) 102-17-24 (Service number)
The service or other official records of the above-named veteran that are now on file in this Department show the following facts of active service after April 5, 1917, and before July 1, 1919:
HOME SERVICE FROM— TO—
OVERSEAS SERVICE FROM— TO—
EXCEPTIONS FROM— TO—
DATE OF APPLICATION
4-5 APR 1-3-1925
18 December 1924, 19
There are no exceptions under World War Adjusted Compensation Act, in the case of this veteran, other than those set forth in this certificate.

BENEFICIARY Kenney (Last name) (Christian name) (Middle name) Wilcox (Relationship)
ADDRESS (House number) Cambridge Street Fall River Mass. (State)

I certify that the person first named above is the applicant and is a veteran; that he was discharged under honorable conditions; that he was born January 27, 1892, at Fall River Mass.; that the Adjusted Service Credit due veteran is \$303.00; that the facts hereinbefore stated are the facts of record upon which the conclusions hereinbefore reached are based.

6

C ✓
C ✓

18,1 ✓

2,8 ✓

6,0 ✓

8,9 ✓

9 ✓

73,0 ✓

55,9

⊙ ✓
T



Slating

Mc

322300 18. Dec
(Application number)

Kenney
(Surname)

Joseph
(Christian name)

(Middle name)

(Rate)

102 17 94
(Service number)

1-27-1892
(Date of birth)

Fall River Mass
(Place of birth)

HOME SERVICE

FROM—

TO—

No. DAYS

6-28-17 3-8-19

Total

OVERSEAS SERVICE

FROM—

TO—

No. DAYS

Total

EXCEPTIONS

FROM—

TO—

No. DAYS

FROM—

TO—

No. DAYS

Total exceptions

Total exceptions

SERVICE { Home _____ days } 60 { at \$1.00 = \$ _____
Overseas _____ days } { at \$1.25 = \$ _____

TOTAL ADJUSTED SERVICE CREDIT \$ 500. ✓

Computed by 6

Verified by 210

Date 2-17-25

MAR 5 1926

Finished file

B. H. H.

APPLICATION FOR ADJUSTED COMPENSATION FOR SERVICE IN

United States Navy
(Army, Navy, Coast Guard, or Marine Corps)Applicant
will make no
entries in
this column

This application must be sent to the War Department, Navy Department, or Marine Corps, as indicated in instructions, depending on whether your last service was in the Army, Navy, Coast Guard, or Marine Corps. Use the envelope provided for this purpose, with the proper address printed on it.

READ INSTRUCTIONS OVER CAREFULLY

Application
number

To the Secretary of War or Secretary of the Navy.

The following statements are made by me in support of my claim for Adjusted Compensation under the provisions of the World War Adjusted Compensation Act:

Item
No.

1. Name of veteran:

(Last)

(First)

(Middle)

Service or
Serial No.2. Present address of veteran or dependent *303 Cambridge St*
(House number and street)

(City)

(County)

(State)

3. Date of birth of veteran *January 27 1892* at *Fall River Mass.*
(Month) (Day) (Year) (City) (State)4. Original entry into World War service in the ~~Army~~, Navy, ~~Coast Guard~~, or ~~Marine Corps~~

was as a

M M 1^c

(Rank or grade)

on

June

(Month)

28

(Day)

1917

(Year)

at

*Newport R.I.*5. Date of separation *March 8 1919* at *Newport R.I.*
(Month) (Day) (Year)6. I ~~am~~ (did not) have oversea service.

7. Service in organizations, at stations or on vessels in the order named as follows:

Newport R.I.

from

June 28 1917

to

March 8 1919

from

to

from

to

from

to

from

to

from

to

from

to

from

to

from

to

from

to

from

to

from

to

8. Character given on discharge certificate *Honorable*

Item 9 will be filled in only by men whose service or part of whose service was in the Marine Corps

9. Embarked for oversea service on

(Name of vessel)

(Date)

at

(Name of port)

, and disembarked from

(Name of vessel)

at

(Date)

, at

(Name of port)

, on return to United

States from oversea service.

13. Commissioned service:

GRADES

FROM—

TO—

None

14. I was a commissioned or warrant officer performing home service not with troops and receiving commutation of quarters or of subsistence from

to *None*, and during this period I was on duty at the following stations:

STATION

FROM—

TO—

15. I was granted a farm or industrial furlough from *None*

to

16. I ~~was~~ (was not) a conscientious objector who performed no military or naval duties whatever, and did (did not) refuse to wear the prescribed uniform of the branch of service in which I was serving.

17. I ~~was~~ (was not) discharged for alienage.

18. Remarks:

19. I certify that I am the *Person* named in this application;

(See instructions for this item)

that the statements made herein are made by me of my own free act and deed for the purpose of applying for Adjusted Compensation under the provisions of the World War Adjusted Compensation Act; and that the same are true and correct to the best of my knowledge and belief.

Date

December 18 1924

Signature
of applicant

Joseph

(First)

(Middle)

Kenney

(Last)

Item 20 will not be filled in when dependent makes application

20. We, the undersigned, certify that we know the person signing the application to be identical with the veteran whose service is set forth in the above application; that we have known

him ~~(her)~~ for *33* years and *10* years, respectively;

(To be filled in by first witness)

(To be filled in by second witness)

and that he (she) understands the statements made by him (her) and the penalty provided by law for making false statements.

Signature of witnesses: (1)

James

(First name)

(Middle name)

Kenney

(Last name)

543 Jackson St Fall River Mass

(Address)

(2)

Wilfred

(First name)

(Middle name)

Howes

(Last name)

503 Cambridge

(Address)

Fall River Mass

HEADQUARTERS, SECOND NAVAL DISTRICT
NEWPORT, RHODE ISLAND
COMMANDANT'S OFFICE

80354

CAD:WPH

March 6th, 1919.

FROM: Commandant, Second Naval District.
TO: Disbursing Officer, Second Naval District.

SUBJECT: Closing of account of **Kenney, Joseph, Mr 1c, USN.**

Reference: District Order #176, November 27th, 1918.

1. In accordance with the above reference, the above named man was this date (**March 6th, 1919**) placed on inactive duty.

2. You will close his accounts in the same manner as if he were discharged, and pay him in full including pay for the time necessary to perform travel to his home.

3. A copy of "Statement of Account" as of the date of being placed on inactive duty will be completed in enrollment record before returning it to this office.

4. His home address is:

**527 Plymouth Ave.,
Fall River, Mass.**

JPM GOLDWIN

By direction, **James.**

ENROLLMENT RECORD.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Pass; 3.0, Good; 3.5, Very Good; 4.0, Excellent.

Name, Joseph Kenney; Rate, MM1c.;
Enrolled, 25 June, 1917, at Newport R.I., for 4 years;
Previous naval service, --- years; Previous Naval Reserve Service, --- years;
Served apprenticeship, -----; Gun Captain
certificate, -----; Certificate graduation P. O. School, ---;
Seaman Gunner, ---; Trade, Mach.; Citizenship, U.S.;
Ratings held during enrollment, MM1c.;
Proficiency in rating, 3.7; Sobriety, 4.0; Obedience, 4.0;
Average standing for term of enrollment, 3.9; Special qualifications, -.

DESCRIPTIVE LIST.

(To be made after careful examination at date of discharge.)

Where born, -----; Date, -----, 18---;
Age, --- years, --- months; Height, --- feet, --- inches; Weight, --- lbs.;
Eyes, -----; Hair, -----; Complexion, -----;
Personal characteristics, marks, etc., -----

Percentage of time on sick list during enrollment, -----
Is ----- physically qualified for reenrollment.

-----, U. S. N.
(Signature Medical Officer.)

I hereby certify that the above-named -----
Paid in full to date of release from active duty
has been paid ----- dollars ----- cents
Pay accounts not reopened at date of discharge.
(\$ -----), in full to date.

-----, 19---
-----, U. S. N.
(Signature Paymaster.)



UNITED STATES NAVAL RESERVE FORCE

DISCHARGE

This is to certify That Joseph Kenney (Name in full)
a Machinist Mate (Provisional) (Rating) HQtrg (Service number), this date has been discharged from the
U. S. S. First Naval District and the U. S. Naval Reserve Force, Class 4, by reason of

EXPIRATION OF ENROLLMENT.

(Enter expiration of enrollment; special order of Navy Department (under age); physical disability; order Bureau of Navigation (date); or other reason, giving same in detail)

Recomm recommended for reenrollment. Rating best qualified to fill, Mate (Prov.) (Provisional or confirmed rating)

Dated this 24 day of JUNE, 19 21, at BOSTON MASS.

Character of discharge JOHN T. NELSON, ASST. DIST. CLERK, U. S. N. R. F. (Enter in "Incapable," "Undertable," "good," "Incapable," "Undertable")

JTH:D
33847
743-K

FIRST NAVAL DISTRICT
OFFICE OF THE DISTRICT PERSONNEL OFFICER
BOSTON NAVY YARD

21 Feb. 1922.

From: District Personnel Officer.
To: Joseph Kenney, MM1c USNRF
527 Plymouth Av. Fall River Mass
Subject: Discharge from U. S. Naval Reserve Force.
Enclosure: (1) Discharge Form No. 213.

1. Forwarded herewith your discharge from the U. S. Naval Reserve Force, by reason of
exp. of enrollment.

2. It is requested that you acknowledge receipt of this discharge.

JOHN T. NELSON, Commander, USNRF.
Asst. Dist. Personnel Officer

FIRST NAVAL DISTRICT
OFFICE OF DISTRICT DETAIL OFFICER
BLDG. 5, BOSTON NAVY YARD

JTN:D
33847
743-K

21 Feb. 1922

From: **Commandant, First Naval District**
To: Bureau of Navigation.

Subject: Discharge of

Enclosure: (1) Enrollment Record. **KENNEY, Joseph M. USNR**
No service No. available.

1. Forwarded herewith enrollment record of the above named man who has been discharged from the U. S. Naval Reserve Force, under date of

June 24, 1921.
2. It is requested that the Bureau acknowledge receipt of same.

JOHN T. NELSON, Comdr. USNR.
By direction.

HEADQUARTERS, SECOND NAVAL DISTRICT

No. 30658

NEWPORT, RHODE ISLAND

COMMANDANT'S OFFICE

March 5, 1919

FROM: Commandant, Second Naval District.
TO: **Kenney, Joseph, MM-1c, USNRF.**
VIA: **Commander, Newport Section.**
SUBJECT: Examination prior to being placed on inactive duty.

1. You are hereby directed to report to Lieut. Horace S. Cragin (M.C.) (T) USN., Senior Member Board of Medical Examiners, for examination to determine your physical qualifications prior to being placed on inactive duty.

2. If found physically qualified by the Board of Medical Examiners, you will report to Ensign D. B. Litchard, USNRF. Senior Member, Naval Examining Board, for examination as to your professional qualifications, for confirmation in rating.

3. Upon the completion of the above examinations, and when so ordered by the Senior Member, Board of Medical Examiners you will return to your former station and await further orders.

4. You will carry your health and service records with you when reporting to the boards.

S.R. Stevenson,

S. R. Stevenson
By direction.

MO- 1st Indorsement. March 5, 1919

FROM: **Commander, Newport Section, Second Naval District.**
TO: **Kenney, Joseph, MM-1c, USNRF.**

1. Delivered. Carry out your orders

2nd Indorsement. MAR 6 1919 191

FROM: Senior Member, Board of Medical Examiners.
TO:

1. Reported, Examined, found physically qualified

2. You will further report to Ensign D. B. Litchard, USNRF. Senior Member, Naval Examining Board, for examination as to your professional qualifications.

3rd Indorsement. 191

FROM: Senior Member, Naval Examining Board
TO: **Not confirmed** **Not confirmed**

1. Reported and found professionally qualified for confirmation in rating. **No sea duty** **No sea duty**

2. The Board's Report, showing detailed marks, has been forwarded to the Commandant this day, together with a copy of this correspondence.

D. J. Gibbs
By direction

JIB-HEM

June 28, 1917.

60801

FROM: Commander Second District Naval Force.
TO: Commander Newport Section.
SUBJECT: Transfer of men.

1. The following men are this day transferred to your command for duty under the Material Officer:

<u>NAME</u>	<u>RATE</u>
Kenney, James	C.M.M.
Kenney, Joseph	M.M.1c

Lieut. Comdr. Stuart Davis, U.S. N. R. F.
By Direction.

TM: Commander Second District
Naval Force.
Received the above named
man.

Date: _____

O. K. Cards. *jsrh*

First Indorsement:
B/W.

June 28, 1917.

FROM: Commander Newport Section, U.S.N.R.F.
TO: Material Officer, U.S.N.R.F.

1. Kenney, James, CMM. and Kenney Joseph MM. 1c., are this day ordered to report to you for duty.

2nd Indorsement.

June 28, 1917.

JFW/MJR

FROM: Material Officer.
TO: Commander Newport Section, U.S.N.R.F.

1. Reported.

John F. Walton

By direction.

I

HEADQUARTERS, SECOND NAVAL DISTRICT
NEWPORT, RHODE ISLAND
COMMANDANT'S OFFICE

Feb. 28, 1919

FROM: Kenney, Joseph MM1c USNRF
TO: Commandant, Second Naval District.
VIA: Commander, Newport Section, Second Naval District.
SUBJECT: Request for release from active duty.

REFERENCE: Bunav. Dispatch No. 15330; of Jan. 1919.

1. In accordance with reference (a), I respectfully request that I be placed on inactive duty for the following reasons:

- (a) To help support my partially dependent family.
- (b) To return to my former position.

2. I enrolled in the U. S. Naval Reserve Force at
Newport, R.I.

----- on June 25, 1917. -----

3. My home address is 527 Plymouth Ave., Fall River, Mass.

OK H. D. Whitney Grad.

Joseph Kenney

20296

1st Indorsement

MO-

JTR:MCH

Feb. 28, 1919

FROM: Commander, Newport Section, Second Naval District.
TO: Commandant, Second Naval District.

1. Forwarded ----- approved.

2. The services of the above named man can be spared without relief.

J. T. Rowland

MCH

No. 30658

HEADQUARTERS, SECOND NAVAL DISTRICT
NEWPORT, RHODE ISLAND

COMMANDANT'S OFFICE

March 5,

1919

FROM: Commandant, Second Naval District.

TO: **Kennedy, Joseph, MM-10, USNRF.**
Commander, Newport Section.

VIA:

SUBJECT: Examination prior to being placed on inactive duty.

1. You are hereby directed to report to Lieut. Horace S. Cragin (M.C.) (T) USN., Senior Member Board of Medical Examiners, for examination to determine your physical qualifications prior to being placed on inactive duty.

2. If found physically qualified by the Board of Medical Examiners, you will report to Ensign D. B. Litchard, USNRF, Senior Member, Naval Examining Board, for examination as to your professional qualifications, for confirmation in rating.

3. Upon the completion of the above examinations, and when so ordered by the Senior Member, Board of Medical Examiners you will return to your former station and await further orders.

4. You will carry your health and service records with you when reporting to the boards.

S.H. Stevenson,
By direction.

NO-

20367

1st Indorsement

March 5, 1919.

191

FROM: **FMH**

TO: **Commander, Newport Section, Second Naval District.**

Kennedy, Joseph, MM-10, USNRF.

1. Delivered. Carry out your orders.

J.T. ROWLAND

2nd Indorsement.

MAR 6 1919

191

FROM: Senior Member, Board of Medical Examiners.

TO:

1. Reported, Examined, found physically qualified

2. You will further report to Ensign D. B. Litchard, USNRF, Senior Member, Naval Examining Board, for examination as to your professional qualifications.

3rd Indorsement.

191

FROM: Senior Member, Naval Examining Board

TO:

1. Reported and found professionally qualified for confirmation in rating.

2. The Board's Report, showing **No sea duty** **Not confirmed** **Not confirmed** **No sea duty** has been forwarded to the Commandant this day, together with a copy of this correspondence.

A. J. Sullivan
By direction

HEADQUARTERS, SECOND NAVAL DISTRICT
NEWPORT, RHODE ISLAND

COMMANDANT'S OFFICE

No. 31268

March 8, 1919. 1919

FROM: Commandant, Second Naval District.

TO:

VIA: Kenney, Joseph, MM-10, USNRP.
Commander, Newport Section.

SUBJECT: Release from active duty.

1. You are hereby detached from your present duties and will report to the Commandant, Second Naval District, for transportation and subsistence enroute to your home at

Fall River, Mass.

2. Upon arrival at your home, you will regard yourself detached from all active duty, and are free to engage in such business or employment as you desire. You are not discharged from the Naval service, but, while on inactive duty, are not subject to the Navy Regulations. You are required to keep your uniform and equipment on hand, but will not wear same while on inactive duty longer than necessary to obtain civilian clothing.

3. Your records have been transferred to the Commandant of the Naval District, the district in which you enrolled. ^{2nd} You will keep the Commandant of the Naval District informed of your address at all times ^{2nd} until you are discharged from the service.

4. Upon acceptance of these orders, you will have received and receipted for all pay due you, including pay for the time necessary to perform travel to your home, necessary transportation to your home, and necessary subsistence during your travel home.

5. Your attention is particularly invited to the matter of keeping up your payments on any Liberty Bonds to which you may have subscribed. Remittance should be made monthly to the Navy Allotment Officer, Bureau of Supplies & Accounts, Navy Department, Washington, D. C.

6. Your attention is also invited to the matter of War Risk Insurance, the advantages of which are described in the attached copy of statement by Secretary McAdoo. Payment should be made monthly to the Bureau of War Risk Insurance, Treasury Department, Washington, D. C.

By direction.

HEADQUARTERS, SECOND NAVAL DISTRICT
NEWPORT, RHODE ISLAND
COMMANDANT'S OFFICE

No. 30658

March 5, 1919

FROM: Commandant, Second Naval District.
TO: Kenney, Joseph, MM-1c, USNRF.
VIA: Commander, Newport Section.

SUBJECT: Examination prior to being placed on inactive duty.

1. You are hereby directed to report to Lieut. Horace S. Cragin (M.C.) (T) USN., Senior Member Board of Medical Examiners, for examination to determine your physical qualifications prior to being placed on inactive duty.

2. If found physically qualified by the Board of Medical Examiners, you will report to Ensign D. B. Litchard, USNRF. Senior Member, Naval Examining Board, for examination as to your professional qualifications, for confirmation in rating.

3. Upon the completion of the above examinations, and when so ordered by the Senior Member, Board of Medical Examiners you will return to your former station and await further orders.

4. You will carry your health and service records with you when reporting to the boards.

S.R. Stevenson,
By direction.

1st Indorsement 191

FROM:
TO:

1. Delivered. Carry out your orders.

2nd Indorsement. 191

FROM: Senior Member, Board of Medical Examiners.
TO:

1. Reported. Examined. Found physically qualified.
2. You will further report to Ensign D. B. Litchard, USNRF. Senior Member, Naval Examining Board, for examination as to your professional qualifications.

3rd Indorsement. 191

FROM: Senior Member, Naval Examining Board
TO:

1. Reported and found professionally qualified for confirmation in rating.
2. The Board's Report, showing detailed marks, has been forwarded to the Commandant this day, together with a copy of this correspondence.

*On Card,
M. C. H.*

No. 102 Narr. Bay.

(To be submitted to the Com-
mandant, in triplicate)

Headquarters Second Naval District,
Newport, Rhode Island.

Dec. 27, 1918.

FROM: **Kennedy, Joseph, MM1c., USNRP.**

TO : Commandant, Second Naval District, Newport, R. I.

VIA : **Commander, Material Section, Second Naval District.**

SUBJECT: Request for leave.

1. I request that I be granted **5** days leave,
and **no** days traveling time.

From: Dec. 29, 1918 8 AM
To: Jan. 3, 1919 8 AM

2. If granted, my address will be:

**597 Plymouth Ave.,
Fall River, Mass.**

**Reason: Personal business
no previous leave.**

No.

18353

1st Indorsement.

Dec. 27, 1918.

FROM: **Commander, Material Section, Second Naval District.**

TO : Commandant, Second Naval District, Newport, R. I.

1. Forwarded; approved.

By direction

No OL

129975

RAC

2nd Indorsement.

DEC 28 1918

FROM: Commandant, Second Naval District, Newport, R. I.

TO : **Kennedy, Joseph, MM1c., USNRP.**

VIA : **Commander, Material Section, Second Naval District.**

1. Granted.

[Signature]
BY DIRECTION

OUT: 100.

March 6, 1919.

RAC:GAB

30955

HEADQUARTERS, SECOND NAVAL DISTRICT
NEWPORT, RHODE ISLAND
COMMANDANT'S OFFICE

FROM: Commandant, Second Naval District.
TO : Supply Officer, Second Naval District.
SUBJECT: Transportation for members of Naval Reserve Force.

1. It is requested that transportation, and subsistence, where necessary, be furnished this office for the following:

Name and Rating

From

To

Kennedy, Joseph

Newport, R.I.

Fall River, Mass.

Weldon E. James,
By direction.

Reference: Orders to inactive duty, March 6, 1919.

IN REPLY ADDRESS
COMMANDANT
SECOND NAVAL DISTRICT
NEWPORT, R. I.
AND REFER TO NO.

HEADQUARTERS, SECOND NAVAL DISTRICT
NEWPORT, RHODE ISLAND
COMMANDANT'S OFFICE

GAB:BOB.

30943

March 6, 1919.

FROM: Commandant, Second Naval District.
TO: Disbursing Office.

SUBJECT: Payment of \$60 gratuity to members of the U. S. Naval Reserve Force placed on inactive duty.

REFERENCE: (a) Alnav. 67 of March 1, 1919.
(b) S & A letter No. 110-31;144-28 of February 13, 1919.

1. The following named member of the U. S. Naval Reserve Force is entitled to receive the \$60 gratuity authorized by act of Congress approved February 24, 1919, and you are hereby authorized and directed to pay him that amount in the manner designated by reference (b):

Konnoy, Joseph

MM 10, USNR.

J. W. OMAN

GAD:MFM

HEADQUARTERS, SECOND NAVAL DISTRICT
NEWPORT, RHODE ISLAND
3085 COMMANDANT'S OFFICE March 6th, 1919.

FROM: Commandant, Second Naval District.
TO: Disbursing Officer, Second Naval District, USNRP.

SUBJECT: Closing of account of

Reference: District Order #176, November 27th, 1918.

- March 6th, 1919
1. In accordance with the above reference, the above named man was this date () placed on inactive duty.
 2. You will close his accounts in the same manner as if he were discharged, and pay him in full including pay for the time necessary to perform travel to his home.
 3. A copy of "Statement of Account" as of the date of being placed on inactive duty will be completed in enrollment record before returning it to this office.
 4. His home address is:
527 Plymouth Ave.,
Fall River, Mass.

Seldon T. James.
S. M. GODWIN

By direction.

64256

PTO

June 28, 1917.

FROM: Joseph Kanoy, U.S.N., U.S.N. R.I., Newport, R.I.
Commandant, Second Naval District.

TO:

SUBJECT: Orders to Active Duty.

1. You will proceed to Newport, Rhode Island, and report to the Commandant, Second Naval District, for duty.

By direction.

June 28, 1917.
Acting.

First Indorsement.

47ND

FROM: Joseph Kanoy, U.S.N., U.S.N. R.I., Newport, R.I.
Commandant, Second Naval District.

TO:

1. Reported.

By direction.

ABSENCE.

No. _____

U. S. S. Headquarters, Second

Naval Dist.

Newport, R. I.

(Place.)

June 8, 1918.

(Date.)

SIR:

You are directed to check against the
account of

Joseph Kenney

(Name.)

RM 10

(Rate.)

for absence with ¹_____ leave, ~~pay and~~ rations

from ²6/7/18 to ⁴6/10/18,

both inclusive.

Respectfully,

J. W. O'NEILL

Captain

U. S. N.

Commandant

Commanding.

Pay No. _____ Amount checked, \$ _____
(Entered by Supply Officer.)

¹Insert "out" if absent *without* leave.

²Cross out "pay and" if absent *with* leave.

³Insert date of man's departure.

⁴Insert date preceding that of man's return.

INSTRUCTIONS.

This form to be filled out in duplicate (preferably on the typewriter) in the office of the Commanding Officer, who should give it a serial number, enter the data included hereon opposite that number in his "Record of Orders to Supply Officers," and forward both copies to the Supply Officer.

At the end of the quarter the original of this order will accompany the pay roll forwarded to the Auditor.

The amount of pay checked, if any, will be noted by the Supply Officer on the face of the order.

APPLICATION FOR LEAVE
For ten days or less
(For leave exceeding ten days use form 102 Narr. Bay)

Headquarters Second Naval District,

Newport, Rhode Island

June 7, 1918

FROM: Kenney, Joseph MM 1c USNR
TO : Commander Second District Naval Force.
VIA : Commander, Material Section, Second Naval District.

SUBJECT: Request for leave.

1. I request that I be granted ~~no~~ ^{Four} days leave,
and ^{2 PM June 7, 18 to 2 PM June 11, 18} days traveling time, beginning ^{Friday} ^{Tuesday}

2. If granted, my address will be 627 Plymouth Ave.,
Fall River, Mass.

Reason: Death of Aunt.

No.

11842

1st Indorsement.

June 7, 1918

FROM: Commander, Material Section, Second Naval District
TO : Commander Second District Naval Force.

1. Forwarded; approved.

L. S. Broadwell

No.

63965

:BAD

2nd Indorsement.

June 7, 1918

FROM: Commander Second District Naval Force.
TO : Kenney, Joseph MM 1c USNR
VIA : Commander, Material Section, Second Naval District.

1. Granted.

BY DIRECTION

Kenney Joseph

Assn't	Date	Rate	Station
327	6/28/17	M. M. 1/c	Naval Force

MARION APPLEY

64256

PTO

June 28, 1917.

FROM: Joseph Kenney, U.S.N., Commandant, Second Naval District, Newport, R.I.
TO:
SUBJECT: Orders to Active Duty.

1. You will proceed to Newport, Rhode Island, and report to the Commandant, Second Naval District, for duty.

By direction.

June 28, 1917.
Acting

First Indorsement.
47ND

FROM: Joseph Kenney, U.S.N., Commandant, Second Naval District.
TO:
1. Reported.

By direction.

Kenney, Joseph

Newport Sec.
2nd Nav. Dist.
Newport, R.I.

MM1917 June 25 Disc. Mar. 6

1919 Headquarters,
2nd Nav. Dist.

Kenney, Joseph
Headquarters Second

none

MM-1917 June 25 Re-

le

leased.

March 8, Newport Section

1919. Class 4 USNRP

Health & Enroll-

ment Record to

2nd Nav. Dis.

Mass. Address: 527 Ply

River mouth Ave. Fall r

Naval District

UNITED STATES ~~NAVY~~
NAVAL RESERVE FORCE, CLASS-----

U. S. S. -----

Service Number-----

at Newport, R.I.

Date June 25 1917

~~ENLISTMENT~~
ENROLLMENT

OF Kenney, Joseph

MM1c

as-----

(Rating.)

(Full name, surname to the left.)

Transferred to-----

Occupation Machinist

US

; *Citizenship-----; Place of birth Fall River, Mass.

Date of birth Jan 27, 1892

; Home address 527 Plymouth Ave., Fall River, Mass.

(Street, town, county, and State.)

Credited to-----Congressional District, State of

; Local Board Number-----

Name and address of beneficiary or next of kin Father

Thos. Kenney

(Relation.)

(Name.)

527 Plymouth Ave., Fall River, Mass.

(Address.)

The full names and addresses of the beneficiaries should be carefully stated. If a married woman, her own Christian name should be given, not that of her husband;
"Mrs. Anna May Smith," not "Mrs. John Smith."

Previous Naval Service (None years, -----months); Continuous Service Certificate (yes or no); I first enl

(Date.)

at-----

(Place.)

and was last discharged-----

(Date.)

from the U. S. S.-----

with-----

discharge as-----

(Honorable or ordinary.)

(Rating.)

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the

duration of my service, I agree to and with N.L. Herriek, Ensign USNRF of the United States Navy, as follows

(Name of Commanding Officer.)

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

Second: I oblige and subject myself to serve

{four years from June 25, 1917, 1-----
~~for the term of present enlistment.~~

unless sooner discharged by proper authority, and on the conditions provided by the act of Congress of March 3, 1875, as follows

Sec. 1422. That it shall be the duty of the commanding officer of any fleet, squadron, or vessel acting singly, when on service, to send to an Atlantic or to a Pacific port of the United States, as their enlistment may have occurred on either the Atlantic or Pacific coast of the United States, in some public or other vessel, all petty officers and crew members of inferior ratings desiring to go there at the expiration of their terms of enlistment, or as soon thereafter as may be, unless, in his opinion, the detention of such persons for a longer period should be essential to the public interests, in which case he may detain them, or any of them, until the vessel to which they belong shall return to such Atlantic or Pacific port. All persons enlisted without the limits of the United States may be discharged, on the expiration of their enlistment, either in a foreign port or at a port of the United States, or they may be detained as above provided beyond the term of their enlistment; and that all persons sent home, or detained by a commanding officer according to the provisions of this act, shall be subject in all respects to the laws and regulations for the government of the Navy until their return to an Atlantic or Pacific port and their regular discharge; and all persons so detained by such officer, or reentering to serve until the return to an Atlantic or Pacific port of the vessel to which they belong, shall in no case be held in the service more than thirty days after their arrival in said port; and that all persons who shall be so detained beyond their terms of enlistment, or shall after the termination of their enlistment, voluntarily reenter to serve until the return to an Atlantic or Pacific Port of the vessel to which they belong and their regular discharge therefrom, shall receive for the time during which they are so detained, or shall so serve beyond their original terms of enlistment, an addition of one-fourth of their former pay: Provided, That the shipping articles shall hereafter contain the substance of this section.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations and articles for the government of the Navy as are, or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by naval authorities. If discharged by sentence of court-martial or by reason of bad conduct, undesirable character, or inaptitude, I agree to surrender uniform in exchange for civilian clothing.

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

Fourth: I certify that I {~~am~~
am not} married, that the address of my wife is as follows:-----

-----, and that the benefits of the War Risk Insurance Act of October 6th, 1917, and requirements regarding compulsory allotment have been fully explained to me.