

In compliance with the regulation of the Department and in order to complete

your record, please fill out attached Personal History Sheet and return to

Miss Adams, Division of Appointments, Room 392, Treasury.

10/31/34
Original
Original
Returned

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Department Date _____

1. Name in full (Mr., Miss, or Mrs.) Eccles Marriner Stoddard
(Surname) (Given name) (Middle name)
2. Present address 3010 Cleveland Avenue, N.W. Washington D. C.
(Number) (Street) (City) (State)
3. Legal (voting) residence Utah Weber Ogden
(State and Congressional District) (County) (City or town)
4. Where born Utah Logan When born 9/9/90
(State or foreign country) (City or town) (Month Day Year)
5. If foreign-born, state whether naturalized or alien _____
6. Indicate sex, marital condition, and race by check, thus: If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)		
Male <input checked="" type="checkbox"/>	Female	Single	Married <input checked="" type="checkbox"/>	Divorced	Widowed	White <input checked="" type="checkbox"/>	Colored	

7. Number and ages of dependents domiciled with you Three - Son 20 yrs., Daughter 18 yrs., Son 14 yrs.

8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
NONE									

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
NONE	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

NONE

(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (✓) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary
Enlisted _____	Discharged _____	Enlisted _____	Discharged _____				
Rank _____	Rank _____	Rank _____	Rank _____				
Organization _____	Organization _____	Organization _____	Organization _____				

[OVER]

Do you receive annuity under

FRASERS Service Retirement Act?

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) _____

Business Executive

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

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Amalgamated Sugar Company	Vice-President, Treasurer, Dir.	
Eccles Investment Company	President, Director	
Sego Milk Products Company	President, Director	
Stoddard Lumber Company	President, Director	
Utah Construction Company	President, Director	

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

Common school								High school				College <input checked="" type="checkbox"/>				(Name of college, degrees, and dates conferred)
1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	
																Utah State Agricultural College

16. In case of emergency, notify Mrs. M. S. Eccles
 Relationship Wife Post office address 3010 Cleveland Ave., N.W., Washington, D. C.

I certify that the foregoing answers are correct to the best of my knowledge and belief.