

March 31

**PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT**

THIS DATE
24 July 1958

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I GENERAL

1. FULL NAME (Last-First-Middle) Mills, Montrell Eugene	
2. CURRENT ADDRESS (No., Street, City, Zone, State) 2623 West Newton Circle, Irving, Texas	3. PERMANENT ADDRESS (No., Street, City, Zone, State) Same
4. HOME TELEPHONE NUMBER Blackburn 3 8152	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE Texas

SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. Mrs. Marjorie Mills	2. RELATIONSHIP Wife
3. HOME ADDRESS (No., Street, City, Zone, State, Country). 2623 West Newton Circle Irving, Texas	
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE NA	
5. HOME TELEPHONE NUMBER Blackburn 3 8152	6. BUSINESS TELEPHONE NUMBER NA
7. BUSINESS TELEPHONE EXTENSION	
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.	

SECTION III MARITAL STATUS

1. CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME (First) (Middle) (Maiden) (Last) Marjorie Ellen Clippinger Mills			
4. DATE OF MARRIAGE 13 January 1945	5. PLACE OF MARRIAGE (City, State, Country) Pampa, Texas, United States		
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) 512 North Fairview, Lansing 12, Michigan United States			
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH NA	9. CAUSE OF DEATH NA	
10. CURRENT ADDRESS (Give last address, if deceased) 2623 West Newton Circle Irving, Texas			
11. DATE OF BIRTH 22 Jun 1923	12. PLACE OF BIRTH (City, State, Country) Lansing Michigan United States		
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY NA	14. PLACE OF ENTRY NA		
15. CITIZENSHIP (Country) USA	16. DATE ACQUIRED Birth	17. WHERE ACQUIRED (City, State, Country) NA	
18. OCCUPATION Housewife	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) NA		
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) NA			

**CODED
FOR
QUALIFICATIONS
DATE 10 DEC 1958**

SECTION III CONTINUED TO PAGE 2

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From- and To-) BY MONTH AND YEAR

NA

22. BRANCH OF SERVICE

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

NA

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

NA

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle) None	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? YES NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? YES NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

NA

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

NA

SECTION V CONTINUED FROM PAGE 2

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Irving State Bank	Irving, Texas United States

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

NA

SECTION VI CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP 2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:

United States BIRTH MARRIAGE OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? 4. GIVE PARTICULARS

YES NO NA

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

NA

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input checked="" type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Northeast Jr College Monroe, Louisiana	P.E.		Sept '42	Sept '43	NA		1 year
Michigan State College	Police Admin.	Soc	Jan '49	Mar '51	BA	Mar '51	

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
Michigan State College	College Training Detachment Pilot training	Oct. 43	Feb '44	?

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECTION VIII		GEOGRAPHIC AREA KNOWLEDGE				
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Philippines, Guam, Manus Islands, New Britain, New Guinea	Terrain	1947-8				X

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

Assignment with United States Air Force -- pilot on photographic missions.

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.					
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HDQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING

SECTION IX					TYPING AND STENOGRAPHIC SKILLS		
1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM					
40		GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):		

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.) **dictaphone, movie projector,**

SECTION X		SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH			
Football-good	Golf-fair	Fishing-fair	
Basketball-good	Swimming-good	Chess-fair	
Handball-good	Hunting-fair	card games-fair	
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK			
Pilot--hold no current liscenses		Military Police officer	
Prison Officer--about one year			
3. EXCLUDING EQUIPMENT NOTED IN SECTION X. LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.			
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.			
5. FIRST LICENSE OR CERTIFICATE (Year of issue)		6. LATEST LICENSE OR CERTIFICATE (Year of issue)	

SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED
9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1	1. INCLUSIVE DATES (From- and To-) March 1951 --Nov.1952	2. GRADE 9 to 11	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT [Redacted] since 9 Sept 54
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Special Investigator	
6. DESCRIPTION OF DUTIES Primary and secondary investigations Special Assignments			
2	1. INCLUSIVE DATES (From- and To-) Nov.1952 to May 1955	2. GRADE 11 to 12	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT [Redacted]
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Special Investigator	
6. DESCRIPTION OF DUTIES Resident Agent at [Redacted]			
3	1. INCLUSIVE DATES (From- and To-) May 1955 to present	2. GRADE 12 to 13	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT [Redacted]
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Special Investigator	
6. DESCRIPTION OF DUTIES Resident Agent at [Redacted] (Area transfered from [Redacted])			
4	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES			
5	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES			

(Use additional pages if required)

SECTION XII

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.	3	2. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.	1
--	---	--	---

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Marjorie E Mills	Wife	1923		X	US	2623 West Newton Circle Irving, Texas
Jeffory Lynn Mills	Son	1945	X		US	"
Thomas Scott Mills	Son	1952	X		US	"
Robert Gene Mills	Son	1955	X		US	"

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

Addresses:

May 1951 to November 1952 282 B Bogert Rd River Edge , New Jersey
 Nov. 1952 to March 1954 2805 Fitzhugh Fort Worth, Texas
 March 1954 to present date 2623 W. Newton Cir. Irving, Texas

DATE COMPLETED
24 July 1958

SIGNATURE OF EMPLOYEE

Marjorie E. Mills