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CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.

12-5-50
113

2 DEC 1950

The Director
Federal Bureau of Investigation
Tenth & Pennsylvania Ave., N. W.
Washington 25, D. C.

Attention: Mr. Christopher Callan

Re: Request for Investigation

Dear Sir:

It is requested that an investigation of the following named person be conducted in order to determine loyalty, character, discretion, trustworthiness, financial habits, foreign connections, and general suitability for Government employment:

Name	Reference	(b)(6)
LYONS, David Robert		

The above-named person:

- () Is an applicant for employment.
- () Was employed _____ and has no access to classified information.
- () Has been a full employee of this Agency since _____.

mg
my
Comm
PC

sent to photo 12/10/50
Rec'd from photo 12/12/50
sent to report 12/13/50
Remarks:

(b)(3)
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STRICTLY CONFIDENTIAL

This is an Agent of Investigation for a Security Matter in CIA. The name of CIA by this individual must not be disclosed to any person outside of the FBI.

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FOR THE CHIEF OF INSPECTION AND SECURITY STAFF:

Chief, Personnel Security Division
Branch

Enc. - 1 PHS
mp
Form No. 38-103
Feb 1949

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118(3)

PERSONAL HISTORY STATEMENT

- Instructions: 1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes
Yes or No

SEC. 1. PERSONAL BACKGROUND

Telephone: _____
Office: _____

MK A. FULL NAME Mr. David Robert Tyong Ext. _____
(Use No Initials) David Robert Tyong
First Middle Last Home: Orange 4-2003

PRESENT ADDRESS 164 South Harrison St., East Orange, N.J. Essex USA
St. & No. City State Country

PERMANENT ADDRESS 164 South Harrison St., East Orange, N.J. USA
St. & No. City State Country

B. NICKNAME "Dave" - "Bob" WHAT OTHER NAMES HAVE YOU USED? None

_____ UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? Not applicable

HOW LONG? _____ IF A LEGAL CHANGE, GIVE PARTICULARS _____

_____ Not Applicable _____
Where? By What Authority

MK C. DATE OF BIRTH 17 Aug. 1923 PLACE OF BIRTH Newark, New Jersey USA
City State Country

D. PRESENT CITIZENSHIP U.S. BY BIRTH? Yes BY MARRIAGE? No
Country

BY NATURALIZATION CERTIFICATE # _____ ISSUED _____ BY _____
Date Court

AT _____ Not Applicable _____
City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? No
Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
Country

GIVE PARTICULARS Not applicable

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? No GIVE PARTICULARS:

Not applicable

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(b)(6)

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? Not applicable

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U.S. VISA Not Applicable
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE 27 SEX Male HEIGHT 6' 1/2" WEIGHT 190 lbs
EYES Grey HAIR Brown COMPLEXION fair SCARS Lft. post shoulder
BUILD large OTHER DISTINGUISHING FEATURES none

SEC. 3. MARITAL STATUS

A. SINGLE No MARRIED Yes DIVORCED No WIDOWED No

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____
none not applicable

B. WIFE OR HUSBAND MENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE Miriam none Steinhardt Lyons
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE 3 March 1946 New York City New York (b)(6)

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____
St. & No. City State Country USA

LIVING OR DECEASED living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____ USA
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country USA

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY not applicable

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

OCCUPATION Housewife LAST EMPLOYER N.J. Bell Tele Co.
South Orange Business Office

EMPLOYER'S OR BUSINESS ADDRESS Not applicable
St. & No. City State Country

MILITARY SERVICE FROM none TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN
Not Applicable

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SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents)

(b)(6)

1. NAME [redacted] RELATIONSHIP Daughter AGE [redacted]

(b)(6)

(b)(6)

CITIZENSHIP US ADDRESS [redacted] St. & No. City State Country USA

2. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Maurice None Lyons
First Middle Last

LIVING OR DECEASED Deceased DATE OF DECEASE 26 Oct 49 CAUSE Intestinal Obstruction

(b)(6)

PRESENT, OR, LAST, ADDRESS [redacted] Essex USA
City State Country

DATE OF BIRTH 3 April 1886 PLACE OF BIRTH Bridgport Conn USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY Not applicable

CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? City State Country

OCCUPATION sign writer LAST EMPLOYER self-employed

EMPLOYER'S OR OWN BUSINESS ADDRESS 510 Washington St Newark N.J. USA
St. & No. City State Country

MILITARY SERVICE FROM none TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
Not applicable

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Sophia none Lyons
First Middle Last

LIVING OR DECEASED Deceased DATE OF DECEASE 30 Jan. 1942 CAUSE Hypertension

(b)(6)

PRESENT, OR, LAST, ADDRESS [redacted] USA
St. & No. City State Country

DATE OF BIRTH 18 March 1889 PLACE OF BIRTH New York City, New York, USA

CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY Not applicable

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OCCUPATION Housewife LAST EMPLOYER Not applicable

EMPLOYER'S OR OWN BUSINESS ADDRESS Not applicable
St. & No. City State Country

MILITARY SERVICE FROM none TO _____ BRANCH OF SERVICE _____

COUNTRY not applicable DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

(b)(6)

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1. FULL NAME _____ AGE _____

PRESENT ADDRESS _____ USA US
St. & No. City State Country Citizenship

2. FULL NAME (Step-brother) _____ AGE 36

PRESENT ADDRESS _____ USA US
St. & No. City State Country Citizenship

3. FULL NAME _____ AGE _____

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

4. FULL NAME _____ AGE _____

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

5. FULL NAME _____ AGE _____

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

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SEC. 8. FATHER-IN-LAW

FULL NAME Joseph Henry Steinhardt
First Middle Last

LIVING OR DECEASED living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____ USA (b)(6)
St. & No. City State Country

DATE OF BIRTH 18 Nov. 1890 PLACE OF BIRTH Newark N. J.

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY Not applicable

CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? _____
City State Country

OCCUPATION lawyer LAST EMPLOYER Fourth Federal Savings & Loan Assoc.
self-employed New York New York
1180 R... and Blvd
Newark N.J.

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SEC. 9. MOTHER-IN-LAW

FULL NAME Kath rine Gertrude Steinhardt
First Middle Last

LIVING OR DECEASED living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____ USA (b)(6)
St. & No. City State Country

DATE OF BIRTH 8 Mar. 1896 PLACE OF BIRTH Newark N. J. USA

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY not applicable

CITIZENSHIP US WHEN ACQUIRED? birth WHERE? _____
City State Country

OCCUPATION housewife LAST EMPLOYER not applicable

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME none-Not applicable RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT.

1. NAME None- Not applicable RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

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SEC. 12. EDUCATION

WFO

ELEMENTARY SCHOOL Bergen St. School ADDRESS Newark N. J. USA
City State Country

DATES ATTENDED 1929-1936 GRADUATE? YES

HIGH SCHOOL Weequahic High School ADDRESS Newark N. J. USA
City State Country

DATES ATTENDED 1936-1940 GRADUATE? YES

COLLEGE The George Washington Univ ADDRESS Washington D. C. USA
City State Country

DATES ATTENDED 1940-1943 DEGREE AB

COLLEGE The Geo. Washington Univ. School of Medicine ADDRESS Washington D. C. USA
City State Country

DATES ATTENDED 1943-1946 DEGREE MD

SEC. 13. MILITARY, NAVAL OR OTHER GOV'T SERVICE — U.S. OR FOREIGN

WFO

<u>U.S. Germany- Austria</u>	<u>Military</u>	<u>Captain</u>	<u>1942-46 1947-49</u>
<small>Country</small>	<small>Service</small>	<small>Rank</small>	<small>Dates of Service</small>
<u>N.Y.P.E. N.Y.</u>			<u>Honorable</u>
<small>Last Station</small>	<small>Serial No.</small>		<small>Type of Discharge</small>

REMARKS: None

SELECTIVE SERVICE BOARD NUMBER Unknown ADDRESS Newark Essex County New Jersey

IF DEFERRED GIVE REASON Not applicable

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS None

SEC. 14 CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

1. FROM 1 July 1950 TO present

AK

EMPLOYING FIRM OR AGENCY St. Michael's Hospital

ADDRESS 306 High St., Newark New Jersey USA
St. & No. City State Country

KIND OF BUSINESS Pediatric Residency NAME OF SUPERVISOR [Redacted]

TITLE OF JOB Chief Pediatric Resident SALARY \$ 100. PER Month
 YOUR DUTIES Attendance on wards and supervision of Pediatric residents and interns on wards and out-patients.

REASONS FOR LEAVING Still-employed

2. FROM 1 January 1950 TO 30 June 1950

EMPLOYING FIRM OR AGENCY Essex County Isolation Hospital

NK

ADDRESS Belleville N. J. USA (b)(6)
St. & No. City State Country
 KIND OF BUSINESS Hosp. for contagious and communicable disease NAME OF SUPERVISOR [redacted]
 TITLE OF JOB Resident in contagious disease and communicable disease SALARY \$ 155. PER Month
 YOUR DUTIES and communicable disease
 REASONS FOR LEAVING to continue residency training program

3. FROM 1 July 1949 TO 31 Dec. 1949

EMPLOYING FIRM OR AGENCY St. Michael's Hospital
 ADDRESS 305 High St Newark N. J. USA (b)(6)
St. & No. City State Country
 KIND OF BUSINESS Pediatric Residency NAME OF SUPERVISOR [redacted]
 TITLE OF JOB Resident in Pediatrics SALARY \$ 75. PER month
 YOUR DUTIES Resident in pediatrics
 REASONS FOR LEAVING to Continue residency program

4. FROM 1 April 1946 TO 30 June 1947

EMPLOYING FIRM OR AGENCY Newark City Hospital
 ADDRESS Fairmount Ave Newark N. J. USA (b)(6)
St. & No. City State Country
 KIND OF BUSINESS Rotating internship NAME OF SUPERVISOR [redacted]
 TITLE OF JOB rotating intern SALARY \$ 30. PER month
 REASONS FOR LEAVING to enter military service-termination of internship
 YOUR DUTIES rotating intern

5. FROM July 1941 TO Aug 1941

EMPLOYING FIRM OR AGENCY Atlantic Manufacturing Co.
 ADDRESS 555 Belmont Avenue Newark N. J. USA
St. & No. City State Country
 KIND OF BUSINESS Tube manufacturer NAME OF SUPERVISOR unknown
 TITLE OF JOB unknown SALARY \$ 18.00 PER week
 YOUR DUTIES Press machine operator
 REASONS FOR LEAVING To return to college for fall term

NK

(18(17))

SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 16. GIVE FIVE CHARACTER REFERENCES — IN THE U.S. — WHO KNOW YOU INTIMATELY — (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

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W7
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SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

(b)(6)

SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S. — (Give residence and business addresses where possible.)

Street and Number City State

(b)(6) NK WFD

SEC. 19. FINANCIAL BACKGROUND

- A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME savings
- B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS South Orange Trust Co. Fidelity Union Trust Co. East Orange N.J.
- C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No
GIVE PARTICULARS, INCLUDING COURT: Not Applicable
- D. GIVE THREE CREDIT REFERENCES — IN THE U.S.
 - 1. NAME I. Barberger & Co. ADDRESS Newark N.J.
St. & No. City State
 - 2. NAME none ADDRESS _____
St. & No. City State
 - 3. NAME _____ ADDRESS _____
St. & No. City State

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

- NK FROM 1949 TO present 164 So. Harrison St. East Orange N.J. USA
St. No. City State Country
- NK FROM 1947 TO 1949 US Army USA- Germany- Austria
St. No. City State Country
- NK FROM 1946 TO 1947 110 Wyoming Ave. South Orange N.J. USA
St. No. City State Country
- WFD FROM 1943 TO 1946 2420 20th St NW Washington D.C. USA
St. No. City State Country
- BS FROM 1942 TO 1943 3501 13th St. NW. Wash D.C. (Windaor) USA
St. No. City State Country
- WFD FROM July 1942 TO Sept 1942 University of New Hampshire Durham N.H. (Hetzel Hall)
St. No. City State Country USA
- FROM 1941 TO 1942 2014 (?) "G" St., NW Washington D.C. USA
St. No. City State Country
- FROM 1940 TO 1941 3501-13th St., NW Washington D.C. USA

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

- A. FROM 1947 TO 1948 Heidelberg, Germany - Vienna, Austria Military Service
City or Section Country Purpose
- FROM _____ TO _____
City or Section Country Purpose
- FROM _____ TO _____
City or Section Country Purpose

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FROM _____	TO _____	City or Section	Country	Purpose
FROM _____	TO _____	City or Section	Country	Purpose
FROM _____	TO _____	City or Section	Country	Purpose

B. LAST U.S. PASSPORT — NUMBER, DATE, AND PLACE OF ISSUE: _____

Not Applicable

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? _____ GIVE APPROXIMATE

DATES: Not Applicable

PASSPORTS OF OTHER NATIONS: _____

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

- Aesculapean Society The Geo. Wash Univ. Wash D.C. USA
 Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1941-1943
- Alpho Rho Physiological Society The Geo Wash Univ School of Medicine
 Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1943- 1946
- A.F.A. King Obstetrical Society The Geo Wash Univ. School Of Medicine
 Name and Chapter St. & No. City State Country USA
 DATES OF MEMBERSHIP: 1940
- Smith- Reed- Russell Medical Honor Society- The Geo. Wash. Univ. School of
 Name and Chapter St. & No. City State Country Med.
 DATES OF MEMBERSHIP: 1945-1946 Med USA
The Geo Wash Univ. Med. Society and General Alumni Assoc.
- The Geo Wash Univ. Med. Society and General Alumni Assoc.
 Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1946 to present
- Assoc. of Military Surgeons of the United States Wash D.C. USA
 Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1949 to present
- Phi Delta Epsilon The Geo. Wash Univ School Of Med. Wash D.C.
 Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1943- 1946

SEC. 23. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")

LANGUAGE German SPEAK fair READ slight WRITE slight
 LANGUAGE French SPEAK slight READ slight WRITE slight
 LANGUAGE _____ SPEAK _____ READ _____ WRITE _____

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

basketball - Fair (active participant)
photography Fair

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Qualified Physician

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

Central Intelligence Agency 1950

E. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

None, to my knowledge

SEC. 24. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR, OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES", EXPLAIN: No.
Not applicable

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Mild social drinking

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE: No

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW: No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Mrs. Miriam S. Lyons RELATIONSHIP Wife
ADDRESS [Redacted] USA
St. & No. City State Country

(b)(6)

SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

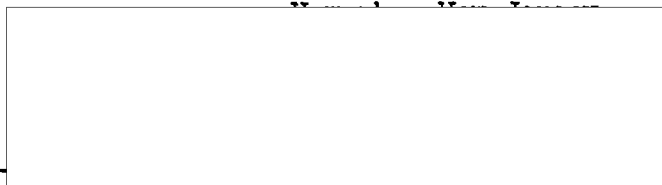
ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No.

118(22)

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SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.



DATE 8 October, 1950

David Robert Lyons
Signature of Applicant

(b)(6)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

SEC. 6

Additional information on Step-Mother

Full Name: Emily Fischer Richeimer

W.K

Living or Deceased: Living

Present Address:

(b)(6)

Date of Birth: 15 April 1879

Place of Birth: Newark, N.J., USA

Citizenship: U.S.

Acquired: Birth

Occupation: Housewife

Last Employer: Not applicable

Military or Government Service: None- Not applicable

SEC. 12

Additional Education

College: The University of New Hampshire

Address: Durham, New Hampshire

Dates Attended: July 1942 to Sept. 1942 (Summer Session)

Degree: None

BS

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SEC. 18

Explanation:

Because of the nature of my present dwell, (apartment house) and length of residence there, I am unacquainted with three neighbors at my present address; therefore one close neighbor is given for the present address, and one each for my last two addresses in the U.S.

SEC. 20

Additional Residences During the Past 15 Years

July 1941 to Sept. 1941-	670 Clinton Ave., Newark, N.J., USA
1938 to 1940	2 Osborne Terrace, Newark, N.J., USA
1928 to 1938	24 Yates Ave., Newark, N.J., USA

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SEC. 22

Additional Organizations Belonged to During College

The George Washington University "Hatchet"	1940-1942
Phi Epsilon Pi- (Alpha Mu Chapter) (The George Washington University)	1940-1942

David Robert Lyons