

Name **MC ALLISTER- JOHN**
 Enlisted at **PORT AUSTIN-MICH.**
 Enrolled **XXXX**
 Age at Entrance **50-YRS 3 MOS.**
 Home address **--**

Service Number **U.S.COAST GUARD**

Date **4-15-16**

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

Rate **SURFMAN**

Town **PORT AUSTIN**
 State **MICH**
 Served as

County
 Served at

From To

No. Days

STATION 249

1YR 5MO

SURFMAN

1YR 7 MOS

16 DAYS

6 DAYS

STATION 151

**1 MO 20
 DAYS**

Remarks:

Date **XXXXX RETIRED 4-25-1921**
 Place **Inactive Duty**

Rating at Discharge

<p>Claim No. 143381</p> <p>Approved</p> <p>Disapproved</p> <p>Date JUN 23 1922</p>	<p>Claim No. 143381</p> <p>Approved</p> <p>Disapproved</p> <p>Date JUN 23 1922</p>
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