

Name **BONEM- LOUISE**
Enrolled **XXX** at **BAY CITY-MICH.**
Enrolled
Age at Entrance **27 YRS**
Home Address **1671 CASS AVE.**
County

Service Number **415-10-73**

Date **10-21-18**

Rate **NURSE**

XXX
U. S. N. R. F.

Town **BAY CITY**
State **MICH.**

B

Served at

From

To

Served as

No. Days

NO ACTIVE DUTY UNTIL
11-12-18

NURSE

21

Remarks:

Date **XXXXX** Discharge **DISENROLLED - 12-10-18**
Place **XXXXXX** Naval Hospital **NAVAL HOSPITAL-GREAT LAKES-ILL.**

NURSE
Rating at Discharge

164825