

Name **WILSON-ELLA J**Service Number **415-16-69**~~XXXX~~Enrolled at **RECRUITING STATION PORT HURON MICH.**Date **9-23-18**Age at Entrance **30 YRS.**Rate **NURSE**~~XXX.~~
U. S. N. R. F.Home Address **1114 8TH ST.**Town **PORT HURON**
State **MICH.****W**

County

ST. CLAIR

Served at

From

To

Served as

No. Days

**NAVAL HOSPITAL NEW YORK
N.Y.****10-16-18****11-11-18****NURSE****49**

Remarks:

Date Discharge ~~XXXX~~**DISENROLLED 3-27-19**Place Inactive Duty ~~XXX XX~~**NAVAL HOSPITAL NEW YORK N.Y.**

Rating at Discharge

NURSE

Claim No. 145396
 Approved
 Disapproved
 Date MAR 16 1922

Claim No. 145396
 Disapproved
 Date MAR 16 1922