

Name **HOFFMAN-MABEL J.**Service Number **415-00-43**Enlisted ~~XXX~~ at **NAVY RECRUITING STATION HOLLAND MICH**

Enrolled

Date **9-3-18**

Age at Entrance

Rate

NURSE~~XXX~~
U. S. N. R. F.

Home Address

**29 YRS.
ROUTE NO. 9**

Town

HOLLAND**K**

County

State

MICH.

Served at

From

To

Served as

No. Days

**NAVAL HOSPITAL GREAT
LAKES ILL.****9-24-18 . 11-11-18****NURSE****69**

Remarks:

Date

Discharge

~~XXX~~**8-24-19****NURSE**

Place

In

Active Duty

DISENROLLED**NAVAL HOSPITAL GREAT LAKES ILL.**

Discharge

Claim No. 147282
Approved [Signature]
~~Disapproved~~
Date **MAR 1 - 1922**