

Name **GALBRAITH- CHARLES CLIFFORD** Service Number **160-06-09**  
 Enrolled **RECRUITING STATION KANSAS CITY MO** Date **5-10-18**  
 Age at Entrance **24 YRS 5 MOS** Rate **HOSPITAL APPRENTICE 2 CLASS** **XXXXX**  
 Home Address **XX** County **PLATTE** Town **PLATTE** City **CITY** **U.S.N.R.F.**  
 State **MO.**  
 Served at **H** From **PLATTE** To **MO.** Served as **HOSPITAL APPRENTICE 2 CLASS** No. Days **141**

NAVAL HOSPITAL  
 GREAT LAKES ILL.

5-16-18

9-29-18

HOSPITAL APPRENTICE  
 2 CLASS

141

Remarks:

Date **XXXXXX** DIED **9-29-18**  
 Place **XXXXXX** NAVAL HOSPITAL GREAT LAKES ILL

HOSPITAL APPRENTICE  
 2 CLASS  
 Rating at Discharge