

NAME OF
SOLDIER:

Hamilton, John H

NAME OF
DEPENDENT:

Widow,

Minor,

Father Hamilton, Jacob

SERVICE:

E 71 Ohio Inf

DATE OF FILING.

CLASS.

APPLICATION NO.

CERTIFICATE NO.

STATE FROM
WHICH FILED.

Invalid,

Widow,

Minor,

Father

361322

400355

Ohio

1987 Sep 29

ATTOR

FBI MEMPHIS