

Hospital Number

Name _____

Age: _____ Nativity _____

Married or Single _____

Residence _____

Post Office address of } _____
wife or nearest relative. }

Rank _____ Co _ Regiment _____

When admitted _____

From what source _____

Diagnosis: (in surgical cases, state explicitly seat
and character of wound or injury.)

On what occasion Wounded _____

Date _____

Nature of missile or weapon _____

Hospital Number

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