

IMMEDIATE REPORT OF DEATH

As required by G. O. 40.

PK #

TELEGRAPHED _____ SENT BY RUNNER _____

Repts
Surname Luhman Date 108581 First name, and initials Hiram G. Date _____

Rank Private Number 6th M.G.B. First name, and initials 6-18-18

Organization _____ Date of action, if in action _____

KILLED OR DIED 8-19-18 Cause of death G.S.W.

MISSING OR CAPTURED: (State which) _____

WOUNDED: HOW? _____ Cause of Wound: _____
Slight or severe _____ Gas, shell fire, shrapnel, etc. _____

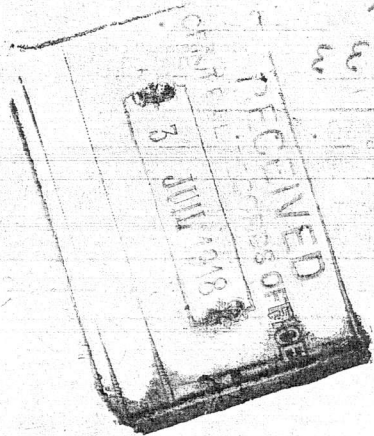
Is soldier entitled to Wound Chevron? _____

IN LINE OF DUTY? Yes RESULT OWN MISCONDUCT? No
Yes or No: _____ Yes or No: _____

(WRITE PLAINLY) D. J. Cruster Capt. adjt. 6th M.G.B.
Signature _____ Rank _____ Organization _____

If report telegraphed to Division or S. O. S. Headquarters; this form when completed will be forwarded to the Statistical Section at Division or S. O. S. Headquarters and forwarded by Statistical Section to Statistical Division, G. H. Q. A. E. F., as will reports received at Division Headquarters by runner.

Form 17 S. D., A. G. O., A. E. F. A. G. Printing Dept., G. H. Q. A. E. F., 1918



NAS
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85238

7/15
Casualty Section, S.D.,
NO 7113