

CASUALTY CARD.

Tests completed _____

Rank, Name and Unit Hellier 2/am J.

Went overseas _____

22580 R.F.C.

Graduated as _____ on (date) _____

At Time of Accident
Employed as ... } _____

Date Report Received and Official Reference.	Date of Casualty	Where occurred.	Type of Machine.	Nature and Cause of Accident.	Result of Accident.	Name of other Occupant of Machine.	Remarks.
45/EF/317 30.9.17.	13.9.17.	France			Wounded		

CASUALTY CARD.

Tests completed _____

Rank, Name and Unit Hellier 2/am. Frederick

Went overseas _____

22580 - R.F.C.

Graduated as _____ on (date) _____

At Time of Accident
Employed as ... } _____

Date Report Received and Official Reference.	Date of Casualty	Where occurred.	Type of Machine.	Nature and Cause of Accident.	Result of Accident.	Name of other Occupant of Machine.	Remarks.
E 44562 26.9.17	16.9.17	France			Dead of wounds.		36. Co: Cl. Station