ARMED FORCES GRAVES REGISTRATION RECORD

BREMER COUNTY

This Record Filed by Soldiers Relief Commission

RECORD No.

	emer		Civil
Full Name of Deceased	Adrian (Lost)	(First)	(Middle)
Age Nearest Birthday			
Last Known Address			
	(City or Town)	(State)	(County)
	(Street	Number, Etc.)	
Place of Death		9	f Death
Place of Burial	Bremer-Sumi (County-City	ner-Sumner — Town or Township)	
Name of Cemetery	Union Mou	1	
Date of Burial		ection, Lot and Block No.)	***************************************
	(Name	and Address)	
Mother of Deceased	(Name	and Address)	
Wife or Husband	/N	and Address)	
Other Blood Relatives			
	(Name	and Addresses)	
Serial Number in Armed Fo	orces		
Discharged from Armed For	Compact Medical Control of Control Control Control		
Place Discharged			
Branch of Armed Forces			
Organization Served with			
Page of Distance			
Type of Discharge			
Type of Discharge			