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Index No. **M/749** Casualty..... Div. Enq.....
Surname **BAGG** Other Names **SHIRLEY L.**
Rank **LIEUT.** Reg. No. **F5/231** Unit..... POW No.....

POW Camp

N/K and
Address

Date

Information

15.10.57 Request for Medical Report **W.A.Div.**

Date

Information