Companied by

1460 Private
BROWNING Joseph
4th Br.

Died of wounds

Died of wounds 13/5/15

n	Particulars required for the Roll of Hor. Name (in full) of Fallen Soldier. Unit and Number (if known).	11166	118-		
3.	3. With what Town or District in Australia was be chief	iv connected (under	which his name out	N-Silvalo	moriai)-
	Town (if any) SUNA III LLS Distr	igs System	State	,, o	
·‡,	Town (if any) SURRY HILLS Distr 1. What was his Birthplace Armidale N	<u></u>			
5	5 Date of Death 1975				
G.	. Place where Willed r Wounded ange			• •	
	Particulars Require				
l.	1. What was his Calling Labourer				
2.	2. Age at time of Death 28-29				
	3. What was his School				
ļ.	I. What was his other Training	ا المامية المن المستعملية المستعملية المستعملية المستعملية المستعملية المستعملية المستعملية المستعملية المستعمل			
i.	. If born in Britain or Abroad, at what age did be come	· to Australia			
i.	i. Had he ever served in any Military or Naval Force be	fore Enlisting in t	ie A.I.F. (Please s	tate particulars)	
7.	7. Any other biographical details likely to be of interest	to the Historian o	f the A.I.F., or of h	is Regiment—	
	musted 1/11/11' - 2nd Mot, 4	Bri. T.	0.5., 4 bm,	30/3/15.	-
	Mortally wounded 10/5/18 8. Was he connected with any other Member of the	5			-
8.		ie A.I.F. who di	ed or who distingu	rished himself. (Plea	190 SU
	Relationship)—			•	
				•	
),	. Name and Address of the Parent or atten person give	ų thi intoneti on	-		
	Name Mrs M. Brownia	<u>_</u> 9: : .			
	Relationship to Soldier Mother	v //	· · · · / //	+ Marine Marine	.,
	Address To State Hospital and	asylum	, Meury	1110, 1830.	Jai
-	. Names and Addresses of any other persons to whom r	reference could be i	nade by the Historia	n for further informati	ion—
).				.,	
).	Name				

COTED ON M. R. CAM.)