

Form 1 **345** REGISTRATION CARD #39 No. 58

1 Name in full William Kiefall Age, in yrs. 30
(Given name) (Family name)

2 Home address Osseo Minn
(No.) (Street) (City) (State)

3 Date of birth Aug 1 1886
(Month) (Day) (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? a born citizen

5 Where were you born? Maple Grove Minn
(Town) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject? U.S.A.

7 What is your present trade, occupation, or office? Farmer of a Homestead

8 By whom employed? by myself
 Where employed? Zurich Montana

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? no

10 Married or single (which)? Single Race (specify which)? Caucasian

11 What military service have you had? Rank no; branch _____; years _____; Nation or State _____

12 Do you claim exemption from draft (specify grounds)? no

I affirm that I have verified above answers and that they are true.

W. K. Kiefall
(Signature of male)

If person is of African descent, tear off this corner

22-2-4.A

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? Tall Slender, medium, or stout (which)? Stout

2 Color of eyes? Gray Color of hair? Light Brown Bald? No

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? No

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

Herman Trueger
(Signature of registrar)

Precinct Osseo
 City or County Hennepin
 State Minnesota

June 5 1917
(Date of registration)