

# WORLD WAR I DRAFT REGISTRATION CARDS, 1917-1918

SOURCE INFORMATION: WWW.ANCESTRY.COM DATABASE: WORLD WAR I DRAFT REGISTRATION CARDS, 1917-1918 DETAIL: REGISTRATION  
 LOCATION: STODDARD COUNTY, MISSOURI; ROLL: 1683932; DRAFT BOARD: O.

COUNTY: STODDARD  
 STATE: MISSOURI  
 BIRTH DATE: 19 OCT  
 1884  
 RACE: WHITE  
 ROLL: 1683932  
 DRAFTBOARD: O

**BLAINE SWINDELL**

**REGISTRATION CARD**

SERIAL NUMBER 1999 OTHER NUMBER 11139  
Blaine Swindell

1. PRESENT HOME ADDRESS: Sturinton, Stoddard Co, Mo

2. AGE IN YEARS 34 DAY OF BIRTH Oct 19 1884

**RACE**

White	Negro	Chinese	Indian
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**U. S. CITIZEN**

Native Born	Naturalized	Entered by Father's Naturalization & His Register's Facility	Declined	Denaturalized
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Present Occupation Wooleryman EMPLOYER'S NAME Sturinton, Stoddard Co, Mo

12. NEAREST RELATIVE Mary K. Swindell

I AFFIRM THAT I HAVE FURNISHED ABOVE ANSWERS AND THAT THEY ARE TRUE  
 P. M. O. O. Blaine Swindell

24-3-24 C

**REGISTRAR'S REPORT**

**DESCRIPTION OF REGISTRANT**

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Tank	Medium	Slend		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Blue</u>	<u>Dark</u>

28. Has person lost arm, leg, hand, eye, or is he absolutely or partly disabled?  
crippled in right leg

29. I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark, and that all of his answers of which I have knowledge are true, except as follows:

M. J. Smith  
 Registrar of Stoddard County

Date of Registration 9-12-1918

**STODDARD COUNTY LOCAL BOARD No. 1  
 BLOOMFIELD, MISSOURI**

(SEAL OF LOCAL BOARD)

(The name of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)

PARENTS:  
 THOMAS MOORE SWINDELL & MARY KATHERINE PROFFER

