T U Agricultural	T U Clerical 13	T U Domestic 33	T U Industrial	T U Professional	T U Public Service	T U Social Service	T U Red Cross & Allied Relief	T U Miscellaneous	Contributions

(To be filled in by Registrar)

WOMEN'S COMMITTEE—COUNCIL OF NATIONAL DEFENSE

No.......... Mo. DIVISION Kirksville UNIT

(Sign only one of these cards)

Name in full Solem Mattie J.
(Last name) (First name)

Address Kirksville 703 E. Mc.. Tel. No. 208
(City or town) (No. and street or R. D. No.)

Age (in years) 39 Married or single Married

Color or race.......... Country of birth America

Citizen: By birth.......... By naturalization..........

Persons dependent upon you, if any..........

Service offered (specify whether volunteer, expenses only, or paid)..........

Time pledged for service Whatever necessary

If training is wanted, specify line 13 — Clerical Tuition paid or free..........

Present occupation Housewife

By whom employed..........

Where employed..........

References..........

Education (graduate or length of time attended):

Grammar.......... College (give name)..........

High or private.......... Specialized training..........

Emergency service (specify whether volunteer, expenses only, or paid)..........

Will you go anywhere?.......... Home town only?.......... In United States?..........

How soon can you start?..........

TRAINING AND EXPERIENCE (ENCIRCLE NUMBER TO LEFT OF OCCUPATION IN WHICH YOU ARE TRAINED. UNDERLINE ONE IN WHICH YOU WISH SERVICE OR TRAINING)

I. Agricultural
1 Dairying
2 Farming
3 Fruit raising
4 Gardening
5 Poultry raising
6 Stock raising

II. Clerical
10 Accountant
11 Bookkeeper
12 Cashier
13 Clerical work (gen.) (circled)
14 Filing
15 Office assistant
16 Office manager
17 Private secretary
18 Typewriter
19 Shipping clerk
20 Stenographer

III. Domestic
30 Care of children
31 Cleaning
32 Cooking
33 Housekeeping
34 Industries by home [employ't
35 Knitting
36 Laundress
37 Practical nurse
38 Trained attendant
39 Seamstress
40 Waitress

IV. Industrial
50 Baker
51 Boarding house
52 Buyer
Cook:
53 Camp
54 Institutional
55 Dressmaker
Factory:
56 Needle trades
57 Food trades
58 Leather trades
59 Hat trades
60 Metal trades
Factory—Cont'd.
61 Munitions
62 Paper and printing
63 Wood trades
64 Textiles
65 Forewoman
66 Inspector
67 Janitress (cleaner)
68 Laundry operative
69 Manager
70 Manicure and hairdr.
71 Messenger
72 Milliner
73 Retail Dealer
74 Restaurant
75 Saleswoman
76 Waitress

V. Professional
80 Actress
81 Architect
82 Artist
83 Author
84 Chemist
85 Dentist
86 Dietitian
87 Draftsman
88 Engineer
Handicrafts:
89 Metals
90 Textiles
91 Woods
92 Journalist
93 Laboratory worker
....
94 Languages (foreign):
Read well..........
Speak well..........
95 Lawyer
96 Lecturer
97 Librarian
98 Musician
99 Osteopath
100 Pharmacist
101 Photographer
102 Physician
103 Publicity
104 Statistician
105 Surgeon
106 Teacher (subject):
Of adults..........
Of children..........

VI. Public Service
110 Inspector
111 Institutional mgr.
112 Mail carrier
113 Police patrol
114 Postmistress
115 Signaling
116 Telegraphy
117 Wireless
118 Telephone
Transportation:
119 Aviatrix
120 Horse
121 Motor car
122 Motor cycle
123 Power boat
124 Railroad

VII. Social Service
130 Camp work
131 Charities—Which?
....
132 Club executive
133 District nursing
134 Hospital
135 Industrial welfare
136 Investigator
137 Playgrounds
138 Protective assoc'n
Recreational:
139 Dancing
140 Music
141 Reading aloud
142 Relief visiting
143 Settlement
144 Social clubs

VIII. Red Cross & Allied Relief
Instruction:
150 Surgical dressings
151 Dietetics
152 Elementary hyg.
Instruction—Cont'd
153 First aid
154 Garments—
Hospital
Civilian

IX. Miscellaneous
....

X. Contributions
A. Ambulance
B. Driver for car
C. Duplicating mach.
D. Funds
E. Home for convalescent hospital
F. Hospital
G. Laboratory
H. Motor boat
I. Motor car
J. Typewriter
K. Share home with widow or children
L. ....

S. Admitted

(To be filled in by Registrar)

SOURCE.....
(Organization or firm registering woman)

If registered before, give name of organization and character of service for which registered.....

.....

Date registered.....

Fee..... Contribution.....

Correspondence regarding woman.....

.....

PERSONAL EQUIPMENT:

Health.....

Physical defects.....

Voice.....

Sight.....

Hearing.....

REMARKS:

Registrar's name.....

Address in full.....

.....

ASSIGNMENT

DATE	SENT TO—	RESULT	REMARKS