



Adair Co. - 3rd Dist -  
 (To be filled in by Registrar)

SOURCE *Council of Defense*  
 (Organization or firm registering woman)

Date registered... *July - 28*  
 Fee..... Contribution.....  
 Correspondence regarding woman.....

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

PERSONAL EQUIPMENT:

Health... *Fair*  
 Physical defects... *good*  
 Voice... *good*  
 Sight... *good*  
 Hearing... *good*

ASSIGNMENT

DATE	SENT TO—	RESULT	REMARKS
<i>July - 28 - 1917.</i>	<i>Mrs. F. O. Heaps,</i>		<i>St. Louis,</i>
	<i>Mo.</i>		

REMARKS:

Registrar's name... *Ms. M. A. Franklin,*  
 Address in full... *Warrenton,*  
*Mo.*