

Francesco Gualtieri, "United States World War I Draft Registration Cards, 1917-1918"

Name: **Francesco Gualtieri**
Event Type: Draft Registration
Event Date: 1917-1918
Event Place: Itasca County, Minnesota, United States
Gender: Male
Birth Date: 28 Feb 1879
Birthplace: , ,
Nationality: Italy
Affiliate Publication Title: World War I Selective Service System Draft Registration Cards
Affiliate Publication Number: M1509
GS Film number: 1675471
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NOTES from Lisa

According to "Wiki" the Selective Service Act of 1919 required all men ages of 21-30 to register. This law was amended in August 1918 to include me ages 18-45. Thank explains why at the age of 39 Francesco registered for the draft. He checked the box "declarant" alien - meaning he formally declared his intention to become a citizen of the USA (Bella America!)

NOTES from Tony

Notice that Francesco was in the Italian Army and he registered for the USA Army. Also notice that a couple of the documents show his last name without the L and some with the L.

REGISTRATION CARD

Serial Number 3083
Order Number A-989

Francesco Guattieri

Box 476 Nashwauk Itasca Minn

Age in Years : 39

Date of Birth : Feb 28 1879

Race : White

Alien : Declarant

Citizen of Italy

Present Occupation : Mine Labor

Employer : M.A. Hanna Co.

Place of Employment : Nashwauk Itasca Minn

Nearest Relative : Rosina Guattieri
Box 476 Nashwauk Itasca Minn

(Signature) Francesco Guattieri

Description of Applicant

Height : Med Build : Med Eyes : Brown Hair : Black

Physical disqualification Blind Left Eye

Date : Sep 12 1918

Stamp Local Board Itasca County Grand Rapids Minn

REGISTRATION CARD

SERIAL NUMBER 3083

ORDER NUMBER 6-919

1. Full name *William*

Given Name *William*

2. Present home address

Dr. 271 Wisconsin State Prison

Age in Years *39*

18

1899

White Negro Greek Italian Polish Other

U. S. CITIZEN Naturalized Citizen by Birth Citizen by Naturalization State *Ill.*

Name Born *18* Sex *M* Marital Status *Single*

15. Date of Emigration or Birth *November 18, 1899*

16. Present Occupation *W. D. Thomas*

17. Name of Employer or Institution *Wisconsin State Prison*

18. Name of Relative *William*

19. Address *Dr. 271 Wisconsin State Prison*

Form 1 REGISTRATION CARD 5

REGISTRAR'S REPORT 22-4-15.C

DESCRIPTION OF REGISTRANT

HT	HAIR	BEARD	COMPLEXION	COLORED EYES	COLORED HAIR
22	Medium	Short	Swart	Medium	Swart
23	21	24	25	26	27

28. Has person lost arms, legs, hands, eyes or is he otherwise physically disabled?
Blind Left Eye

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

Date of Registration *SEP 12 1918*

LOCAL BOARD FOR TRAVEL COUNTY
 CHASER RAPIDS, MINNESOTA

(STAMP OF LOCAL BOARD)

The stamp of the local Board having jurisdiction of the area in which the registrant has the permanent home shall be placed on this report.

(OVER)