

**Will Gainer
c. 1898-1918
World War I**

Will Gainer served as a draftee in the Recruitment Company #42 of the US Army during World War I. Born in Washington County, Florida, he worked as a laborer prior to his military service. Gainer died in service from the influenza epidemic during his time at Camp Johnston, Florida, in 1918. He is buried in the Saint Augustine National Cemetery.

Form 1 **630** **REGISTRATION CARD** | No. **26**

1	Name in full Will Gainer (Given name) (Family name)	Age, in yrs. 26
2	Home address De Junior Sprs (No.) (Street) (City) (State)	Fla
3	Date of birth Sept 18 1891 (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)? Natural born	
5	Where were you born? Orange Hill Fla USA (Town) (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? Citizen	
7	What is your present trade, occupation, or office? IO Laborer	
8	By whom employed? BH Lindsay Where employed? New Home, Fla	
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)? Negro
11	What military service have you had? Rank No ; branch No ; 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.

Will Gainer
(Signature or mark)

“Will Gainer.” WWI Draft Registration Cards. (Front)

Gainer worked as a laborer.

Gainer listed his year of birth as 1891 to make himself eligible for the draft.

VA



U.S. Department
of Veterans Affairs
National Cemetery
Administration

vlp.cah.ucf.edu



Department
of History

UNIVERSITY OF CENTRAL FLORIDA

9-1-17-A
REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u>	Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>Blue</u>	Color of hair? <u>Black</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>	

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:

Mad Marrison
(Signature of registrant)

Precinct 14
City or County Orlando
State Fla

June 5, 1917
(Date of registration)

“Will Gainer.” WWI Draft Registration Cards. (Back)
Gainer registered on June 5, 1917.

When completed to be mailed by
Military Authorities to the Provost
Marshal General, Washington, D. C.

LOCAL BOARD, COUNTY OF WALTON,
STATE OF FLORIDA,
DE FUNIAK SPRINGS, FLORIDA.

Date, Sept 25 1918.

The selected men herein described, having been inducted into military service on Sept. 25, 1918 (Date.)
have this date been entrained for Camp Jos. Johnston (Camp or Station.)
This statement consists of 1 sheets. e 3-5443

[illegible]

“Will Gainer.” List of Men Inducted into Military Service.
Walton County Draft Board.

Gainer sent to Camp Joe Johnston, FL on September 25, 1919.

14-50111-1 PRESS 10232

STANDARD CERTIFICATE OF DEATH
HEALTH DEPARTMENT - CITY OF JACKSONVILLE, FLA.

1 PLACE OF DEATH
County Duval Registration District No. 1301 File No. 10387
Precinct Ortega Primary Registration Dist. No. 13267 Registered No. _____
City Camp Johnston No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of St. and No.)

2 FULL NAME James Gainer
(a) Residence. No. Camp Johnston St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>C</u>	5 Single, Married, Widowed, or Divorced (Write the word) <u>Single</u>	16 DATE OF DEATH (month, day, and year) <u>Oct 1 1918</u>		
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			17 I HERESY CERTIFY, That I attended deceased from <u>Sept 27, 1918</u> to <u>Oct 1, 1918</u> that I last saw him alive on <u>Oct 1, 1918</u> and that death occurred, on the date stated above, at <u>1145H</u>		
8 DATE OF BIRTH (month, day, and year) _____			The CAUSE OF DEATH* was as follows: <u>Influenza</u>		
7 AGE Years <u>20</u> Months <u>-</u> Days <u>-</u> IF LESS than 1 day, hrs. _____ or min. _____			18 Where was disease contracted (duration) yrs. mos. da. _____ CONTAGIOUS (Secondary) <u>Labor Pneumonia</u> (duration) yrs. mos. da. _____		
9 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Soldier</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____			19 Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u>		
10 BIRTHPLACE (city or town) (State or country) <u>Fla</u>			What test confirmed diagnosis? _____ (Signed) <u>A. A. Johnson</u> , M. D.		
11 NAME OF FATHER <u>James Gainer</u>			15 (Address) <u>15th St</u>		
12 BIRTHPLACE OF FATHER (city or town) (State or country) <u>214 Belmont Ave Pensacola Fla</u>			*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)		
13 MAIDEN NAME OF MOTHER _____			19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Augustine, Fla</u> DATE OF BURIAL <u>Oct 1st 1918</u>		
14 BIRTHPLACE OF MOTHER (city or town) (State or country) _____			20 UNDERTAKER <u>Marcus Conant</u> ADDRESS <u>City</u>		
24 Informant <u>Carl M Van Poole</u> (Address) <u>St. M. C. Base Hospital</u>					
25 Filed <u>10/3</u> , 1918 <u>C. A. Turley</u> Registrar					

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

“Will Gainer.” Florida Death Certificate.
Gainer died at Camp Johnston while serving in the military.

GAINER WILL		X C 130 812
Draftee QMC Co 42 Rec Cp		K
Pensacola Fla		A
Sa 2 910 381	Died 10/1/18	T
Born		R
Enl	Dis	Cl.
		I 142 050
U. S. VETERANS BUREAU MAIL AND RECORDS		

“Will Gainer.” VA Master Index.
Updated to status of death on October 1, 1918.

Will Gainer **2,910,381** **XXXX** **Colored** **8**

xx **Ponce De Leon** **FLORIDA**

Inducted at **Walton Co Fla** **on Sept 26 1918**

Place of birth: **Washington Co Fla** **Age or date of Meth:** **20 yrs**

Organizations served in, with dates of assignments and transfers: **Q M C to death**

Grades, with date of appointment: **Pvt**

Enregistrants: **xx**

Wounds or other injuries received in action: *** None**

Served overseas from **no** **to** **from** **to**

Died of **Influenza - Pneumonia** **Oct 1 1918**

Person notified of death: **Mr. Jim Gainer** **Father**

xx **Bonifay** **Fla.**

REMARKS:

Form No. 221-S, A. G. O. * Strike out words not applicable. † Date of departure from and arrival in the U. S. Nov. 22, 1919.

“Will Gainer.” WWI Service Card.
Gainer died of influenza when serving on October 1, 1918.

Interment in the ST. AUGUSTINE, FLA. National Cemetery
To—The Quartermaster General, Washington, D. C.

NAME			RANK	COMPANY	REGIMENT OR VESSEL			DIVISION, IF WORLD WAR SOLDIER
					Number	State	Arm	
GAINER, Will (colored) To			Pvt.	Recruit Co #42				

DATE OF DEATH			DATE OF INTERMENT			GRAVE MARK		REMARKS Date of discharge and number of Pension Certificate, Disinterments, etc.
Month	Day	Year	Month	Day	Year	Section	Grave No.	
Oct.	1	1918				A	199	<p>28 MAY 1965</p> <p>USA C-1317705 GEORGIA MARBLE C</p> <p>TATE, GEORGIA</p>

In this case, inscribe → PVT / US Army / O/O

Shipping point for headstones Reveries
5-16-65

(See Instructions on Reverse Side)

3-2550

8 5 0 1 0 9 2 0 0 1 9

Superintendent.

“Will Gainer.” Cemetery Interment Control Forms.
Saint Augustine National Cemetery.



“Will Gainer.” Find a Grave Headstone.
Saint Augustine National Cemetery.