

Sam Green
1895-1937
World War I

Sam Green served in the 311st Labor Battalion of the US Army during World War I. Born in Leesburg, Georgia, Green worked as a laborer in the Public Works Administration prior to his death. Green died in 1937 and is buried in the Saint Augustine National Cemetery.



U.S. Department
of Veterans Affairs
National Cemetery
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**Department
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UNIVERSITY OF CENTRAL FLORIDA

Sam Green

Green		Sam	2,345,295	2
(Surname)	(Christian name)	(Army serial number)		* White * Colored.
Residence: _____		Nicholls	GEORGIA	
(Street and house number)		(Town or city)	(County)	(State)
* Enlisted I. R. A. * N. G. * E. R. C. * Inducted at		Douglas Ga	on Oct 4, 1917	
Place of birth: _____		Leesburg Ga	Age or date of birth: 21 4/12 yrs	
Organizations served in, with dates of assignments and transfers: _____				
Co H 303 Steve Regt				
to Dec 9/17; Co A 304 Steve Regt to Jan 26/18;				
Co A 311 Labor Bn to disch				
Grades, with date of appointment: Pvt				
Engagements: _____				
Wounds or other injuries received in action: None.				
Served overseas from _____ to _____, from _____ to _____				
Honorably discharged: Mch 23/18 S C D				
(Date) (Cause)				
In view of occupation he was, on date of discharge, reported 33 1/3 per cent disabled.				
Remarks: _____				
Form No. 724-2, A. G. O. * Still not made not applicable. * Dates of departure from and arrival in the U. S.				

"Sam Green." Georgia, World War I Service Cards, 1917-1919.



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UNIVERSITY OF CENTRAL FLORIDA

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Columbia District No. 10-01 State File No. 16681
Precinct (Write name, not number) Precinct No. 10-513 Registered No. 16681
City or Town Lake City, Florida City or Town No. 10-513 Ward 2, No. Veterans' Adm. Facility, Lake City, Fla.
Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? 1 yrs. 1 mos. 1 ds.

2. FULL NAME GREEN, Sam (C-Not assigned).
(a) Residence: No. 7 Walters Ave., Jacksonville, Fla. Ward 13-510
(Final place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE Colored 5. Single, married, widowed or divorced (write the word) Married
6a. If married, widowed or divorced HUSBAND of Mrs. Rosa Lee Green
(or) WIFE of Mrs. Rosa Lee Green
7. DATE OF BIRTH (month, day and year) Dec. 25, 1895
8. AGE Years 41 Months 9 Days 22 If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.W.A. Work
10. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
11. Date deceased last worked at this occupation (month and year)
12. Total time (years) spent in this occupation
13. BIRTHPLACE (city or town) Georgia (State or country)

14. NAME Unknown
15. BIRTHPLACE (city or town) Unknown (State or country)
16. MAIDEN NAME Unknown
17. BIRTHPLACE (city or town) Unknown (State or country)

18. INFORMANT Willie F. Williams (Clin. Clerk)
(Address) St. Augustine, Fla.
19. BURIAL, CREMATION, OR REMOVAL Shipped
Place St. Augustine, Fla. Date 10-22-37
20. UNDERTAKER Wilson Funeral Home, Lake City, Fla.
(Address) Lake City, Fla.
21. FILED 10-27-37 Wanda D. Lusk (Address) V.A.F., Lake City, Fla.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) 10-17-37
22. I HEREBY CERTIFY, That I attended deceased from 10-16-37 to 10-17-37
I last saw him alive on 10-17-37 death is said to have occurred on the date stated above, at 8:50 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Cardiac decompensation, severe. Uremia, terminal, acute.
Contributory causes of importance not related to principal cause:
Name of operation None Date of None
What test confirmed diagnosis Phys. Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
If so, specify None
(Signed) Paul Morrison M.D., Clin. Director
V.A.F., Lake City, Fla.

"Sam Green." Florida, Bureau of Vital Statistics, Death Certificate, 1937.

*Inducted Oct 4, 1917
Hm-disch. March 23, 1918*

Interment in the St. Augustine National Cemetery

2345295 To—The Quartermaster General, Washington, D. C. *W22*

NAME	RANK	COMPANY	REGIMENT OR VESSEL			DIVISION, IF WORLD WAR SOLDIER
			Number	State	Arm	
<u>Green, Sam - Cld.</u>	<u>Pvt.</u>	<u>A</u>	<u>311</u>	<u>State: Ga.</u>	<u>Labor Bn.</u>	<i>none</i>

DATE OF DEATH			DATE OF INTERMENT			GRAVE MARK		REMARKS
Month	Day	Year	Month	Day	Year	Section	Grave No.	
<u>Oct.</u>	<u>17</u>	<u>1937</u>	<u>Oct.</u>	<u>22</u>	<u>1937</u>	<u>A</u>	<u>215</u>	Hon. Dis. March 23, 1918. Authority - Telegram from OQMG. dated October 20, 1937 file QM 293 A-M (Green, Sam).

Shipping point for headstones: St. Augustine, Florida.

REC'D WORLD WAR DIV.

3-2850

NOV 5 1937

(See Instructions on Reverse Side)

1683952

TATE, GA. 9

DEC 1937

Superintendent.

James W. Dell
no record of any subsequent service
MH 4-3
11-6-37
Line 6

“Sam Green.” U.S. National Cemetery Interment Control Forms, 1928-1962.