

Andrew Jackson

1893-1937

World War I

Andrew Jackson served in the 807th Pioneer Infantry of the US Army during World War I. Born in Sparr, Florida, Jackson worked as a laborer prior to his military service. Afterwards, he continued to work as a laborer for the Florida East Coast Railroad Company. Jackson died in 1937 and is buried in the Saint Augustine National Cemetery.



U.S. Department
of Veterans Affairs
National Cemetery
Administration

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Department
of History

UNIVERSITY OF CENTRAL FLORIDA

Andrew Jackson

Form 1 1187 REGISTRATION CARD		1139 No. 106	
1	Name in full <i>Andrew Jackson</i>	Age, in yrs. <i>24</i>	
2	Home address <i>203 W. H. Calatha Pl.</i>		
3	Date of birth <i>May 16 1893</i>		
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <i>natural born</i>		
5	Where were you born? <i>Spain Fla. N. H.</i>		
6	If not a citizen, of what country are you a citizen or subject?		
7	What is your present trade, occupation, or office? <i>Laborer</i>		
8	By whom employed? <i>E. M. Davis & Son</i>		
9	Where employed? <i>Calatha Fla.</i>		
10	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? <i>Yes</i>		
11	Married or single (which)? <i>Single</i> Race (specify which)? <i>Negro</i>		
12	What military service have you had? Rank <i>1st</i> ; branch <i>Infantry</i> ; years <i>1</i> ; Nation or State <i>Spain</i>		
Do you claim exemption from draft (specify grounds)?			
I affirm that I have verified above answers and that they are true.			
<i>Andrew Jackson</i>			

REGISTRAR'S REPORT 9-2-28.A	
1	Tall, medium, or short (specify which)? <i>Medium</i> Slender, medium, or stout (which)? <i>Medium</i>
2	Color of eyes? <i>Blue</i> Color of hair? <i>Black</i> Bald? <i>No</i>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <i>No</i>
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:	
<i>Andrew Jackson</i>	
Precinct	<i>13</i>
City or County	<i>Putnam</i>
State	<i>Fla.</i>
<i>June 28</i>	

"Andrew Jackson." U.S. World War I Draft Registration Cards, 1917-1918.

Sheet No. 4 Class 3 HEADQUARTERS PORT OF EMBARKATION, HOBOKEN, NEW JERSEY
PASSENGER LIST OF ORGANIZATIONS Q 208 3RD PHAS

INSTRUCTIONS FOR FILLING OUT THIS FORM
Separate lists of FIVE COPIES EACH, will be filled out by each company or detachment commander as follows:
1st List: Officers arranged according to rank, Army Field Clerks, Field Clerks Q. M. C., Nurses and Civilian Employees. Names should be numbered consecutively beginning with No. 1.
2d List: Non-commissioned Officers above Grade 17, (Par. 9, A. R.), arranged according to grade.
3d List: Enlisted men below Grade 16, (Par. 9, A. R.), arranged according to the usual formation of the Company, that is, by squads. These names should be numbered consecutively beginning with No. 1.

No.	Name (Family name followed by Christian name and middle initial, same as on service record. Army Serial Number immediately under each name.)	Rank & Corps Ex'ple: Capt. QMRC	Organization	NOTIFY IN CASE OF EMERGENCY (Give name in full, for example: Mrs. Mary A. Smith)	Relationship	ADDRESS (Number, Street, City and State) Do not abbreviate.
Leave double space between entries. All typewriting must be in CAPITAL LETTERS						
55	ROUNDTREE, WALTER 4186474	PVT.	507 Pioneer Inf	COLEMAN ROUNDTREE	FATHER	ROUTE 3 BOX 9. BARNEY, GEORGIA
56	JONES, JAMES 4186607	PVT.	"	MRS. GEORGIA A. JONES	MOTHER	R.F.D. # 1. ELLAVILLE, GEORGIA.
57	WILLIAMSON, CALVIN H. JR. 2958422	PVT.	"	MRS. MARIA WILLIAMSON	MOTHER	R.F.D. # 1. ARGYLE FLORIDA.
58	JOHNSON, MACON 4186665	PVT.	"	MRS. ROSIAH JOHNSON	MOTHER	DELRAY, FLORIDA
59	JORDAN, OSCAR 4186023	PVT.	"	MRS. BULAH B. JORDAN	WIFE	RALEIGH, FLORIDA
60	PRICE, WILBUR C. 2959184	PVT.	"	ROBERT T. PRICE	FATHER	130 TENNESSEE AVE. ATLANTIC CITY, NEW JERSEY
61	ROSS, EUGENE 2959187	PVT.	"	MRS. MARIA COACH	GRAND- MOTHER	250 ROSEMONT AVE., ATLANTIC CITY, NEW JERSEY
62	ANDERSON, ASHEY 4153121	PVT.	"	MRS. JULIA B. ANDER- SON,	WIFE	WOOD BRIDGE AVE. METUCHEN, BOX 59. NEW JERSEY
63	JACKSON, ANDREW 4186666	PVT.	"	FRANK JACKSON	FATHER	720 MARKET ST. JACKSONVILLE, FLORIDA.
64	FRANK, ALDO ALDO FRANK	PVT.	"	MRS. FRANK FRANK	WIFE	127 SENECA ST. ATLANTA, GA.
65	BYRD, LOUIS H. 4153040	PVT.	"	MRS. ELSIE BYRD	WIFE	844 SO. 2 ST. CALDEN, NEW JERSEY
65	ROBINSON, ARTHUR 4186599	PVT.	"	MRS. CARRIE S. ROBINSON	MOTHER	SUMMERFIELD, FLORIDA
66	HARRISON, FRANK 4186425	PVT.	"	MRS. FRANCIS H. WRANGLE	SISTER	PLANT CITY, FLORIDA
67	ETON, COOPER 4150758	PVT.	"	MRS. ELIZABETH ETON	WIFE	808 E. WASHINGTON ST. SYRACUSE, NEW YORK.
68	GARETT, WALTER 4186667	PVT.	"	MRS. PAULINE W. GARETT.	MOTHER	95 KINGS FERRY WAY. ST. AUGUSTINE, FLORIDA.
69	WILLIAMS, LUTHER 4186668	PVT.	"	MRS. POLLY W. WILLIAMS	WIFE	102 AVE G. MIAMI, FLORIDA.
70	ALEXANDER, GRAHAM 4150715	PVT.	"	MRS. JULIA ALEXANDER	MOTHER	POST OFFICE, RED LAWN, VIRGINIA.

DISPOSITION:
Five copies of this list to be handed to the representative of embarkation personnel adjutant's office at gang-plank by which company embarks.

15

H. S. Talley
(Signature of Company Commander.)
Capt. enlg OSA
(Rank)

DECLASSIFIED
Authority NND 785096

"Andrew Jackson." U.S. Army Transport Services, Passenger Lists, 1910-1939.



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UNIVERSITY OF CENTRAL FLORIDA

1

P216 Jackson, Andrew 4,186,666 * White * Colored.
 (Surname) (Christian name) (Army serial number)

Residence: Sparr Marion FLORIDA
 (Street and house number) (Town or city) (County) (State)

* Sparr Fla N. G. * Sparr Fla Inducted at St Augustine Fla on Aug 4/18
 Place of birth: Sparr Fla Age or date of birth: May 16/1893

Organizations served in, with dates of assignments and transfers: _____
Co M 907 Pion Inf to disch

Grades, with date of appointment: _____
Pvt

Engagements: _____

Wounds or other injuries received in action: None.

Served overseas from Sept 4/18 to July 3/19 from _____ to _____

Honorably discharged on demobilization July 9/19, 19____

In view of occupation he was, on date of discharge, reported 0 per cent disabled.

Remarks: _____

Form No. 724-1, A. G. O. * Strike out words not applicable. * Dates of departure from and arrival in the U. S.

“Andrew Jackson.” Florida, World War I Service Cards, 1917-1919.

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
Country St. John District No. 1881 State File No. 19836
Precinct (Write name, not number) Precinct No. _____
or _____
City or Town St. Augustine City or Town No. 42511 Registered No. 99
City No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs. 10 mos. 10 ds. How long in U. S. if of foreign birth? 2 yrs. 10 mos. 10 ds.

2. FULL NAME Andrew Jackson
(a) Residence: No. 135 Forest St. _____ Ward _____
(b) (If patient, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. Single, married, widowed or divorced (write the word) Married
6a. If married, widowed or divorced, HUSBAND of _____ (or) WIFE of Lucile Jackson
6. DATE OF BIRTH (month, day and year) March 44
Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
8. Industry or business in which work was done, as silk mill, sawmill, bank, etc. F.E.C.R.R.
9. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) (State or country) Florida
13. NAME Frank Jackson
14. BIRTHPLACE (city or town) (State or country) Florida
15. MAIDEN NAME Eliza McAllister
16. BIRTHPLACE (city or town) (State or country) Florida
17. INFORMANT Lucile Jackson (Address) 135 Forest
18. BIRTH, CREMATION OR REMOVAL Place National Cemetery Date Nov 6 1937
19. UNDERTAKER Adolph Walker (Address) 70 Washington St
20. FILED March 6 1937 Chas. E. Goble Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1927 to Nov 4 1937
I last saw him alive on Nov 3 1937 death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Septicemia Date of onset 5 days
Osteomyelitis jaw 24 hrs
Abscess tooth 9
Contributory causes of importance not related to principal cause:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. C. Walker M.D.
(Address) St. Augustine Fla

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.

"Andrew Jackson." Florida, Bureau of Vital Statistics, Death Certificate.

Interment in the St. Augustine National Cemetery
To—The Quartermaster General, Washington, D. C. *W W*

NAME			RANK	COMPANY	REGIMENT OR VESSEL			DIVISION, IF WORLD WAR SOLDIER
					Number	State	Arm	
<i>OK</i>	<i>OK</i>	<i>OK</i>	<i>OK</i>	<i>OK</i>	<i>OK</i>	<i>OK</i>	<i>OK</i>	<i>OK</i>
Jackson, Andrew- 4186666			Gld.	Pvt.	M	807	Fla.	Pioneer Inf.
								<i>same</i>

DATE OF DEATH			DATE OF INTERMENT			GRAVE MARK		REMARKS
Month	Day	Year	Month	Day	Year	Section	Grave No.	Date of discharge and number of Pension Certificate, Disinterments, etc.
Nov	4	1937	Nov.	6	1937	A	216	Enlisted August 4, 1918 at St. Augustine, Fla. Hon. Dis. July 9, 1919 at Camp Jackson, S. C. Authority - Presentation of Hon. Discharge.

Shipping point for headstones: St. Augustine, Florida.

2-2550 16866622 6 2 0 9 2 0 0 9
BENT'S QUARRY, ALA. 25 JAN 1938

(See Instructions on Reverse Side)

James W. Dill
Superintendent.

"Andrew Jackson." U.S. National Cemetery Interment Control Forms, 1928-1962