

# **Will Jennings** **c. 1898-1930** **World War I**

Will Jennings served in 551<sup>st</sup> and 447<sup>th</sup> Reserve Labor Battalion of the US Army during World War I. Born in Alabama, he worked as a farmer prior to his military service. Few details exist of his life after the war. Jennings died in 1930 and is buried in the Saint Augustine National Cemetery.

## B

..., *Enumerator*

R.R. Construction Camp

UNIVERSITY OF CENTRAL FLORIDA



Form 1-585 REGISTRATION CARD 329 No. 112

1	Name in full (Given name) (Family name)	Age
	Will Jennings	26
2	Home address (No.) (Street) (City) (State)	
	Highland St 1- Ala	
3	Date of birth (Month) (Day) (Year)	
	April 15th 1891	
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 Citizen	
5	Where were you born? (Town) (State) (Nation)	
	Dale Co Ala U.S.A	
6	If not a citizen, of what country are you a citizen or subject?	
	Citizen	
7	What is your present trade, occupation, or office?	
	Farming	
8	By whom employed?	
	J. N. Ellison	
	Where employed?	
	Henrieville	
9	Have you a father, mother, wife, child under 18, or a sister or brother under 18, solely dependent on you for support (specify which)?	
	NO	
10	Married or single (which)?	Race (specify which)?
	NO	Negro
11	What military service have you had? Rank	branch
	Mon	Mon
	years	Nation or State
	Mon	Mon
12	Do you claim exemption from draft (specify grounds)?	
	NO	

I affirm that I have verified above answers and that they are true.

C Will Jennings  
(Signature or mark)  
mark

“Will Jennings.” WWI Draft Registration Card. (Front)  
Jennings worked as a farmer in Henry County, Alabama.





1

Jennings Will 2,910,303 \*White\* Colored.

(Surname) (Christian name) (Army serial number)

Residence: Delspine FLORIDA

(Street and house number) (Town or city) (County) (State)

\*Inducted at Titusville Fla on Sept 25, 1918

Place of birth: New Fall Ala Age or date of birth: AUG 21/96

Organizations served in, with dates of assignments and transfers:

41 Co Rec Gr (Col) to Nov 3/18 (Camp Johnston Fla);

Co D 551 Serv Bn to Dec 7/18; Co D 447 Reserve Labor

Grades, with date of appointment: Bn to Mch 29/19; Co A 447 Reserve Labor Bn to

Pvt Disch

Engagements:

Wounds or other injuries received in action: None.

Served overseas from None to † from † to †

Honorably discharged on demobilization Oct 3/19, 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.

Nov. 22, 1919.

“Will Jennings.” WWI Service Cards.

Military Service: September 25, 1918 to October 3, 1919.

Jennings served with the 447<sup>th</sup> Reserve Labor Battalion.



U.S. Department  
of Veterans Affairs  
National Cemetery  
Administration

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Department  
of History

UNIVERSITY OF CENTRAL FLORIDA

STATE OF FLORIDA, County of St. Johns: Cal.

Before me, GEO. WM. JACKSON, County Judge in and for said County, personally appeared

Willie Jennings of St. Augustine Fla.  
Ruby Copeland and  
of "

who have this day made application for a marriage license, and, after being severally sworn, depose and say as follows: That no legal impediment exists to the Marriage now sought to be solemnized, that he, the said Willie Jennings is 29 years of age, and that she, the said Ruby Copeland is 19 years of age.

Subscribed and sworn to before me this 19<sup>th</sup> day of July, A. D. 1927

Geo. Wm. Jackson  
County Judge.

STATE OF FLORIDA, County of St. Johns:

"Will Jennings." Florida County Marriage Records.  
Marriage of Willie Jennings and Ruby Copeland.  
July 19, 1927.



**FLORIDA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS** 23 **CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
 County St John District No. 42-21  
 Precinct St Augustine Precinct No. 12-512 State File No. 8502  
 or (Write name, not number)  
 City or Town No. 42-512 Registered No. 41  
 City St Augustine 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 3 yrs mos. 0 ds. How long in U. S. if of foreign birth? 3 yrs. 0 mos. 0 ds.

2. FULL NAME William Jennings  
 (a) Residence: No. 58 Dathan St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If deceased, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>colored</u>	5. Single, married, widowed or divorced (write the word) <u>married</u>			21. DATE OF DEATH (month, day, and year) <u>May 27 1930</u>	
5a. If married, widowed or divorced, HUSBAND of _____ (or) WIFE of <u>Willie Jennings</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>May 26</u> 19 <u>30</u> , to <u>May 27</u> 19 <u>30</u> I last saw him alive on <u>May 27</u> 19 <u>30</u> , death is said to have occurred on the date stated above, at <u>2:30 p.m.</u>		
6. DATE OF BIRTH (month, day and year) <u>Don't know</u>				The principal cause of death and related causes of importance in order of onset were as follows: <u>Lobar (Right) Pneumonia</u> Date of onset <u>May 15</u>		
7. AGE <u>about 32</u>	Years	Months	Days	Contributory causes of importance not related to principal cause: <u>2</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>						
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Teacher</u>						
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Dathan</u> (State or country) <u>ala</u>				Name of operation _____ Date of _____		
13. NAME <u>Willie Jennings</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____		
14. BIRTHPLACE (city or town) <u>Dathan</u> (State or country) <u>ala</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____		
15. MAIDEN NAME <u>Nancy Jennings</u>				Where did injury occur? _____ (Specify city or town, county, and State).		
16. BIRTHPLACE (city or town) <u>Dathan</u> (State or country) <u>ala</u>				Specify whether injury occurred in industry, in home, or in public place.		
17. INFORMANT (Address) <u>88 Chapel St. Jacksonville</u>				Manner of injury _____		
18. BURIAL, CREMATION OR REMOVAL Place <u>National Cemetery</u> Date <u>June 5</u> 19 <u>30</u>				Nature of injury _____		
19. UNDERTAKER (Address) <u>F. T. Bacon</u>				24. Was disease or injury in any way related to occupation of deceased? _____		
20. FILED <u>June 4</u> 19 <u>30</u> <u>E. C. Johnson</u> Local Registrar				If so, specify _____ (Signed) <u>N. E. White</u> M.D. <u>108</u> (Address) <u>St. Augustine Fla</u>		

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.

MARGIN RESERVED FOR BINDING

V. S. No. 4

“Will Jennings.” Florida Death Certificates.  
 Jennings died on May 27, 1930 in Saint Augustine, FL.

ORIGINAL

WW

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

NAME			RANK	COMPANY	REGIMENT OR VESSEL			DIVISION, IF WORLD WAR SOLDIER
					Number	State	Arm	
Jennings, Will			Pvt	Hdq Det Eng	441	Ala	Eng	Not known W.W.

  

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.	
May	27	1930	June	5	1930	A	393	Disch October 3rd, year not given on discharge. P.C. None, #2910303.

JUN 1930

Shipping point for headstones: St Augustine, Florida.

3-2550

STATE, GEORGIA DEC 19 1930  
JAN 29 1931

248908  
(See Instructions on Reverse Side)  
461443

G. H. Bridges,  
Major General,  
The Superintendent.  
STATE, GEORGIA OCT 4 1932

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



U.S. Department  
of Veterans Affairs  
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“Will Jennings.” Find a Grave Headstone.  
Saint Augustine National Cemetery.