

Edward Wilson

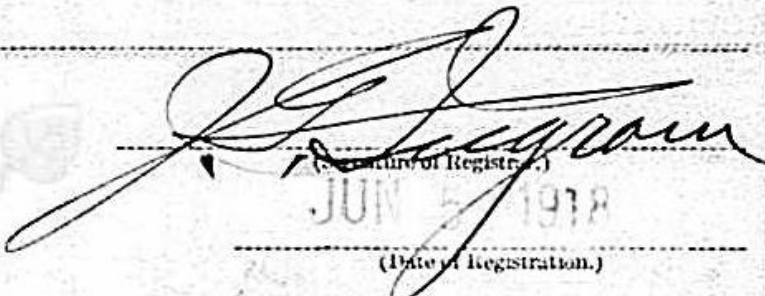
1897-1934

World War I

Edward Wilson served in the 547th Engineer Services Battalion of the US Army during World War I. Born in Saint Augustine, Florida, Parker moved to Jacksonville, Florida, where he worked as a laborer prior to his military service. Afterwards, he continued to work as a laborer. Wilson died in 1934 and is buried in the Saint Augustine National Cemetery.

Serial No. 1	69	Registration No. 1
1	Name in full Edw Alexander Wilson (Family name)	Age, in yrs. 21
2	Home address 314 N. State (City or town) (State)	
3	Date of birth January 24 1897 (Month) (Day) (Year)	
4	Where were you born? St Augustine Fla (City or town) (State) (Nation)	
5	I am <input checked="" type="checkbox"/> 1. A native of the United States. <input type="checkbox"/> 2. A native of the United States <input type="checkbox"/> 3. A native <input type="checkbox"/> 4. I have declared my intention. <input type="checkbox"/> 5. A native or citizen of the United States (Strike out lines or words not applicable)	
6	If not a citizen, of what Nation are you a citizen or subject?	
7	Father's birthplace St Augustine Fl, U.S.A. (City or town) (State or province) (Nation)	
8	Name of employer New South Vulcanizing Works Place of employment 320 N. Adams Jacksonville, Fla (City or town) (State)	
9	Name of nearest relative Emily C. Wilson Address of nearest relative 117 Dehareu St St Augustine, Fla (City or town) (State or Nation)	
10	Race Single (Strike out words not applicable)	
I affirm that I have verified above answers and that they are true.		
Edward Alexander Wilson (Signature or Mark of Registrant.)		
P. M. G. O. Form 1 (blue)		
REGISTRATION CARD. 3-5720		

“Edward Wilson.” WWI Draft Registration Card. (Front)
Wilson lived in Jacksonville, FL.

REGISTRAR'S REPORT		9-2-14.B
1	Small Medium Large	Slender Medium Stout
(Strike out words not applicable)		
2	Color of eyes <u>Black</u>	Color of hair <u>Black</u>
3	Has person lost arm, leg, hand, eye, or is he palpably physically disqualified (specify)? <u>No</u>	
<p>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:</p>		
<p style="text-align: center;">  (Signature of Registrar.) JUN 5 1918 (Date of Registration.) </p>		
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Local Board for Division No. 2</p> <p>120 W. Bay St.</p> <p>Jacksonville, Fla.</p> <p>(Stamp of Local Board.)</p> </div> <p>(The stamp of the local board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)</p>		

“Edward Wilson.” WWI Draft Registration Card. (Back)
 Wilson registered in Jacksonville, FL on June 5, 1918.

Sheet No. 11 HEADQUARTERS PORT OF EMBARKATION, HOBOKEN, NEW JERSEY
 CLASS THIRD PASSENGER LIST OF ORGANIZATIONS AND PERSONALS COLORED

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.

To be filled in by Organization: CO. D. 547th ENGRS SERVICE BN. 6th PHASE
 To be filled in by Embarkation Personnel Adjutant: Name of Transport or Commercial Steamer: LEVIATHAN Date of Sailing: OCT 27 1918 Port: HOBOKEN, N. J.

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. Pls: Capt. QMC	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.
178.	WILSON, CHARLES S. 4181223	PVT	CO. D. 547th ENGRS	MRS. TIMMY WILSON	MOTH	ROCKSBORO, N.C. 336
179.	WILSON, EDWARD A. 2908978	PVT	SER-VICE BATT-ALION	MRS. EMILY C. WILSON	MOTH	117 DEHAVEN ST. AUGUSTINE, FLA
180.	WILSON, JOHN 4185304	PVT		MRS. MILDRED W. CARR	SIS	FT. MEADE, FLA
181.	WILSON, SOUTH W. 4183220	PVT		MRS. GERTRUDE B. WILSON	WIFE	MUSCH SHOALS, ALA
182.	WINSLOW, DOCK 4185297	PVT		MRS. JOSIE K. WINSLOW	WIFE	ARCADIA, FLA
183.	WINSLOW, EDWARD F. 4182124	PVT		MRS. RACHAEL W. BEACH	MOTH	CIRCUIT ST., NORWELL, MASS
184.	WINSLOW, JESSE B. 4182119	PVT		MRS. EVA P. WINSLOW	MOTH	BOX 95, HANOVER, MASS
185.	WITSELL, DANIEL J. JR. 4184218	PVT		MRS. BELLE C. WITSELL	MOTH	2417 MONCRIEFF AVE JACKSONVILLE, FLA
186.	WOOD, MORRIS 4186038	PVT		MRS. CLAUDE W. WOOD	WIFE	DADE CITY, FLA
187.	WOODWARD, EMANUEL 4185627	PVT		MRS. CELIA J. WOODWARD	MOTH	R.F.D. "A", BOX 19 BAINBRIDGE, GA
188.	WOODBURY, ARTHUR J. 4185909	PVT		MR. WYLIE WOODBURY	FATH	TANGERINE, FLA
189.	WOODBURY, SAM 4183471	PVT		MRS. MARY J. WOODBURY	MOTH	TALLAHASSEE, FLA
190.	WOODS, ALEXANDER 4184186	PVT		MRS. SADIE W. WOODS	WIFE	228 NORTH ST JACKSONVILLE, FLA
191.	WOODS, JACK 4181964	PVT		MRS. LIZZIE B. WOODS	MOTH	95 SEFFIELD ST HARTFORD, CONN
192.	WOODS, LEE P. 4183245	PVT		MISS LETA FLORIA	FRIEND	310 EAST ZARRAGOSSA ST., PRISACOLA, FLA
193.	WRIGHT, CHARLIE 2908751	PVT		MRS. ALICE BROWER	MOTH	718 EAST BERTISHAW ST., DOTHAN, ALA
194.	WRIGHT, MOSE 2907248	PVT		MRS. NANCY FIFE	MOTH	TRENTON, FLA
195.	WYNN, CLEVE 2908679	PVT		MRS. ALICE WYNN	GRAND-MOTH	CAMBELTON, FLA

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

(Signature of Company Commander.)
 (Rank)

DECLASSIFIED
 Authority NND 785096

“Edward Wilson.” Army Transport Passenger Lists.
 Parker aboard the *USS Leviathan* from Hoboken, NJ to France.
 Lists his mother Emily Wilson as his emergency contact.



U.S. Department
 of Veterans Affairs
 National Cemetery
 Administration

vlp.cah.ucf.edu



Department
 of History

UNIVERSITY OF CENTRAL FLORIDA

Sheet No. **THIRD** Class

PASSENGER LIST OF ORGANIZATIONS AND CASUALS
RETURNING TO THE UNITED STATES

INSTRUCTIONS

Separate lists of TWELVE COPIES EACH will be accomplished by each company or detachment commander as follows:
1st Class: Officers arranged according to Rank, Corps, Army Field Clerks, Field Clerks Q. M. C., Civilian Employees.
2nd Class: Non-Commissioned Officers down to and including Color Sergeant (See A. R. Par. 9).
3rd Class: Enlisted men below Color Sergeant (A. R. Par. 9), arranged according to usual formation of the Company.

This form when used to list CASUAL military passengers will be accomplished in like manner, but within each class all casualties will be sub-grouped under the following headings with reference to the reason for their return, not more than one such sub-group being listed on the same sheet. (1) Deceased. (2) Sick and Wounded. (3) For Duty. (4) On Leave of Absence. (5) Miscellaneous. The Wort Commandant and the name of the group will be entered in the space provided for name of organization, and the Embarkation Personnel Adjutant will sign his name in the space provided for the signature of organization commander.

To be filled in by company or detachment commander	Give full name of organization including company and regimental designation U S S SHOSHONE		Date of sailing ST NAZAIRE FRANCE JULY 1919		To be filled in by Embarkation Personnel Adjutant, U. S. A.
To be filled in by Embarkation Personnel Adjutant, U. S. A.	Name and SERIAL NUMBER HENDERSON, HARRIS F. 1234567		Port of sailing ST NAZAIRE FRANCE		Date of arrival JULY 1919
No.			Relationship Example: Father, mother, Do not abbreviate.		

Leave double space between entries. All typewriting must be in CAPITAL LETTERS					
No.	NAME AND SERIAL NUMBER	Rank & Class	Organization (regiment & company or detachment)	NOTIFY IN CASE OF EMERGENCY (Give name in full for ex. couple, MRS. MARY A. SMITH.)	Relationship (Number, Street, City and State)
37	ROSA BENJAMIN M 4122232	PVT 1CL ENGRS	CO D 547TH ENGRS	MISS CONSTANCE MAGALLEN	FRIEND 230 SOUTH SECOND STREET NEW BEDFORD MASSACHUSETTS
38	THOMAS GEORGE W 4124454	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. CARLINE A THOMAS	MOTHER MCINTOSH FLORIDA
39	REED EDDIE 4125599	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. JAMES T REED	MOTHER ROUTE 1 BOX 62 FORT WHITE FLORIDA
40	SANDERS DAVID 4126056	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. JULIA B SANDERS	WIFE 4245 FAIRMOUNT AVE. RUE PHILADELPHIA PENNSYLVANIA
41	SYKES CLARENCE 4126237	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. FLORENCE SYKES	MOTHER 10101 GEMSTREET STREET PORTSMOUTH VIRGINIA
42	WEATHERS ELISHA 4126699	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. WEATHERS	FATHER ARANSTASIA FLORIDA
43	ROBERSON ARTHUR 4126134	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. STELLA R BARTON	SISTER DEEBURY FLORIDA
44	STARKS JOHN S 3971627	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. GUGGIE STARKS	SISTER LUFKIN TEXAS
45	WILSON EDWARD A 2908978	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. EMILY C WILSON	MOTHER 117 DEHAVEN STREET ST AUGUSTINE FLORIDA
46	WILLIAMS CHARLES E 4121763	PVT 1CL ENGRS	CO D 547TH ENGRS	MARNIST WILLIAMS	BROTHER 178 WELLS STREET GREENFIELD MASSACHUSETTS
47	ROBINSON ELISHA 4122052	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. CLARA C ROBINSON	WIFE PLASANT STREET AFFRANG RHODE ISLAND
48	WILKERSON HAROLD C 4122492	PVT 1CL ENGRS	CO D 547TH ENGRS	MRS. ELLA R WILKERSON	MOTHER 61 ARLINGTON STREET WEST BEDFORD MASSACHUSETTS

ARMY SUP BASE NORFOLK
JULY 21 1919

AUTHORITY
Total Officers.....
Total Nurses.....
Total Field Clerks.....
Total Civilian Employees.....
Total Enlisted Men.....
Total Passengers.....
This recapitulation to be made on first sheet only

5 to Personnel Adjutant Port of Embarkation, A. E. P.
5 to Personnel Adjutant Port of Debarcation, U. S. A.
1 Retained by Company or Unit Commander

(Signature of Organization Commander)
1st. Lt. Engrs.
(Rank)

DECLASSIFIED
Authority NND 785095

“Edward Wilson.” Army Transport Passenger Lists.
Wilson aboard the *USS Shoshone* from Saint-Nazaire, France to the US.
Lists his mother Emily Wilson as his emergency contact.



U.S. Department of Veterans Affairs
National Cemetery Administration

vlp.cah.ucf.edu



Department of History

UNIVERSITY OF CENTRAL FLORIDA

1

Wilson Edward A 2,908,978 * White * Colored.
 (Surname) (Christian name) (Army serial number)

Residence: 314 West State St Jacksonville FLORIDA
 (Street and house number) (Town or city) (County) (State)

* Enlisted * R. A. * N. G. * E. R. C. * Inducted at #2 Jacksonville Fla on Sept 1, 1918
 Place of birth: St Augustine Fla Age or date of birth: Jan 24/1897
 Organizations served in, with dates of assignments and transfers: _____
Co D 547 Engrs Serv Bn to disch

Grades, with date of appointment: _____
Pvt 1cl Feb 1/19

Engagements: _____

Wounds or other injuries received in action: None.
 Served overseas from Oct 27/18 to July 16/19 from † _____ to † _____
 Honorably discharged on demobilization July 23/19, 19____
 In view of occupation he was, on date of discharge, reported 0 per cent disabled.
 Remarks: _____

Form No. 734-1, A. G. O. * Strike out words not applicable. † Dates of departure from and arrival in the U. S.
 Nov. 22, 1919.

“Edward Wilson.” WWI Service Card.

Military Service: September 1, 1918 to July 22, 1919.

Parker served overseas with the 547th Engineers.



U.S. Department
of Veterans Affairs
National Cemetery
Administration

vlp.cah.ucf.edu



Department
of History

UNIVERSITY OF CENTRAL FLORIDA

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.

FLORIDA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS						CERTIFICATE OF DEATH	
1. PLACE OF DEATH			District No. 13-01		State File No. 17684		
County <u>Duval</u>			Precinct No. 13-510		Registered No. _____		
Precinct _____ (Write name, not number)			City or Town No. 13-510		Ward _____		
Inc. Town _____ or _____			City <u>Jacksonville</u> , <u>Fla.</u> No. <u>759</u> <u>West Monroe</u> St. _____		(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 <u>17</u> yrs. _____ mos. _____ ds. How long in U. S. (if of foreign birth) _____ yrs. _____ mos. _____ ds.							
2. FULL NAME <u>Edward A. Wilson</u>							
(a) Residence: No. <u>759</u> <u>West Monroe</u> St., _____ Ward _____ (Usual place of abode) (If nonresident, give city or town and State)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. Single, married, widowed or divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Nov 15, 1934</u>			
5a. If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Aug - 30</u> 19 <u>34</u> to <u>Nov 15</u> 19 <u>34</u> I last saw him alive on <u>Nov - 15</u> 19 <u>34</u> death is said to have occurred on the date stated above, at <u>11:30 P. M.</u>			
6. DATE OF BIRTH (month, day and year) <u>Jan 5, 1907</u>				The principal cause of death and related causes of importance in order of onset were as follows:			
7. AGE	Years <u>37</u>	Months <u>10</u>	Days <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.		Date of onset _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				<u>Acute Dehydration Heart</u>			
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				Contributory causes of importance not related to principal cause <u>Pneumo Pneumonia Aug 20 to Sept 15</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>St. Augustine</u> , (State or country) <u>Fla.</u>				Name of operation _____ Date of _____			
13. NAME <u>Edward</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____			
14. BIRTHPLACE (city or town) _____ (State or country) _____				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____			
15. MAIDEN NAME <u>Marie Brock</u>				Where did injury occur? _____ (Specify city or town, county, and State)			
16. BIRTHPLACE (city or town) _____ (State or country) _____				Specify whether injury occurred in industry, in home, or in public place. _____			
17. INFORMANT <u>Marie Brock</u> (Address) <u>759 West Monroe Street</u>				Manner of injury _____			
18. BURNING, CREMATION, OR REMOVAL <u>Interment Nov 22, 1934</u>				Nature of injury _____			
19. UNDERTAKER <u>J. E. Williamson</u> (Address) <u>800 West State Street</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
20. FILED <u>Nov 19 1934</u> _____ Local Registrar				If so, specify _____ (Signed) <u>A. J. Varrell</u> M.D.			
V.S. No. 4				J.S.B. (Address) <u>Jacksonville, Fla.</u>			

“Edward Wilson.” Florida Death Certificate.
Wilson died on November 15, 1934 in Jacksonville, FL.



U.S. Department
of Veterans Affairs
National Cemetery
Administration

vlp.cah.ucf.edu



Department
of History

UNIVERSITY OF CENTRAL FLORIDA

ORIGINAL

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

NAME			RANK	COMPANY	REGIMENT OR VESSEL			DIVISION, IF WORLD WAR SOLDIER
					Number	State	Arm	
Wilson, Edward A 2,908,978			Pvt.	1cl. "D"	547	Fla.	Engineers	None

DATE OF DEATH			DATE OF INTERMENT			GRAVE MARK		REMARKS
Month	Day	Year	Month	Day	Year	Section	Grave No.	
Nov.	15	1934	Nov.	23	1934	"A"	35	Hon. Discharged July 23, 1919. Authority: Telegram from OQMG dated November 22, 1934.

Shipping point for headstones: Saint Augustine, Fla. U.S. Nat'l Cem.

Store Door Delivery.

TATE GEORGIA, DEC 13 1934

913677

3-2550

(See Instructions on Reverse Side)

Thomas P. Boston, Superintendent.

7791 DOR 3/2 12-5-34

“Edward Wilson.” Cemetery Interment Control Forms.
Saint Augustine National Cemetery.



“Edward Wilson.” Find a Grave Headstone.
Saint Augustine National Cemetery.