

Chapter 03971 1918

WILLIAM DENNISON PIERCE

7/17/1886—9/18/1959 (73)

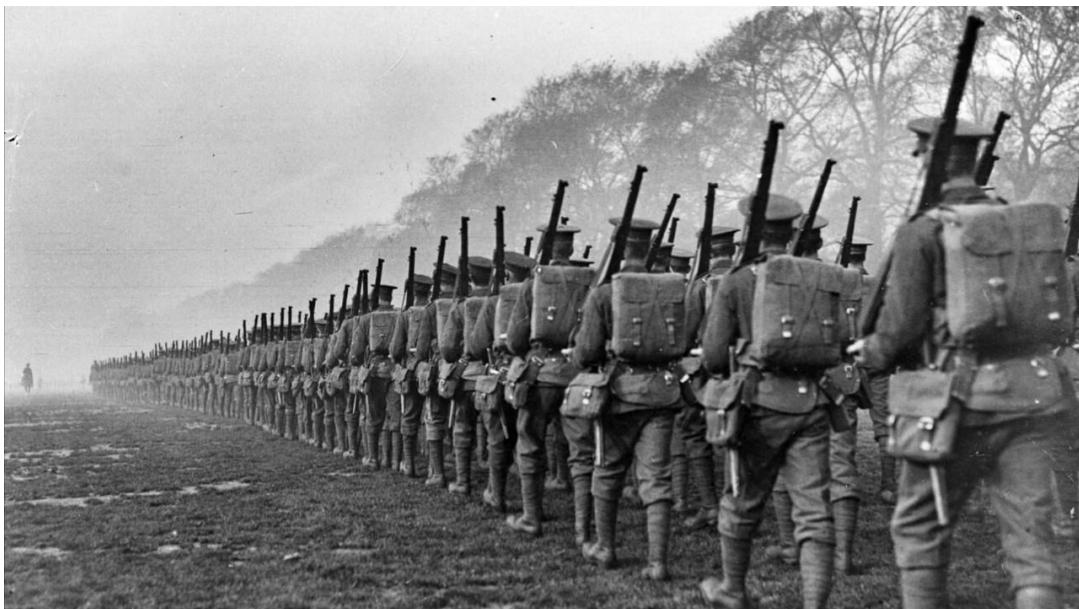
Baraboo Wisconsin, Lemhi Idaho and
Spokane Washington

George Pearce branch #5, generation #5.

William is a 2nd great grandson of Henry Pearce #1

William the same generation as
cousin Charles Small Pierce.

Son of William Davis PIERCE and Harriet Jane 'Hattie' UTTER
of NJ and Baraboo Wisconsin and Mauston Wisconsin.



World War 1

1/12/2025


Relationship: Henry PEARCE to William Dennison PIERCE

William Dennison PIERCE is the 2nd great grandson of Henry PEARCE


Self

 Henry PEARCE b: 25 Jul 1725 England d: 08 Jul 1788 Fairfield, NJ	 Elizabeth Lucinda SPEAR b: 06 May 1737 England d: 16 Oct 1814 Fairfield, NJ
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Son

 George PEARCE b: 05 Jan 1779 England d: 15 Nov 1853


Grandson

 William M. PEARCE b: 1810 Fairfield, NJ d: 17 May 1867
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Great grandson

 William Davis PIERCE b: 17 Jun 1848 NJ d: 02 Feb 1924 Spokane, WA
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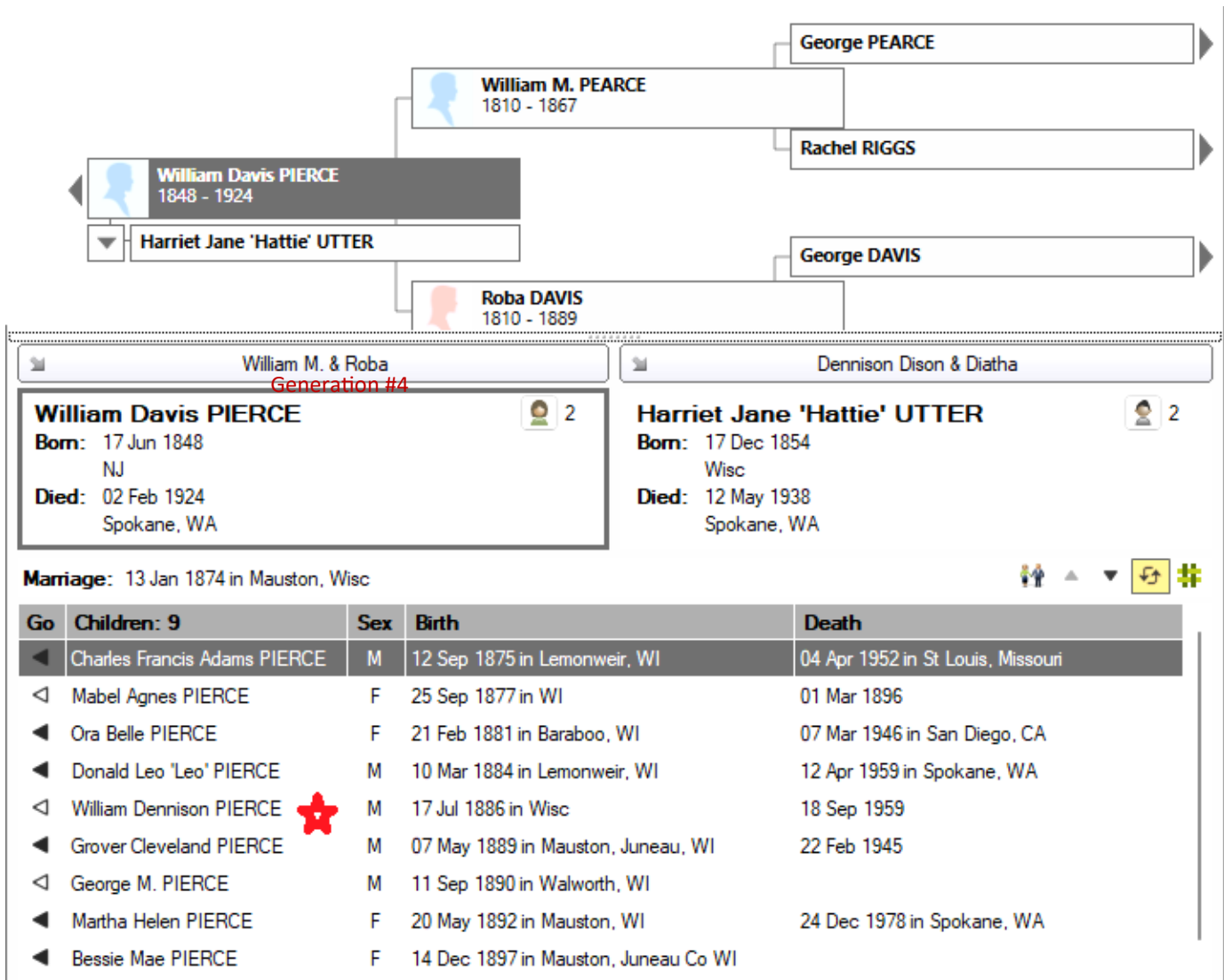
2nd great grandson

 William Dennison PIERCE b: 17 Jul 1886 Wisc d: 18 Sep 1959
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Generation #5

William Dennison Pierce was a 5th generation child of William Davis Pierce and Hattie Utter. William was born in Wisconsin.

William get's his middle name Dennison from his maternal grandfather Dennison Dison UTTER.



WW1 registration card part 1

Form 1 *315* **REGISTRATION CARD** *(329)* No. *25*

1	Name in full <i>William Derrison Pierce</i> (Given name) (Family name)	Age, in yrs <i>30</i>
2	Home address (No.) (Street) (City) (State) <i>Lehigh</i> <i>Pa</i>	
3	Date of birth (Month) (Day) (Year) <i>July</i> <i>17</i> <i>1886</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 citizen</i>	
5	Where were you born? <i>Maunton</i> <i>Wis</i> <i>U.S.A</i> (Town) (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <i>mining</i> <i>5</i>	
8	By whom employed? Where employed?	
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)? <i>None</i>	
10	Married or single (which)? <i>Single</i> Race (specify which)? <i>Caucasian</i>	
11	What military service have you had? Rank <i>Private</i> ; branch <i>Home military</i> years <i>1 year</i> ; Nation or State <i>Wis</i>	
12	Do you claim exemption from draft (specify grounds)? <i>Eyes</i>	

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

William Derrison Pierce
(Signature or mark)

If person is of African descent, tear off this corner

WW1 registration card part 2

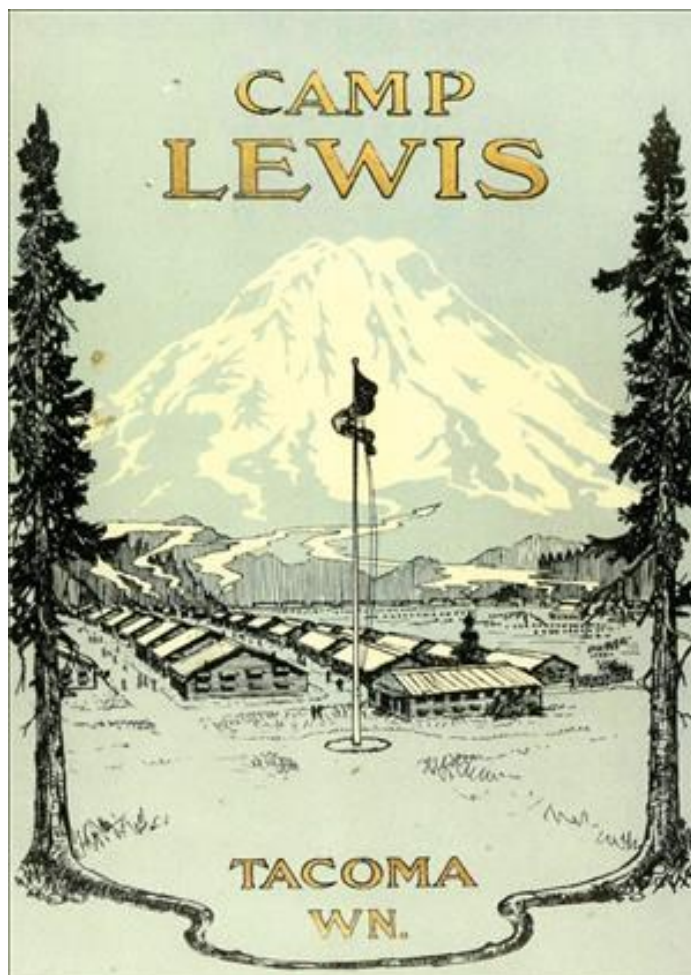
REGISTRAR'S REPORT		11-2-19-A
1	Tall, medium, or short (specify which)? <u>Medium</u> Slender, medium, or stout (which)? <u>Stout</u>	
2	Color of eyes? <u>Blue</u> Color of hair? <u>Brown</u> Bald? _____	
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? _____	
<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>_____</p> <p>_____</p>		
<p style="text-align: center;"><u>Lewis T Ramsey</u> (Signature of registrar)</p> <p style="text-align: center;"><u>P M Lemke-John</u></p>		
<p>Precinct <u>No 18</u> <u>Lebanon</u></p> <p>City or County <u>Lebanon</u></p> <p>State <u>Idaho</u></p>		
		<p><u>June 5-1917</u> (Date of registration)</p>

William Dennison Pierce enlisted 7/22/1918 in the Word War 1 US Army.

He was a Private in the 1st Battalion, 13th Division, **39th Field (heavy) artillery**, Battery A. “The battalion was formed with remnants of the old 5th Field Artillery Regiment, Battery “D”, the unit which **Alexander Hamilton** fought with during the Revolutionary War.” (Wikipedia)



The 39th was organized in July 1918 at Camp Lewis, Tacoma, Pierce County, Washington. They did not go overseas.





13th Division



39th Regiment

The war ended 11/11/1918 at 11pm. William did not go overseas.

He was discharged 1/29/1919.

1941 in Idaho. Ora is William's sister. William is age 55 but age 35 was the draft cutoff.

WW2 1941 registration card

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)			
SERIAL NUMBER	1. NAME (Print)		ORDER NUMBER
U 21	William Dennis Pierce (First) (Middle) (Last)		
2. PLACE OF RESIDENCE (Print)			
510 S. 135 Ave. SANDPOINT BOYD IDAHO (Number and street) (Town, township, village, or city) (County) (State)			
[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]			
3. MAILING ADDRESS			
(Mailing address if other than place indicated on line 2. If same insert word same)			
4. TELEPHONE	5. AGE IN YEARS	6. PLACE OF BIRTH	
346	55	Mosston	
DATE OF BIRTH		(Town or county)	
JULY 17 1886		WIS.	
(Exchange)	(Number)	(Mo.)	(Day) (Yr.) (State or country)
7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS			
ORA B. BRUCE SANDPOINT IDA.			
8. EMPLOYER'S NAME AND ADDRESS			
Unemployed			
9. PLACE OF EMPLOYMENT OR BUSINESS			
(Number and street or R. F. D. number) (Town) (County) (State)			
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.			
D. S. S. Form 1 (Revised 4-1-42)		16-21630-2 William D. Pierce (over) (Registrant's signature)	

Obit refers to a sister Mrs. Martha Helen PIERCE Ewing who was married to Harvey Manley 'Manley' EWING. It appears that William did not marry.

William D. Pierce

William Denison Pierce, 73, a Sandpoint resident nearly 50 years, died this morning at a Spokane hospital after a short illness. He had made his home here the last four months with a sister, Mrs. H. M. Ewing, E2211 Queen.

Since his retirement from mining and ranching several years ago, Mr. Pierce had been a Christian Science practitioner in

the Sandpoint area. He was a veteran of World war I.

Survivors in addition to Mrs. Ewing are two other sisters, Mrs. J. L. McBreen and Mrs. Thomas Galvin, both of Portland, Ore., and several nieces and nephews.

The body is at Hazen & Jaeger's.

Sandpoint Idaho and Spokane Washington were close by. The old wooden bridge was used.

1959 Death Certificate for **William Dennison Pierce**, son of William Davis Pierce and Harriett Jane Utter.

He died at Spokane, Washington which is about 25 miles from Sandpoint, Idaho by way of the wooden "Long Bridge".

WASHINGTON STATE DEPARTMENT OF HEALTH				STATE FILE NO. 19212	
REG. DIST. NO.				REGISTRAR'S NO. 1843	
CERTIFICATE OF DEATH					
1. PLACE OF DEATH a. COUNTY Spokane			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Washington b. COUNTY Spokane		
b. CITY, TOWN, OR LOCATION Spokane		c. LENGTH OF STAY 3 MONTHS	c. CITY, TOWN, OR LOCATION Spokane		
d. NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			d. STREET ADDRESS E. 2211 Queen Avenue		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle D. Last Pierce			4. DATE OF DEATH Month September Day 18 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1886		9. AGE (In years last birthday) 73 If Under 1 Year: Months 73 Days 73 If Under 24 Hrs. Hours 73 Min. 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Ret) Mining Prospector		10b. KIND OF BUSINESS OR INDUSTRY Various Minerals		11. BIRTHPLACE (State or foreign country) Wisconsin	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME William D. Pierce		
14. MOTHER'S MAIDEN NAME Harriett Jane Utter			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes WW-I		
16. SOCIAL SECURITY NO. None			17. INFORMANT Mrs. H. M. Ewing-E. Address 4200 E. 2211 Queen Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart failure Conditions, if any, which give rise to above cause (a), stating the underlying cause last. myocardial infarction DUE TO (b) arteriosclerotic heart disease DUE TO (c) arteriosclerotic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. Month, Day, Year OCT 13 1959					
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Spokane COUNTY Spokane STATE Washington	
21. I attended the deceased from 9-16-59 , to 9-18-59 and last saw her alive on 9-18-59 Death occurred at 8:25 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Norman Rubens MD		22b. ADDRESS Spokane		22c. DATE SIGNED 9-19-59	
23a. REMOVAL (Specify) Cremation		23b. DATE 9-22-59		23c. NAME OF CEMETERY OR CREMATORY Hazen & Jaeger	
23d. LOCATION (City, town, or county) Spokane, Washington		24. FUNERAL DIRECTOR C.E. Gilman-Hazen & Jaeger-Spokane, Wn.			
25. DATE REC'D BY LOCAL REG. 9-22-59		26. REGISTRAR'S SIGNATURE HAMPTON H. TRAYNER, M.D.			

I see the word cremation however, he received a government tombstone a month later in Oct 1959.

William received a government headstone in 1959 for his WW1 service.

10-11453-12 <i>ag at WW I Ind: 32-0</i>		WW II	KOREA	ORIGINAL
1. NAME OF DECEASED - LAST-FIRST-MIDDLE (Print or Type) Pierce, William D.		APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit both copies)		
2. SERVICE NUMBER 3650889	3. PENSION OR VA CLAIM NUMBER	13. NAME AND LOCATION OF CEMETERY (City and State) Riverside Park Cemetery, Spokane, Wash.		
4. ENLISTMENT DATE (Month, day, year) July 22, 1918	5. DISCHARGE DATE (Month, day, year) Jan. 29, 1919 Hrn	14. This application is submitted for a stone or marker for the unmarked grave of a deceased member or former member of the Armed Forces of the United States, soldier of the Union or Confederate Armies of the Civil War or for an unmarked memorial plot for a non-recoverable deceased member of the Armed Forces of the United States.		
6. STATE Wash. Idaho	7. MEDALS None	I hereby agree to accept responsibility for properly placing the stone or marker at the grave or memorial plot at no expense to the Government.		
8. GRADE, BRANCH OF SERVICE, COMPANY, REGIMENT AND DIVISION PFC Bat. A, 39th. F.A. 13 Div		NAME AND ADDRESS OF APPLICANT (Print or Type) K. M. Pruitt N. 1306 Monroe, Spokane, Wash.		
9. DATE OF BIRTH (Month, day, year) July 17, 1886	10. DATE OF DEATH (Month, day, year) Sept. 18, 1959	SIGNATURE OF APPLICANT <i>K. M. Pruitt</i>		RELATIONSHIP Funeral Director
11. RELIGIOUS EMBLEM (Check one) <input checked="" type="checkbox"/> LATIN CROSS (Christian) <input type="checkbox"/> STAR OF DAVID (Hebrew) <input type="checkbox"/> NO EMBLEM	12. CHECK TYPE REQUIRED <input type="checkbox"/> UPRIGHT MARBLE HEADSTONE <input type="checkbox"/> FLAT MARBLE MARKER <input checked="" type="checkbox"/> FLAT GRANITE MARKER <input type="checkbox"/> FLAT BRONZE MARKER			
DO NOT WRITE HERE		15. FREIGHT STATION Spokane, Washington		
FOR VERIFICATION OCT 6 - 1959	ORDERED BRUCE MARBLE & GRANITE CO. FT. SCOTT, KANSAS	16. SHIP TO (Print or type name and address of person who will transport stone or marker to cemetery) Riverside Park Cemetery Rt. 4, Spokane, Washington		
B/L WY 8897274 8897275	CONTRACTOR NOV 10 1959	The applicant for this stone or marker has made arrangements with me to transport same to the cemetery. SIGNATURE <i>C. Bolley</i> (Subt)		
<div> <div>DA FORM 1 MAY 59 1815</div> <div>PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.</div> <div>IMPORTANT - Item 17 on reverse side must be completed.</div> </div>				

Riverside Park Cem, Spokane, WA

