

DISCLAIMER

This biography is a rough draft and a work-in-progress.
The research has not been completed, so there may be errors and omissions.
Please return to Tuscania1918.org in the future to see if a revised and
finalized version is available.

Abbreviations:

b = born

d = died

F: = Find A Grave (www.findagrave.org)

NOK = next-of-kin

TUSCANIA

Robison, Willard Andrew
1895 OH – 1952 OR

Robison	Willard A	249,908	White	1½
(Surname)	(Christian name)	(Army serial number)	(Race: White or colored)	
Residence: Lyle		WASHINGTON		
(Street and house number)	(Town or city)	(County)	(State)	
*Enlisted in	RA Vancouver Bks Wash Aug 14/17			
†Born in	Piqua Ohio 22 6/12 yrs			
Organizations:	101 Aer Sq to Sept 17/17; 100 Aer Sq to disch			
.Grades:	Cfr Oct 15/18			
Engagements:				
Wounds or other injuries received in action: None.				
‡Served overseas:	Jan 24/18 to May 31/18			
§Hon. disch.	June 12/19 on demobilization			
Was reported	per cent disabled on date of discharge, in view of occupation.			
Remarks:	0			

Form No. 724-1½, A. G. O.
March 12, 1920.

*Insert "R. A.", "N. G.", "E. R. C.", "N. A.", as case may be, followed by place and date of enlistment. †Give place of birth and date of birth, or age at enlistment.
‡Give dates of departure from and arrival in the United States. §Give date.

WA, WWI service record – courtesy of Steven Schwartz of Renton WA, also on Find A Grave
36353615

331X

LOCAL REGISTRATION NUMBER **1772**

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. **5654**
DATE RECEIVED **MAY 26 1952**

331X

1. NAME OF DECEASED (Type or print) **Willard A. ROBINSON**

2. PLACE OF DEATH
A. COUNTY **Multnomah**
B. CITY (If outside corporate limits, write RURAL location) OR TOWN **Portland**
C. LENGTH OF STAY (In this block) **32 yrs**
D. FULL NAME OF HOSPITAL OR INSTITUTION **Veterans Administration Hospital**
E. STREET (If rural, give location) ADDRESS **7034 S.E. 34th Ave.**

3. USUAL RESIDENCE (When deceased lived, if institution: residence before ad- mission)
A. STATE **Oregon**
B. COUNTY **Multnomah**
C. CITY (If outside corporate limits, write RURAL) OR TOWN **Portland**
D. STREET (If rural, give location) ADDRESS **7034 S.E. 34th Ave.**

4. DATE OF DEATH (Month) (Day) (Year) **May 6, 1952**
5. SEX **MALE**
6. COLOR OR RACE **white**
7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **single**
7B. NAME OF HUSBAND OR WIFE **- - - - -**

8. DATE OF BIRTH **2-9-95**
9. AGE (In years) (Months) (Days) (Hours) (Min.) **57**
10. BIRTHPLACE (State or foreign country) **Piqua, Ohio**
11. CITIZEN OF WHAT COUNTRY? **USA**

12. FATHER'S NAME **Frank Robinson**
13. MOTHER'S MAIDEN NAME **Ida May Williams**

14A. USUAL OCCUPATION **Salesman**
14B. KIND OF BUSINESS OR INDUSTRY **- - - - -**
15. IF VETERAN, NAME WAR **WW I**
16. INFORMANT'S OWN SIGNATURE **VA Records J. Shaud**

17. SOCIAL SECURITY NO. **542 03 6121**

18. CAUSE OF DEATH
I. DISEASE OF CONDITION DIRECTLY LEADING TO DEATH* (A) **Bronchopneumonia, complicating massive hemorrhage, left cerebellum**
II. ANTECEDENT CAUSES
A. DUE TO (B) **Hypertension**
B. DUE TO (C) **- - - - -**
III. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE (Specify)
21B. PLACE OF INJURY (If in or about house, farm, factory, street, other building, forest, etc.)
21C. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **5-4-52** 19__ TO **5-6-52** 19__, THAT DEATH OCCURRED AT **5:25 PM** 19__ AND THAT DEATH OCCURRED AT **5:25 PM** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE **H. E. Burt, M.D.** (Degree or title) **CPS**
23B. ADDRESS **VA Hospital, Portland, Oregon**
23C. DATE SIGNED **5-7-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24B. DATE **5/9/52**
24C. NAME OF CEMETERY OR CREMATORY **Willamette National Cem., Portland, Ore.**
24D. LOCATION (City, town, or county) (State) **Portland, Ore.**

DATE RECD BY LOCAL REG. **May 9 1952**
REGISTRATION SIGNATURE **Thomas A. Meadows, Jr.**
FEDERAL DIRECTOR'S SIGNATURE **John F. Schuman**
ADDRESS **537 S.E. Alder St., Portland, Ore.**

MARGIN RESERVED FOR BINDING

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.

OR death record - <https://www.ancestry.com/discoveryui-content/view/98618:61675>

(State Form No. 925. 1921. Approved by Bureau of Inspection and Supervision of Public Offices.)
(This form for Veterans only. Separate form for Relatives and Dependents.)

ORIGINAL
DUPLICATE

Application for Equalized Compensation

STATE OF WASHINGTON

(This application to be made in duplicate.)

1. Name of applicant Willard Andrew Robison,
(As shown on discharge paper.)
 2. Identification number 249908
 3. (A) If in draft, place of registration Syle, Wash.
(B) Serial Number No 14 (This is number on registration card)
(C) If inducted, Draft Board Order Number _____
 4. Present address, Street No. 825 Tillamook St Street
Portland City, Oregon State
 5. Place of birth Piqua, Ohio
 6. Date of birth Feb' 9, 1895 7. Age 26
 8. Resident of State of Washington Ten years, _____ months
 9. Present occupation Automobile Mechanic
 10. Business address Roberts Motor Car Co., Park + Everett Sts, Portland, Ore
 11. Name and address of employer H. W. Roberts, manager
 12. Name and address of nearest relative Frank Robison Name
825 Tillamook Street, Portland City Ore State
 13. Relationship Father
 14. Name and address of father at time of enlistment, induction or commission,
Name Frank Robison Address _____ Street
Syle City, Wash. State
Deceased No
 15. Name and address of mother at time of enlistment, induction or commission,
Name Eda May Robison Address _____ Street
Syle City, Wash State
Deceased Yes
 16. Have you ever borrowed any money from the Veterans' Welfare Commission? No, If so, how much \$ _____
Amount repaid \$ _____
 17. Have you applied for, or received, a bonus gratuity or compensation, whatsoever, from any other state or country for services in the war against the Central Powers? No If so, Name of Country or state _____, Amount received \$ _____
 18. Did you receive any compensation, gratuity or additional pay, over and above the regular rates of pay of your grade or commission for services in the Spruce Production Division or other special branch of the Army or Navy while in military service? No If so, state how much extra monthly compensation \$ _____ Total amount of extra compensation received \$ _____
- Remarks, if any, covering these _____

19. Did you, during the period of your service, refuse on conscientious, political or other grounds, to subject yourself to full military discipline or unqualified service? No

20. Bona fide residence at time of enlistment, induction or commission Syle, Klickitat Co, Wash
Street, Syle City, Wash State

21. Bona fide residence now 825 Tillamook Street, Portland Ore City,

22. Where did you last vote before entering the service Syle City, Wash State

23. Length of residence in State of Washington prior to enlistment, induction or commission 10 years, months

24. If married at time of enlistment, induction or commission give name of wife at that time.

Name, Address, Street

City, State

City, State

QUESTIONS 25 TO 32 FOR ARMY MEN, MARINES AND ARMY NURSES.

25. Rank Private 26. Organization Air Service, (Unassigned)
(At time of enlistment.)

27. Rank Chauffeur 28. Organization 100th Aero Sqdn
(At time of discharge.)

29. Date and place of enlistment, induction or commission. Date Aug. 14, 1917 Place Vancouver Barracks, Wa

30. Date and place of reporting for duty. Date Aug. 14, 1917 Place Vancouver Barracks, Wa

31. Date and place of discharge. Date June, 12, 1919 Place Camp Lewis Character Excellent

32. Signature of present commanding officer, if you are still in the service. Name

Rank Organization

Mail Compensation to: NAME Willard A. Robison

House Number and Name of Street 825 Tillamook St
Portland City, Ore State

I HEREBY CERTIFY, that I am the person named in the foregoing application, that the statements made therein were made by me of my own free act and deed for the purpose of applying for compensation under Chapter 1, Session Laws 1920, State of Washington, and that the same are true and correct and that my signature is affixed to said application.

Dated February 26-1921

Willard Andrew Robison
(Signature of Applicant.)

State of Oregon
County of Multnomah } ss.

Subscribed and sworn to before me at Portland, Ore this 26th day of February, A. D. 1921

(SEAL)

Notary Public for Oregon
(Title of Officer Taking Acknowledgment)
my Comm expires July 6-1923

I, J. H. McCoy, do hereby certify that I am personally acquainted with Willard C. Klinkitat, the person who signed the foregoing application, and that I know him to be the same person whom he purports to be in said application, and that he was a bona fide resident of the State of Washington at the time of joining the armed forces of the United States.

Subscribed and sworn to before me at Portland, Or. this 26th day of February, A. D. 1921.

(SEAL)

I, R. M. Spoon, the duly elected and qualified Auditor of Washington County, in the State of Washington, do hereby certify that I am personally acquainted with

the person vouching for the identity of the applicant for Equalized Compensation in the foregoing application and that I believe him to be a responsible person and, as such, reliance may be placed upon his statements contained therein.

(OFFICIAL SEAL)

Veterans' Compensation Fund To: <u>Willard C. Klinkitat</u> Warrant No. <u>41997</u> File No. <u>41997</u>	
Application received <u>MAY 16 1921</u> Entered <u>61</u> Residence examined and approved by <u>61</u> Discharge examined and approved by <u>61</u> Payment examined and approved by <u>22</u>	Months <u>24</u> Days <u>20</u> At \$15 per month \$ <u>360</u> Deductions: <u>MC</u> \$ <u>300</u> Amount allowed \$ <u>60</u> Approved <u>HC</u> Card Indexed <u>CB</u> JAMES M. LAMSON, PUBLIC PRINTER, OLYMPIA

RESIDENCE CERTIFICATE

Portland, Ore
Feb, 26, 1921.

I hereby certify that at the time of his entry into the service of the
United States
(United States, Dominion of Canada, Kingdom of Italy, etc.)
during the war against the Central Powers Willard A. Kalison
(Name of applicant)
was a citizen of the United States, and that he had resided in the State of
Washington for a period of 10 years months days immediately
preceding the date of his enlistment into the armed forces of the above country.
That at the time of his enlistment he resided at in the City of
Lyle, County of Klickitat, in the State of Washington.

Subscribed and sworn to before me this 26th day of February, 1921.
A. M. Stank
Notary Public for Oregon
my Comm expires July 6 - 1923

(SEAL)

ROBISON WILLARD ANDREW
 Chauff 100 Aero Sq
 332 Hall St Portland Ore

5-14-52
 C16-003-578
 K
 A 3 747 584
 T1 003 892
 R
 I

Sn 249 908
 Born 2/9/95 Died 5-6-52
 Enl 8/14/17 Dis 6/12/19

Ct 2927 164

U. S. Veterans Bureau
 Mail and Records Division
 Form 7202

INDEX CARD

<https://www.familysearch.org/ark:/61903/1:1:WQKQ-CCZM>

WASHINGTON AND IDAHO MEN SAVED

brother, E424 Indiana avenue, Spokane.
 George F. Rauh; Mrs. P. J. Rauh,
 mother, 3116 North Seventeenth, Ta-
 coma.

Laurence N. Riley; Mrs. Jennie E.
 Riley, mother, 3403 West Sixty-second
 street, Seattle.

Russell R. Rock; R. A. Rock, father,
 Cougar.

Oswald S. Robertson; Marie Robert-
 son, wife, 2106 Broadway, Bellingham.

James B. Robison; Elizabeth Bullock,
 sister, Ilwaco.

Willard A. Robison; Frank Robison,
 father, Lyle.

[article continues]

Saved from Tuscania – "Spokane (WA) Spokesman-Review" Monday 11 Feb 1918 p 2

APPRECIATION!**To The Editor:**

We the undersigned patients of Ward H-B, Veterans hospital, wish to express our appreciation through the columns of the Oregon Statesman for the fine entertainment given in our auditorium last Monday night by the Red Cross Chapter of Marion county.

We unanimously vote it one of the best we have ever witnessed.

Signed,

William P. Miller

Alvin C. Baker

Art Kenton

Willard A. Robison

Gelbest O. Kister

Carl G. Middlestate

John Henry

Portland

"Salem (OR) Statesman-Journal" Friday 14 Jul 1950 p 4

Margaret M. Robinson

in the Ohio, U.S., Births and Christenings Index, 1774-1973

Name:	Margaret M. Robinson
Gender:	Female
Race:	White
Birth Date:	20 Jun 1897
Birth Place:	Spring Creek, Miami, Ohio
Father:	Frank Robinson
Mother:	Ida Williams
FHL Film Number:	549806

https://www.ancestry.com/discoveryui-content/view/1256754:2541?tid=120143081&pid=112020330784&queryId=421a71fb695f5584952babeabaf23551&_phsrc=hFB50532&_phstart=successSource

NO INCOMPLETE RETURN WILL BE ACCEPTED

RETURN OF A DEATH

To the Health Officer of Portland, Oregon

1. Name, in full Mary Helen Robison.
Maiden name (if wife or widow), _____

2. Color: White,
~~Black, (negro or negro descent),~~
~~Indian,~~
~~Chinese,~~
~~Japanese,~~

3. Sex: Male,
~~Female,~~

4. Conjugal Conditions: Single,
~~Married,~~
~~Widow,~~
~~Widower,~~
~~Divorced,~~

NOTE—For questions 2, 3 and 4, strike out words not applicable

5. Date of Death: Year, 1903.
Month, April
Day, 5

6. Of birth: Year, 1899
Month, Jan.
Day, 15

7. Age: Years, 4
Months, 2
Days, 21

8. Occupation, _____
Return occupation of all persons 10 years and over

9. Late residence, Portland, Oregon.
Length of residence at place of death, 1 year.

10. Place of death, No. 568 East Couch Street, _____ Ward, _____
(State or country)

11. Place of birth, Ohio.
Name of father, Frank Robison.
Name of mother, Ida May
Name of mother, _____

12. Birthplace of father, Ohio. State or country, _____

13. Birthplace of mother, _____ State or country, _____
Place of burial Lone Fir Cemetery _____
Date of burial April 7, 1903. 190_____
Undertaker F. S. Dunning.

MEDICAL CERTIFICATE OF CAUSE OF DEATH

I HEREBY CERTIFY that I attended deceased from _____ 190_____
to April 5, 1903. 190_____, and that to the best of my knowledge and belief the Cause of Death
was as hereunder written:

14. Chief cause, Phthisis Pulmonum
Contributing cause, Tubercular Peritonitis
Place where disease was contracted, Portland, Oregon

Date of Certificate, April 6, 1903. 190_____
(Signature) E. H. Morrison (Physician or coroner)

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. SEE INSTRUCTIONS ON BACK OF FORM

READ ORDINANCE ON OTHER SIDE

OR death record of **sister Mary Helen Robison (1899-1903)** -

<https://www.ancestry.com/discoveryui-content/view/75756510:61675>

155

1 946
Board of Health, Portland, Oregon
REPORT OF A BIRTH Attended by

R. J. Marsh
Signature

Oregon Bldg.
Address

July 4, 1906
Date

Name of Child *Frances Irene Robison*

Sex *female*

Color of Race *white*

Date of Birth *June 30, 1906*

Place of Birth *545 E. 8th St. So.*

Full Name of Father *Frank Robison*

Father's Residence *545 E. 8th St.*

Father's Birthplace *Ohio*

Father's Occupation *laborer*

Full Name of Mother *Ida May Robison*

Mother's Residence *545 E. 8th St.*

Mother's Maiden Name *Ida May Williams*

Mother's Birthplace *Ohio*

Corrected by affidavit
Nov. 1942

Remarks

Remarks NOV. 1942

C. H. Wheeler, M.D.
Filed *7/5/06*

Corrected OR birth record of **sister Frances Irene Robison Greatwood (1906-1998)** -
<https://www.ancestry.com/discoveryui-content/view/300250597:61676>

Name: Willard Andrew Robison

Name variations:

Military:

On Tuscania: 100th Aero Squadron, 4th Squad - private

Serial number: 249,908

Entered service from: Lyle, Klickitat OR

Sailed on "Tuscania" as: Willard A. Robison

Next-of-kin on "Tuscania": father Frank Robison, Lyle WA
 Returned from war on: "Louisville" May 1919
 Sailed on return ship as: Willard A. Robison
 Next-of-kin on return ship & rank: father Frank Robison, Lyle WA (chauffeur, 100th Aero Sq)
 World War I draft registration (1917): as Willard Andrew Robison - b. 9 Feb 1895 Piqua OH;
 res: Lyle, Klickitat WA. Single. Farmer for self, on farm. Tall in height, medium build.
 National Tuscania Survivors Association (1939):
 World War II draft registration (1942): as Willard Andrew Robison - b. 9 Feb 1895 Piqua OH;
 res: 5526 N. Minnesota Ave., [no city name but Portland, Multnomah OR. NOK Etta
 McNaughton, same address. Department manager, Roberts Motor Co., 123 N. Pacifica,
 Portland OR. "scar on right side of nose" – Height: 5'11" – 195 lbs.

Veterans Administration Military Index:
 Enlisted: 14 Aug 1917
 Discharged: 12 Jun 1919
 Address: 332 Hall St., Portland OR
 Rank/unit: chauffeur, 100th Aero Squadron

Birth & death:

Born: 9 Feb 1895 Spring Creek Twp., Piqua, Miami OH
 Died: 6 May 1952 Portland, Multnomah OR
 Find A Grave record: 36353615 - presence on Tuscania indicated in flower
 Burial location: Portland, Multnomah OR
 Cemetery: Willamette National
 Tombstone:

Father: Frank Robison, 18 Dec 1867 OH – 25 Feb 1937 Portland, Multnomah OR. Son of
 Alexander C. Robison (1827-1884, F: 17052537) & Maria Vorhees Lyon (1828-1911, F:
 17051217). Ancestry.com family tree gives him the title "Doctor" but he is a laborer &
 farmer in census entries.
 Find A Grave:

Mother: Ida May Williams Robison, 11 May 1870 Newton township, Miami Co. OH – 18 Aug
 1921 Portland, Multnomah OR. Daughter of Andrew J. Williams (1832-1903, F: 29019681) &
 Mary Griffis (1838-1903, F: 29019704). Buried in Lincoln Memorial Park, Portland,
 Multnomah OR.
 Find A Grave: 112102812
 Parents' marriage: 10 May 1894 Miami Co. OH

Spouse: never married (according to 1950 census)
 Spouse Find A Grave:
 Marriage:

Children:

Siblings: Willard was the oldest of 4 children.

- Margaret Maria Robison, 20 Jun 1897 Spring Creek, Miami Co. OH – 18 Sep 1898. Buried in Forest Hill Cemetery, Piqua, Miami OH. F: 17052476
- Mary Helen Robison, 15 Jan 1899 OH – 5 Apr 1903 Portland, Multnomah OR. Died of phthisis at 568 E. Couch St., Portland OR. Buried in Lone Fir Cemetery, Portland, Multnomah OR. F: 44867387
- Frances Irene Robison Greatwood, 30 Jun 1906 Portland, Multnomah OR [not Yakima as claimed on Ancestry.com family trees] – 13 Dec 1998 Eugene, Lane OR. Married 18 Aug 1933 in Multnomah Co. OR to Spencer Neame Greatwood (1903-1978). One of her sons is Frederick Edward Greatwood (1934-2014, F: 202453444).

Notes:

Pre-war:

Wartime:

Post-war:

"Salem (OR) Statesman Journal" 14 Jul 1950 p 4 – Willard is one of the residents of Ward H-B, Veterans Hospital who writes a thank-you for Red Cross entertainment

Obituary:

Social Security number: 542-03-6121

Censuses:

1895 Spring Creek township, Miami Co. OH

1900 Portland, Multnomah OR – 74 Union Ave. N.

Frank ROBINSON, 32 OH, Dec 1867, parents b. OH, married 6 years, janitor
 Ida M., 30 OH, May 1870, parents b. OH, gave birth to 3 children, 2 are living
 Willard A., 5 OH, Feb 1895
 Mary K., 1 OH, Jan 1899

1910 Lyle, Klickitat WA

Frank Robison, 42 OH, parents b. OH, in 1st marriage, married 15 years, farmer on homestead
 Ida, 39 OH, parents b. OH, in 1st marriage, gave birth to 4 children, 2 are living
 Willard E., 15 OH
 Frances, 3 OR

1920 Portland, Multnomah OR – 697 NW Glisan – conducted 8 Jan 1920

Edwin Robison, 47 OH, parents b. OH, druggist

Anna Laura, 47 OH, parents b. OH [wife]

John Edwin, 3 years 11 months OR [son]

Willard A., 24 OH, parents b. OH, single, mechanic, motor cards [nephew]

1930 Portland, Multnomah OR – 1170 N. Minnesota Ave.

Willard A. Robison, 35 OH, single, parents b. OH, mechanic, motor company, WWI veteran

Boarder with:

Henry B. & Mary A. McNaughton & their 3 daughters, one of them being Etta

1940 Portland, Multnomah OR – 5526 N. Minnesota Ave. – all same house in 1935

Willard Robison, 45 OH, single, parts manager, auto parts

Lodger with:

Henry & Mary McNaughton & their 3 daughters Etta, Hester & Grace

1950 Portland, Multnomah OR

Willard A. Robison, 54 OH, never married, auto parts salesman, retail truck sales company, lodger with:

Mary A. McNaughton, 70 MO, widow & daughter Etta D. McNaughton, 50 OR