

STATE OF IOWA—Department of Health

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Dallas, Iowa Registered No. _____
 Township Adel or Village _____
 City Adel 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 20 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Robert M. Black

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)			21 DATE OF DEATH (month, day, and year) <u>8/16</u> , 19 <u>30</u>	
Male	White	Married			22 I HEREBY CERTIFY , That I attended deceased from <u>Aug.</u> <u>4</u> , 19 <u>30</u> to <u>Aug 16</u> , 19 <u>30</u> ,	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Susana Emily McMullen</u>					I last saw him alive on <u>Aug 15</u> , 19 <u>30</u> death is said to have occurred on the date stated above, at <u>8:30a.m.</u>	
6 DATE OF BIRTH (month, day, and year) <u>10-23-1839</u>					The principal cause of death and related causes of importance in order of onset were as follows:	
7 AGE						Date of onset
Years	months	Days	If less than 1 day, _____ hrs. or _____ min.		Senility	
<u>90</u>	<u>10</u>	<u>8</u>				
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>				Contributory causes of importance not related to principal cause:	
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
	10 Date deceased last worked at this occupation (month and year) <u>8/16/30</u>		11 Total time (years) spent in this occupation <u>20</u>			
12 BIRTHPLACE (city or town) (State or country) <u>Ill.</u>						
FATHER	13 NAME <u>Abraham Black</u>				Name of operation _____ Date of _____	
	14 BIRTHPLACE (city or town) (State or country) <u>Ill.</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
MOTHER	15 MAIDEN NAME <u>Ellen Davison</u>				23 If death was due to external causes (violence) fill in also the following:	
	16 BIRTHPLACE (city or town) (State or country) <u>Ill.</u>				Accident, suicide, or homicide? _____ Date of injury _____, 19 <u> </u>	
17 INFORMANT <u>C. E. Black</u> (Address) <u>Adel, Iowa</u>					Where did injury occur? _____ (Specify city or town, county, and State)	
18 BURIAL, CREMATION, OR REMOVAL Place <u>Oakdale</u> Date <u>8/19</u> , 19 <u>30</u>					Specify whether injury occurred in industry, in home, or in public place.	
19 LICENSED EMBALMER <u>J. E. DeFord</u> No. <u>1744</u> (Address) <u>Adel, Iowa</u>					Manner of injury _____	
20 FILED <u>9/16</u> , 19 <u>30</u> <u>Ralph E. Joy</u> Registrar.					Nature of injury _____	
					24 Was disease or injury in any way related to occupation of deceased, <u>20</u> If so, specify _____	
					(Signed) <u>Don L. Braddy</u> M. D. (Address) <u>Adel, Iowa</u>	

CERTIFIED COPY OF CERTIFICATE OF DEATH

I HEREBY CERTIFY that I am Commissioner of the Iowa State Department of Health and as such Commissioner, am State Registrar of Vital Statistics. I further certify that as said Registrar I am the legal recipient of the original certificates of death returned under Chapter 114, Code of Iowa 1927.

I further certify that the foregoing certificate of death of Robert M. Black is a true and correct copy from the original on file in this office.

Witness my hand and official seal hereunto attached this 24th day of September, 1930

Signed D. C. Steelsmith M.D.
State Registrar.
By Robert R. McFarlan
Director Division of Vital Statistics.

(SEAL)

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

Sir: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

ROBERT M. BLACK,
ADEL, IOWA.
392985

ACT MAY

G. M. Saeffgen
Commissioner.
U. S. OFFICE.
MAR 18 1915

FOLD HERE.

No. 1. Date and place of birth? *Answer. October 22nd 1839, Mason Co. Ills.*
The name of organizations in which you served? *Answer. Company "C", 116th Regt. Illinois Volunteer Infantry.*
No. 2. What was your post office at enlistment? *Answer. Mt. Zion, Illinois*
No. 3. State your wife's full name and her maiden name. *Answer. Susan E. McMullen*
No. 4. When, where, and by whom were you married? *Answer. June 6th 1867, at Mt. Zion, Ills., by Rev. Joseph Lorange*
No. 5. Is there any official or church record of your marriage? *yes*
If so, where? *Answer. Mason County, Illinois. Records*

FOLD HERE.

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer. Was not married previously, nor to any other person*
No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer. She was not previously married.*

FOLD HERE.

No. 8. Are you now living with your wife, or has there been a separation? *Answer. Yes.*
No. 9. State the names and dates of birth of all your children, living or dead. *Answer. Charles E. Black, Sept 17th 1868, Dora M. Black, Dec 20th 1870, Lona T. Black, Dec 31st 1873, Burton H. Black, Apr 29th 1877, Nancy E. Black, May 6th 1884*

Date *March 10th 1915*

(Signature) *Robert M Black*

West
Div.
Inv. Cf. No. 392,985
Robert M. Black
Co. C, 116 Reg't Ill. Inf.

3 B.

W.H. Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., Jan. 12, 1898

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Mr. Robt. M. Black,
Macon,
Ill.

Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Yes Susannah E Black, Susannah E. McMullen

No. 2. When, where, and by whom were you married? Answer:

June 6th 1867
Joseph Lawrence Minister of the Gospel, Mt Zion Ill.

No. 3. What record of marriage exists? Answer:

Complete County Clerk's office
in Decatur Macon County Illinois

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer:

No

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer:

Charley E. Black Boy, Sept 17 1868
Dana T. Black " Dec 31 1873
Burton H. Black " April 29 1877
Nancy E. Black " May 6 1884

Date of reply,

Feb'y 12th, 1898

Robt. M. Black

(Signature.)