





# DECLARATION FOR WIDOW'S PENSION

Act of May 1, 1920 and Act of June 9, 1930.

CLAIMANT SHOULD COMPLY FULLY WITH THE INSTRUCTIONS ON THE BACK OF THIS DECLARATION

State of Iowa, County of Dallas, ss:

On this 9th day of September, 1920, before me, the undersigned, personally appeared \_\_\_\_\_, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920. and Act of June 9, 1930.

That she is 31 years of age, that she was born November 15, 1848, 1 \_\_\_\_\_ at Greenfield, Ohio.

That she is the widow of Robert M. Black, who ENLISTED August 9, 1862, 1 \_\_\_\_\_, at \_\_\_\_\_, under the name of Robert M. Black, in Company C 116th Illinois Regiment of Infantry Vols. (Here state company and regiment, if in the Army; or vessel, if in the Navy) and was honorably

DISCHARGED June 3, 1863, 1 \_\_\_\_\_, having served ninety days or more, or was discharged for, or died in service of the United States of a disability incurred in the service in the line of duty, during the CIVIL WAR, and who DIED August 16, 1930, 1 \_\_\_\_\_, at Adel, Iowa.

That he also served in None (Here give a complete statement of all other military or naval service, if any, at whatever time rendered)

and that, except as herein stated, said soldier (or sailor) was \_\_\_\_\_ employed in the military or naval service of the United States;

THAT SHE WAS MARRIED to said soldier (or sailor) June 6, 1867, 1 \_\_\_\_\_, under the name of Susanah Emily McMullin, at Mt. Zion, Illinois by Rev. Lorenz; that she had not been previously married, that he had not been previously married;

(If there was a prior marriage of either, the name and the date and place of death or divorce of the former consort, or consorts, should be stated)

That neither she nor said soldier was ever married otherwise than as stated above.

That she was NOT divorced from the soldier (or sailor) and that she has NOT remarried since his death;

That the following are the ONLY children OF THE SOLDIER (or sailor) who are now living and are under sixteen years of age: (If he left no children under sixteen years of age, the claimant should so state)

None under 16 years of age., 1 \_\_\_\_\_, at \_\_\_\_\_, born \_\_\_\_\_, 1 \_\_\_\_\_, at \_\_\_\_\_, born \_\_\_\_\_, 1 \_\_\_\_\_, at \_\_\_\_\_, born \_\_\_\_\_, 1 \_\_\_\_\_, at \_\_\_\_\_, born \_\_\_\_\_, 1 \_\_\_\_\_, at \_\_\_\_\_, born \_\_\_\_\_, 1 \_\_\_\_\_, at \_\_\_\_\_

That she did not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. (Did or did not)

That no member of her family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. ("a" or "no") (If any members of claimant's family were in the military or naval service during the

period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead, and if so, give the names)

She hereby appoints A. B. Nichols & Co., of Washington, D.C., her true and lawful attorneys to prosecute this claim and claim for accrued pension.

That she has not heretofore applied for pension, the number of her former claim being \_\_\_\_\_; that said soldier (or sailor) was \_\_\_\_\_ a pensioner, the number of his pension certificate being 392, 985.

(1) [Signature] to mark (Signature of first witness)

Adel Iowa (Address of first witness)

Susanah Emily Black her (Claimant's signature in full) to mark

(Claimant's address in full)

(2) Mrs Edna C. DeCamp to mark (Signature of second witness)

Adel Iowa (Address of second witness)

Adel Iowa.

Subscribed and sworn to before me this 9th day of September, 1920, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Georgia M. Hoffman (Signature)  
Notary Public in and for Dallas County, Iowa. (Official character)  
Adel, Iowa. (Post office address of officer)



Validity accepted as to execution  
Chief, Record Division



