

Ref. No. 4/P/989.....

A.P. 19.

125

Military Archives

ARMY PENSIONS ACT, 1923.

CLAIM FOR WOUND PENSION OR GRATUITY.

Applicant's Name..... Francis J. Thornton,

Address..... 88 Phibsboro' Road,

..... Dublin.

Army No..... Rank..... Colonel.

*Force in which served..... National Army.

Unit..... Department of General Staff, G.H.Q.

Married or single at date of Injury..... Single.

Date of Discharge Medically Unfit..... 29/3/24.

Particulars of Payments made from Army Funds to Applicant since his discharge from the Forces.

NIL.

Military Service Pensions Collection

* Irish Volunteers, Irish Citizen Army, 1916, or National Army.

Particulars of any Payments received in compensation from the person responsible for the wound or injury.

Military Archives

NIL.

Medical Board Report:

20% (Twenty) Final.

Military Service Pensions Collection

RECOMMENDATION OF ARMY PENSIONS BOARD.

Army Finance Officer:

I am to request that you will place before the Minister for Defence the re-commendation of The Army Pensions Board that in accordance with Section 1, ~~Section 3,~~

First Schedule, para.....⁸.....of the Act, there shall be granted to

.....Francis J. Thornton......

a pension of £40 (Forty pounds)
~~gratuity~~

~~weekly~~
per annum

that in accordance with Section 2 of the Act ~~a--further--pension~~

~~of~~

~~weekly~~
per annum

the pension ~~and further pension~~ to be payable from

.....29/3/24.....to.....31/3/25......*final*
28/4

~~Medical re-examination 1/3/1925.~~

5th
December 1924.

.....*M. J. Runaidhe*.....*Runaidhe.*

The Minister for Defence.

Submitted and recommended.

17/12/24

.....*James Gorman*.....
Army Finance Officer.

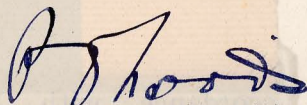
To/

The Secretary,

Ministry of Finance.

Subject to the consent of the Minister of Finance I propose to grant
pension
a allowance in accordance with the foregoing recommendations of the Army
gratuity

Pensions Board.



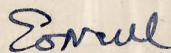
Minister for Defence.

To/

S.82/1529/24.

Army Finance Officer.

The Minister for Finance consents to the grant by the
Minister for Defence, under Section 1 of the Army Pensions Act,
1923, of a Pension of £40, per annum, from the 29th March, 1924,
to Mr. Francis J. Thornton, 88, Phibsboro Road, Dublin.



22nd December, 1924.

Military Service
Pensions Collection

Military Archives

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

34 MOLESWORTH STREET,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.

Military Service Pensions Collection

ARMY PENSIONS DEPARTMENT.
LIFE CERTIFICATE.

NOTICE.—This Certificate is Government Property. It is no security whatever for debt.

No further payment of Pension or Allowances will be made until the following Declaration has been filled in, and signed, by the person to whom the Gratuity and Pension or Allowances is to be paid; until the Certificate at foot of this form has been signed by one of the persons mentioned in the margin; and until the completed form has been received in the Army Pensions Department.

(1). To be filled in by the person claiming Pension, or, if that person is unable to write, by someone on his/her behalf.

Name (in full, Surname first) THORNTON F. J.
Number of Award Certificate 4. P. 989.
Rate of Gratuity or Allowances £40 per week annum.
Award granted in respect of Wounds received serving with National Army
(If you are the Pensioner give particulars of wounds, or if you are receiving allowance as a relative of a deceased soldier state deceased's name and relationship).
Received whilst serving as Volunteers in Citizen Army, 1916, in 19.....
Killed (insert rank) National Forces (insert month) (year)

(2). Insert in full occupations of adults, and ages and occupations of children.

Particulars of Adults (other than claimant) included in Pension/Gratuity or Allowances and
.....
Particulars of Children included in Pension/Gratuity or Allowances and
.....

(3). To be signed, in the presence of the person who signs the Certificate hereunder, by the person making the Declaration. If he/she is unable to write he/she must affix his/her mark thus "X."

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension or Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such Gratuity and Pension or Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the 24 day of December 1924.
Signature (in full) Francis Joseph Thornton
Full Postal Address 88 Phibsboro Rd. Dublin

CERTIFICATE.

I hereby certify that I have seen the person who signed the above Declaration, alive on the date stated against my name; that he/she was in possession of the Award Certificate bearing the number entered in (1) above; that he/she signed the above Declaration in my presence; and that he/she appears to be the person to whom the sums mentioned above are payable.
I further certify that I know those persons mentioned in (2) above to be alive on the date stated against my name.

Signature J. Campbell Date 5/1/25
Rank or Profession Peace Comm.
Full Postal Address 83 Marebon Rd. Donnybrook Dublin

This Certificate must be signed by one of the following:—A District Justice or Divisional Magistrate, a Peace Commissioner, an Official of the Civic Guard or D.M.P. not below the Rank of Inspector or Station Sergeant, a Postmaster or Postmistress in actual charge of a Post Office, a Barrister-at-Law, a Solicitor, or a Commissioner for Oaths.

Extract from Army Pensions Act, 1923, Section 12 (1).

N.B.—“If any person with a view to obtaining a grant or payment of a pension, allowance, or gratuity under this Act makes, signs, or uses any declaration, application, or other written statement knowing the same to be false, such person shall be guilty of an offence and shall be liable, on conviction under the Summary Jurisdiction Acts, to a fine not exceeding five pounds.”

Military Archives

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

GRIFFITH BARRACKS

34 MOLESWORTH STREET,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.

Military Service Pensions Collection



ARMY PENSIONS DEPARTMENT.**LIFE CERTIFICATE.**

NOTICE.—This Certificate is Government Property. It is no security whatever for debt.

No further payment of Pension or Gratuity and Allowances will be made until the following Declaration has been filled in, and signed, by the person to whom the Pension or Gratuity and Allowances is to be paid; until the Certificate at foot of this form has been signed by one of the persons mentioned in the margin; and until the completed form has been received in the Army Pensions Department.

(1).

To be filled in by the person claiming Pension, or, if that person is unable to write, by someone on his/her behalf.

Name (in full, Surname first).....Thomson Francis Joseph

Number of Award Certificate.....

Rate of Gratuity or Allowances.....£40 per week annum
Pension and areAward granted in respect of.....Wounds
(If you are the Pensioner give particulars of wounds, or if you are receiving allowance as a relative of a deceased soldier state deceased's name and relationship).Received whilst serving as.....Colonel in Volunteers Citizen Army, 1916, in.....Aug 21.....1922
Killed (insert rank) National Forces (insert month) (year)

(2).

Insert in full occupations of adults, and ages and occupations of children.

Particulars of Adults (other than claimant) included in Pension/Gratuity or Allowances
andParticulars of Children included in Pension/Gratuity or Allowances
and

(3).

To be signed, in the presence of the person who signs the Certificate hereunder, by the person making the Declaration. If he/she is unable to write he/she must affix his/her mark thus "X."

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension or Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such Gratuity and Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the.....12th.....day of.....February.....1925..

Signature (in full).....Francis Joseph ThomsonFull Postal Address.....88 Phibbore Road Dublin**CERTIFICATE.**

I hereby certify that I have seen the person who signed the above Declaration, alive on the date stated against my name; that he/~~she~~ was in possession of the Award Certificate bearing the number entered in (1) above; that he/~~she~~ signed the above Declaration in my presence; and that he/~~she~~ appears to be the person to whom the sums mentioned above are payable.

I further certify that I know those persons mentioned in (2) above to be alive on the date stated against my name

Signature.....J. J. Campbell Date.....12/2/25Rank or Profession.....Peace CommissionerFull Postal Address.....88 Marlboro Road
Donnybrook Dublin

This Certificate must be signed by one of the following:—A District Justice or Divisional Magistrate, a Peace Commissioner, an Official of the Civic Guard or D.M.P. not below the Rank of Inspector or Station Sergeant, a Postmaster or Postmistress in actual charge of a Post Office, a Barrister-at-Law, a Solicitor, or a Commissioner for Oaths.

Military Archives

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

GRIFFITH BARRACKS
34 MOLESWORTH STREET,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.

Military Service Pensions Collection



ARMY PENSIONS DEPARTMENT.
LIFE CERTIFICATE.

NOTICE.—This Certificate is Government Property. It is no security whatever for debt.

No further payment of Pension or Allowances will be made until the following Declaration has been filled in, and signed, by the person to whom the Pension or Allowances is to be paid; until the Certificate at foot of this form has been signed by one of the persons mentioned in the margin; and until the completed form has been received in the Army Pensions Department.

(1).

To be filled in by the person claiming Pension, or, if that person is unable to write, by someone on his/her behalf.

Name (in full, Surname first).....*Thomnton Francis Joseph*

Number of Award Certificate.....

Rate of ~~Gratuity or~~ Allowances.....*Forty pounds* per ~~week~~ annum.

Award granted in respect of.....*Wounds*

(If you are the Pensioner give particulars of wounds, or if you are receiving allowance as a relative of a deceased soldier state deceased's name and relationship).

Received whilst serving as.....*Colonel*.....in.....*Volunteers*.....*Citizen Army, 1916,*.....*Augl.*.....*1922*.

~~Killed~~.....(insert rank).....National Forces.....(insert month).....(year)

(2).

Insert in full occupations of adults, and ages and occupations of children.

Particulars of Adults (other than claimant) included in Pension/Gratuity ~~or~~ Allowances and

.....

Particulars of Children included in Pension/Gratuity ~~or~~ Allowances.....

.....

(3).

To be signed, in the presence of the person who signs the Certificate hereunder, by the person making the Declaration. If he/she is unable to write he/she must affix his/her mark thus "X."

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension ~~or~~ Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such Pension ~~or~~ Allowances has/have been granted to me. I ~~further~~ declare that those persons mentioned in (2) above are alive on this the.....day of.....

May 14th.....19*25*.

Signature (in full).....*Francis Joseph Thomnton*

Full Postal Address.....*88 Philobros Rd Dublin*

This Certificate must be signed by one of the following:—A District Justice or Divisional Magistrate, a Peace Commissioner, an Official of the Civic Guard or D.M.P. not below the Rank of Inspector or Station Sergeant, a Postmaster or Postmistress in actual charge of a Post Office, a Barrister-at-Law, a Solicitor, or a Commissioner for Oaths.

CERTIFICATE.

I hereby certify that I have seen the person who signed the above Declaration, alive on the date stated against my name; that he/she was in possession of the Award Certificate bearing the number entered in (1) above; that he/she signed the above Declaration in my presence; and that he/she appears to be the person to whom the sums mentioned above are payable.

I further certify that I know those persons mentioned in (2) above to be alive on the date stated against my name.

Signature.....*H. J. Campbell*.....Date.....*14/5/25*

Rank or Profession.....*P. Commr*

Full Postal Address.....*83 Marlboro Rd Dublin*

N.B.—“If any person with a view to obtaining a grant or payment of a pension, allowance, or gratuity under this Act makes, signs, or uses any declaration, application, or other written statement knowing the same to be false, such person shall be guilty of an offence and shall be liable, on conviction under the Summary Jurisdiction Acts, to a fine not exceeding five pounds.”

Military Archives

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

ARMY PENSIONS BRANCH,

ARMY FINANCE OFFICE,

DEPARTMENT OF DEFENCE,



GRIFFITH BARRACKS,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.

Military Service Pensions Collection

Army Finance Office.

Army Pensions Branch.**LIFE CERTIFICATE.****NOTICE.—This Certificate is Government Property. It is no security whatever for debt.**

No further payment of Pension or Gratuity and Allowances will be made until the following Declaration has been filled in, and signed, by the person to whom the Pension or Gratuity and Allowances ^{is} to be paid; until the Certificate at foot of this form has been signed and attested by one of the persons mentioned on the back of the form; and until the completed form has been received in the Army Finance Office.

(1).

To be filled in by the person claiming the Pension Allowances or Gratuity, or, if that person is unable to write, by someone on his/her behalf.

Name (in full, Surname first).....*Thomton Francis Joseph*.....
Residing at.....*31 King William St London E.C.4*.....
Year of Birth.....*1891*.....

Number of Award Certificate.....*4 P. 989*.....

Rate of ~~Gratuity or~~ Pension and Allowances.....*Forty Pounds*.....per ~~week~~ annum.

Award granted in respect of.....*Wounds*.....
(If you are the Pensioner give particulars of wounds, or if you are receiving allowance as a relative of a deceased soldier state deceased's name and relationship).

Received whilst serving as.....*Colonel*.....in ~~Citizen Army, 1916~~ ^{Volunteers} in.....*August*.....*1922*.....
~~Killed~~ (insert rank) National Forces (insert month) (year)

Particulars of Adults (other than claimant) included in Pension/Gratuity ^{or} and Allowances

(2).

Insert in full occupations of adults, and ages and occupations of children.

Particulars of Children included in Pension/Gratuity ^{or} and Allowances.....

(3).

To be signed, by the person making the Declaration, in the presence of the person who attests the Certificate hereunder. If he/she is unable to write he/she must affix his/her mark thus "X."

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension or ~~Gratuity and~~ Allowances specified, I having been notified by the Army Finance Officer, that such Pension ~~or~~ ^{Gratuity and} Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the.....day of.....
23rd Sept......*1925*.....

Signature (in full).....*Francis J. Thomton*.....

Full Postal Address.....*31 King William St London E.C.4*.....

CERTIFICATE.

I hereby certify that I have seen the person who signed the above Declaration, alive on the date stated against my name; that he/she was in possession of the Award Certificate bearing the number entered in (1) above; that he/she signed the above Declaration in my presence; and that he/she appears to be the person to whom the sums mentioned above are payable.

I further certify that I know those persons mentioned in (2) above to be alive on the date stated against my name.

Signature.....*S. J. Hancock*.....Date.....*23 SEP 1925*.....

Rank or Profession.....*Manager*.....

Full Postal Address.....*MIDLAND BANK LIMITED.*.....

.....*MONUMENT BRANCH,*.....
.....*47, KING WILLIAM ST. E.C.*.....

N.B.—“ If any person with a view to obtaining a grant or payment of a pension, allowance, or gratuity under this Act makes, signs, or uses any declaration, application, or other written statement knowing the same to be false, such person shall be guilty of an offence and shall be liable, on conviction under the Summary Jurisdiction Acts, to a fine not exceeding five pounds.”

**THE PERSONS BEFORE WHOM THE DECLARATION OF PENSIONERS
MAY BE SUBSCRIBED ARE AS BELOW. THE QUALIFICATION
WHICH ENTITLES THEM TO ATTEST SHOULD BE STATED FULLY
ON THE FORM OF ATTESTATION.**

(1) In the Irish Free State.

Officers appointed to examine vouchers for non-effective payments in the offices of the Minister for Finance, the Minister for Posts and Telegraphs, and the Minister for Defence.

Postmasters and Postmistresses actually in charge of Post Office. (The name of the Post Office is to be given on the form of attestation).

Head Teachers of National and Secondry Schools. (The name of the School is to be given on the form of attestation).

Secretaries of Friendly Societies registered under the Friendly Societies Acts.

District Justices and Peace Commissioners.

Any of the persons mentioned in paragraph (2) below.

(2) In the British Empire.
Commissioners for Oaths.

Ministers of religion habitually officiating at a place of worship within 10 miles of the place where the pensioner resides for the time being. (The denomination and the address of the place of worship to be given).

Physicians or Surgeons registered as such under the law of the country and regularly practising within 10 miles of the place where the pensioner resides for the time being.

Managers, Secretaries, Chief Cashiers, and Accountants of Banks registered under the law of the country, and other officials of such Banks who are authorised by their Banks to sign documents on their behalf, and officials of such Banks for the time being in charge of Branch Banks. (The qualification of the official and the name of the Bank or Branch Bank is to be given on the form of attestation).

Actuaries and Secretaries of Savings Banks registered under Act of Parliament.

Police Officers in actual charge of the nearest Police Station to the place where the pensioner resides for the time being.

(3) In Foreign Countries.
Irish Free State or British Diplomatic or Consular Officers empowered by law to administer oaths.

Notaries Public and other persons competent by the law of the country to administer such declarations. (The law must be quoted sufficiently for verification).

Comluct na hÉireann um Áracar, Teó.

NEW IRELAND ASSURANCE CO. LTD.

HEAD OFFICE

12 DAWSON STREET, DUBLIN C.2. (BOX 71).

M. O'Riada
MANAGING DIRECTOR

IN REPLY PLEASE QUOTE REF

A 125

12 Dawson St
City.
3/2/28

I am returning cheque for amount due me
under Army Pensions Act. You will note that
amount in figures should be £. 6 8.
not £. 6. 8 as written. Please return to
me at above address.

Yours,

Frank Thornton

New Draft
issued

4/2/28.

Military Service
Pensions Collection



URGENT

A.P. A/cs. 20.

ROINN COSANTA,
(DEPARTMENT OF DEFENCE),

Ref. No.

a. 12S

GEATA NA PAIRCE,
(PARKGATE),

BAILE ATHA CLIATH.
(DUBLIN).

31 MAR 1934

ARMY PENSIONS ACTS.

A CHARA,

In connection with the award made to you under the above Acts, I am directed by the Minister for Defence to request that you will please furnish me hereunder with a specimen of your signature duly witnessed by one of the persons set out on the back hereof.

Mise, le meas,

Tealans naemairianna

RUNAI.

Mr. Francis J. Thornton -
New Ireland Buildings
12. Dawson Street
Dublin.

[Not to be detached.]

Usual Signature of Pensioner

Address

12 Dawson St

Dublin

Name of Witness

Mr. Campbell

Qualification

Peace Commissioner

Address

12 Dawson St

Dublin

Date

4/4/34

THE PERSONS WHO MAY WITNESS THE SIGNATURES OF PENSIONERS ARE AS BELOW. THE QUALIFICATION WHICH ENTITLES THEM TO WITNESS SHOULD BE STATED FULLY ON THE FORM OVERLEAF.

1.—In the Irish Free State.

Officers appointed to examine vouchers for non-effective payments in the offices of the Minister for Finance, the Minister for Posts and Telegraphs and the Minister for Defence.

Postmasters and Postmistresses actually in charge of Post Office. (The name of the Post Office is to be given on the form of attestation.)

Head Teachers of National and Secondary Schools. (The name of the school is to be given on the form of attestation.)

Secretaries of Friendly Societies registered under the Friendly Societies Acts.

District Justices and Peace Commissioners.

Any of the persons mentioned in paragraph 2 below.

2.—In the British Commonwealth of Nations.

Commissioners for Oaths.

Ministers of religion habitually officiating at a place of worship within 10 miles of the place where the petitioner resides for the time being. (The denomination and the address of the place of worship to be given.)

Physicians, such under the law of the country, and the place where the pensioner resides for the time being.

Actuaries and Secretaries of Savings Banks registered under Act of Parliament.

Police Officers in actual charge of the nearest Police Station to the place where the pensioner resides for the time being.

3.—In Other Countries.

Irish Free State or British Diplomatic or Consular Officers empowered by law to administer oaths.

Notaries Public and other persons competent by law of the country to administer such declarations. (The law must be quoted sufficiently for verification.)