

ROINN Cosanta

f.c.1

fó-Roinn

ná cuirtear éantúairisc ar an zclúdac so.

Tá annro, leir

DP 8647

8647

An Uimhir	An Inó
32/4/1102	Lyons, Annie (Miss) Carrowmore, Newport, Co. Mayo.
An Uimhir as Roinn Eile.	

Do cuirtear éin	Dáta	Do cuirtear éin	Dáta	Do cuirtear éin	Dáta
Form Received	17/12/35				
D.A.	25/5/36				
73c	5/10/37				
8A	1/10/37				

Military Archives

32/L/1102

25th
May, 1936.

A Chara,

I am directed by the Minister for Defence to refer to your application for consideration under the Army Pensions Act, 1932, in respect of the death of your brother, Edward Lyons, and to invite your attention to Paragraphs 1 (b) and V of the enclosed notice. Having regard to the terms of these paragraphs, it is regretted your application cannot be considered.

The birth certificate forwarded by you is returned herewith.

J.M.

Mise, le meas,

J. J. Morgan

z/c Rúnaí.

Miss Annie Lyons,
Carrowmore,
Newport,
CO. MAYO.

Issued... *25/5/36*

Initials... *AS*

Military Service Pensions Collection

RD

Military Archives

My brother Commandant Edward Lyons when arrested was living with myself and another brother, (who has since died) my parents been dead. He worked in Newport about two miles away. He was arrested on October 24th 1920 and conveyed to Galway prison. He was there some months when he went insane and had to be taken to Dundrum Criminal Lunatic Asylum, & where he remained for some years until he died there. He died on the 13th Oct 1924.

He was O.C. of the Newport Battalion before been arrested. He had been in the movement for some ^{years} time before his arrest.

Any other information on the subject

Military Archives

will be gladly given by Mr M. Kilroy ~~7.5~~
Newport who as far as I believe was
his commanding officer at the time.

Signed
A. Lyons

Military Service
Pensions Collection

ARMY PENSIONS ACT, 1932.

DEPT. OF DEFENCE A.P. 52.
RECEIVED
17 DEC 1935
PENSIONS BRANCH

Application for an allowance or a gratuity under section 12 of the Army Pensions Act, 1932, in respect of the death of a person by or on behalf of a dependant (not being the widow or child) of such person.

INSTRUCTIONS FOR USE OF THIS FORM.

1. In every case the name to be inserted as applicant is that of the person by whom or on whose behalf it is claimed that she or he is entitled to the allowance or gratuity.

2. This application form is to be signed by the applicant, except where the Minister for Defence authorises it to be signed on behalf of the applicant by another person.

3. The attention of the person signing this form is directed to the declaration at the foot hereof to be made by such person.

4. The signature of the person signing this form is to be attested by a witness. (As to who may be a witness, see foot of this form).

5. In the event of the person making the application being unable to write he or she is to sign by affixing his or her mark and the attesting witness is to insert the name of such person.

Name of Applicant (To be written in Block Capital) Miss Annie Lyons
(Surname), (Mr., Mrs., or Miss), (Christian Names)

Address Carrowmore, Newport, Co. Mayo

Nearest Gárda Síochána Station Newport

Distance of nearest Railway Station from Residence 1 1/2 two miles

Distance of nearest Bus route from Residence By the door 1/2 miles

Whether Railway or Bus is the more economical method of transport between Residence and Dublin } Bus

Name of Deceased Member Edward Lyons

Late of (Address) Kelmore, Newport, Co Mayo

NOTE.—Before answering any of the questions below, the person making the declaration at the foot of this Form is to note that the statements made will be checked.

The Army Pensions Act, 1932, imposes a summary penalty for a false declaration.

Every person who, with a view to obtaining the grant or payment of a pension, allowance, or gratuity under Part II of the Army Pensions Act, 1932, either for himself or for any other person, makes, signs, or uses any declaration, application, or other written statement knowing the same to be false shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding twenty-five pounds, or, at the discretion of the court, to imprisonment for any term not exceeding six months or to both such fine and such imprisonment. (Section 12 (1) of Army Pensions Act, 1923, as applied by the Army Pensions Act, 1932).

If the declarant is unable to read, the above notes should be read over to him (or her) by the witness, who should so testify in his attestation of the claim.

1. State relationship of applicant to deceased and such of the following particulars as is appropriate :—

(a) If father and over 60 years of age, date of birth (certificate of birth to be attached).

(b) If father and incapacitated by ill-health, nature of such incapacity (medical certificate to be attached).

(c) If a brother under the age of 18 or an unmarried sister under the age of 21, date of birth (certificate of birth to be attached).

(d) If permanently invalided brother or permanently invalided unmarried sister, nature of illness (medical certificate to be attached).

& sister

2. State whether the applicant at the date of death of the deceased was wholly dependent on him. If not wholly dependent, state the extent to which the applicant was dependent. The full circumstances as to dependancy in either case should be set out in a separate statement if necessary.

3. State whether any claim has been made, or is being made by the applicant in respect of any other member of any of the organisations mentioned in 6 or of the National Army or Defence Forces.

no

4. (a) When and where did the deceased die, and what was the cause or causes of death? (Certificate of death to be attached).

Dundrum Cuminal Lunatic Asylum

- (b) If the deceased died as a result of refusing to take nourishment while detained in prison, or died by violence while a prisoner, give details of the date, place and circumstances.

5. State whether the deceased was married.

6. Give particulars of the service of the deceased in any of the undermentioned Organisations :—

ORGANISATION	Period of Service		In what capacity he served	In what areas he served	Name of his Commanding Officer
	From	To			
(a) Oglagh na h-Eireann (Irish Republican Army)	I. R. A.		Commandant Newport		Michael Kibroy J.D.
(b) Irish Volunteers					
(c) Irish Citizen Army					
(d) Fianna Eireann					
(e) Hibernian Rifles					
(f) Cumann na mBan					

7. (a) When and in what area did the deceased receive the wound or injury or contract the disease which resulted in death?

Galway prison

(b) Who was the Deceased's Commanding Officer at the time?

Michael Kibroy J.D.

(c) Give the names of any persons who can corroborate your answer to (a) above.

Edward Moore J.D. J. Derrig.

7. (d) Replies to Questions 7 (d) (i) to (v) to be filled in only in case of death due to Disease.

(i) In what way is it claimed that the disease which was the cause of death was connected with the Military Service of the deceased and what are the grounds for the claim?

(A detailed statement of the facts with dates should be given).

(ii) Were there any particular conditions affecting the service of the deceased which it

is claimed caused the disability (or disabilities)? Did the deceased suffer from any illness during the period of his service? If so, give particulars, including any treatment received.

(iii) Give particulars of the health of the deceased for the three years prior to joining the particular force in which it is claimed he incurred the disability (or disabilities) which caused his death. If possible certificates should be furnished :—

(a) from his doctor, and

(b) from his approved Society for the three years prior to joining the particular Force, or if he was not an insured person, certificates should be furnished by the Medical Practitioner who ordinarily attended him during those three years. A statement will also be required from his Employers in respect of the three years prior to his joining the particular force.

(iv) Give the names and addresses of his Employers :—

(a) during the three years prior to joining the particular Military Force in which it is claimed he contracted any disability referred to in the reply to Question 4 above.

(b) During the period of his Military Service referred to at 6.

(c) During the period since the cessation of his Military Service.

(v) Was the deceased at any time prior to his service referred to at 6 a candidate for any appointment which necessitated a medical examination? If so, state the nature of the appointment and the result of the medical examination.

worked until arrested

8. Give the names of the hospitals where

the deceased was treated for the disability (or disabilities) stated in reply to Question 4 above, and the approximate dates of admissions and discharges, if possible.

9. Did the deceased suffer from the disability (or disabilities) mentioned in above answer to Question 4, or anything like it, prior to Military Service? If so, give details and dates.
10. Give the names of any hospital or hospitals, in which the deceased received treatment as an in-patient or an out-patient, prior to the period of his service, and the nature of the ailments for which treatment was provided.
11. What was the nature of the employment of deceased—
 - (a) before his Military Service referred to at 6,
 - (b) during the period of such Military Service,
 - (c) after the cessation of such Military Service. ?
12. Give particulars of any period, or periods of unemployment since the cessation of the Military Service of the deceased, and the cause of it (*e.g.*, trade depression, ill-health, etc.).
13. Did either the deceased or the applicant receive compensation from the deceased's Employers, or from any person or body in respect of any accident, injury, or disease? If so, give full particulars and state the amount of such compensation.
14. Give the names and addresses of any Doctors who attended the deceased since the cessation of his Military Service, and particulars of the ailments for which they attended him.
15. If the deceased was treated at a hospital (either as an in-patient or an out-patient) since the cessation of his Military Service, give the name of the hospital, or hospitals, dates of admission, or commencement of treatment, and the nature of the ailment for which treated.
16. Give particulars of the health of

Black Smith

no

Service
Collection

deceased since the cessation of his Military Service. These should be supported by :—

- (a) medical certificates from any civilian doctors who attended him, and reports from non-military hospitals which deceased attended.
- (b) certificates from deceased's Employers as to health and time lost.
17. Has the applicant received, or did the deceased receive, in respect of the disability, or disabilities, which caused his death any payment :—
- (a) on a decree under the Criminal Injuries (Ireland) Acts, 1919 and 1920 ;
- (b) on an award made by the Personal Injuries Committee ;
- (c) from or on behalf of the person alleged to be responsible for the act which caused such disability;
- (d) from any other source ?

If so, give full particulars.

18. Give the name of deceased's National Health Approved Society, and (if possible) his membership number.
19. Did the deceased make a claim for a certificate of service under the Military Service Pensions Act, 1924 ? If so, what was the result of his claim ?
20. Did the applicant, or did the deceased, make any claim under the Army Pensions Acts, 1923 and 1927, in respect of the wound or disease which caused the death of the deceased ? If so, what was the result of such claim ?
21. Give particulars of any pension or gratuity awarded to the deceased under the Army Pensions Acts, 1923 and 1927, in respect of a wound or injury received or disease contracted in the course of duty with the Irish Volunteers, Irish Citizen Army, 1916; National Army or Defence Forces.
22. State whether deceased was at any time in receipt of a pension, allowance or gratuity, in respect of

no

no

no

no

no

no

no

no

injuries received or disability incurred in the course of service with any of the following Military or Police Forces—(a) British (b) Australian (c) New Zealand (d) South African (e) Canadian (f) American (U.S.A.) (g) Royal Irish Constabulary (h) Dublin Metropolitan Police (i) Garda Síochána (j) National Army (k) Defence Forces.

23. (a) Give full particulars of any pension, allowance or gratuity which the deceased held in respect of any wound or injury received in or disease contracted in the services mentioned in your reply to above questions.

(b) State clearly the source from which payment of such pension, allowance or gratuity was made.

24. Give particulars of any payments the applicant has received from Army Funds since the death of deceased.

I declare that:—

- (a) I am the applicant mentioned in the foregoing particulars,
 (b) the said particulars have been read over by or to me before signing this declaration,
 (c) the said particulars are true to the best of my knowledge, information or belief.

Signature of Applicant.....

Miss Anne Lyons

Address of Applicant.....

Carranmore, Newport, Co Mayo

or (where application is sent in by another person on behalf of applicant):—

I declare that:—

- (a) this application is made by me on behalf of the above-mentioned applicant,
 (b) that the foregoing particulars have been read over by or to me before signing this declaration,
 (c) that the said particulars are true to the best of my knowledge, information and belief.

Signature of Declarant.....

M. S. O. Ceallary

Address.....

Fine Muintinn, Bado Uí B'fiodáin, Co Mayo

Description.....

Com. Síochána

[OVER

M.S.O.

* Signature of Witness *M. S. Ó Ceallaigh*

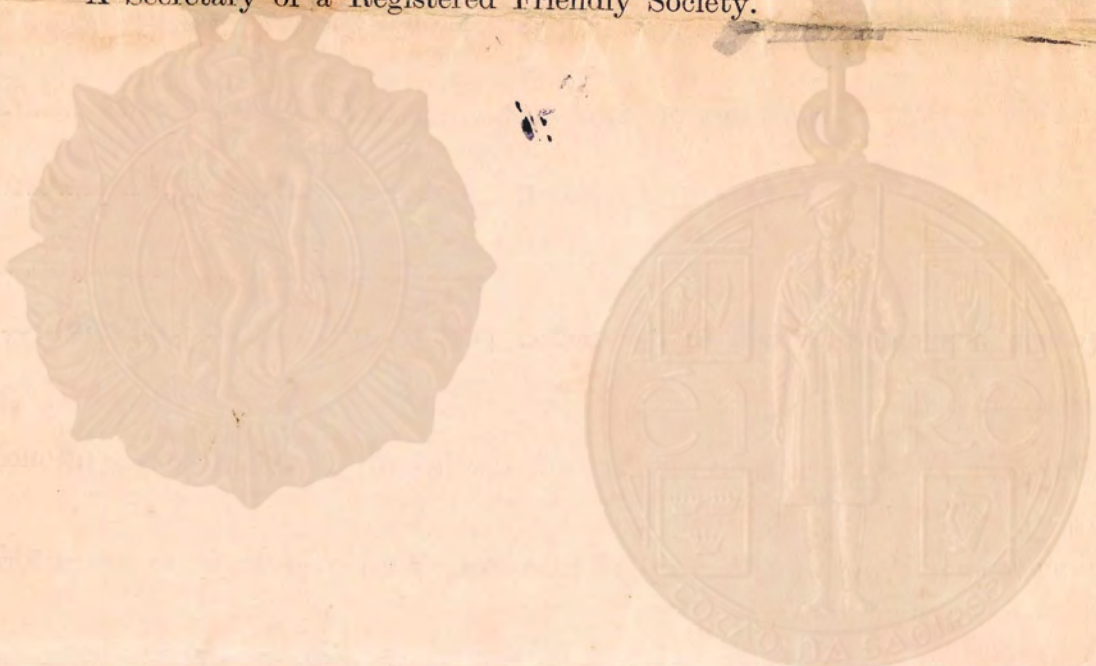
Address *Tesi Mullinn, baile Uí Éinneáin, Cúimigeó*

Qualification of Witness *Com. Siocána*

Date *14th M^o na Nollag, 1935*

*To be signed by one of the following:—

- A Commissioned Officer serving in the Defence Forces.
- A Permanent Civil Servant (active or retired) whose salary is or was not less than £200, and on a scale rising to not less than £300.
- A District Justice.
- A Peace Commissioner.
- A Barrister-at-Law, a Solicitor or a Commissioner for Oaths.
- A Minister of Religion (denomination to be stated).
- A Registered Physician or Surgeon.
- Managers, Secretaries, Chief Cashiers, and Accountants of Banks and Officials in charge of Branch Banks.
- A member of the Gárda Síochána.
- A Postmaster or Postmistress in actual charge of a Post Office.
- Head Teachers of Secondary or National Schools.
- A Secretary of a Registered Friendly Society.



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F3 (Pensions)

Lyon

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Issued
Initials

19/1/33

R./A. 2.

ROINN AIRGID,
31 DEC 1932
OIFIS AN RÚNAÍO

BAILE ÁTHA CLIATH.

30 M. Na Nodlag '32

Tá an leidir atá istigh leis so á cur
do réir orduithe an Aire Airgid go dtí

Rúnaí
Roinn Cosanta

mar, do réir deallrainh, is leis an Roinn
sin a bhaineann an sgéal.

^{not}
1. Ackd.
2. Dept. of Defence

28.
30/12/32.

2140 North Racine Av.,

Chicago, Ill.

Dec. 18th 1932



Sir,

With reference to the compensation claims for deceased members of the I. R. A. I wish to inform you that my brother Commandant Edward Lyons was arrested at his home on November the first. He was taken to Galway prison getting a sentence of nine months. During his term of imprisonment he began to show ~~the~~ signs of mental trouble and had to be taken to Dundrum Mental Hospital where he died after three years.

Now I can give the names of two witnesses Mr M. Kilroy J. D and Mr E. Moone of Westport Co Mayo and I hope my claim will be taken into consideration.

I am,
Your obedient servant,
(Miss) Annie Lyons.