F. C. 1.

ROINN Cosanta

Fó-Roinn.

NÁ CUIRTEAR ÉANTUAIRISC AR AN GCLÚDACH SO.

Tá annso, leis,

DP4568

Military Archives

An Uimhir.	An Gnó.
1/C/1268.	Hughes, James, New Antrim St., Castle bar 34/11841 = D. 892. Co. Mayo.
An Uimhir ag Roinn Eile. 2210 IR. B/~~2200~~	

Do cuireadh chun	Dáta.	Do cuireadh chun	Dáta.	Do cuireadh chun	Dáta.
C M S R B					
B4	18/6/34				
B4	9/5/36				
F3	13/5				
M Murphy	13/5/36				
P.A. Adm	2/6/36				
fsc	13/7/45				
PA	13/2				
F3a	8/9/49				
PA	8/9/49				
F3B	30/7/57				
PA	6/8/57				

Military Service Pensions Collection

(9566).Wt.3381—1515.3),000.12/32.A.T.&Co.,Ltd. (Sch.18)*

R. Walsh TD

Rec'd 12-6-33

DOMS CLÓN
16. EAN. 1934

RB
A 27/n

A.P. 50.

Military Service Registration Board
Entd. Register 16/11-
Entd. Index 16/11 M37
Cert. Issued

ARMY PENSIONS ACT, 1932.

Application for a Wound or Disease Pension or a Gratuity under Section 10 of the Army Pensions Act, 1932.

DEPT. OF DEFENCE
RECEIVED
6 APR 1933
PENSIONS BRANCH.

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 he is entitled to the pension 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.

Hearing of any application under A. P. Acts 1923 & 1927
Date 12/5/33

Name of Applicant (To be written in Block Capitals) Hughes
HUGHES (Surname)
JAMES (Christian Names)

Age last Birthday 33 years

Present Address Newtownsmith Castlebar Co Mayo

Nearest Gárda Síochána Station Castlebar

Distance of Nearest Railway Station from Residence 1 mile

Distance of Nearest Bus Route from Residence 1/2 mile

Whether Railway or Bus is the more economical Rail

Method of Transport between residence and Dublin Bus & Rail.

Military Archives
Military Service Pensions Collection

NOTE.—Before answering the questions below, the person making the declaration at the foot of this form is to note that:—

(*a*) The statement made by him 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 Army Pensions Act, 1932.)

(*b*) In answering question 3D (1) any special circumstances involved in applicant's service which, it is considered caused any unfitness from which he may be suffering should be clearly stated.

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

1. Give particulars of applicant's service 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*) Oglaigh na h-Eireann (Irish Republican Army)	1916	1923	A.S.U.	West Mayo Brigade	Jas. Chambers Mk. Kilroy.
(*b*) Irish Volunteers					
(*c*) Irish Citizen Army					
(*d*) Fianna Eireann	1914	1916			
(*e*) Hibernian Rifles					
(*f*) Cumann na mBan					

* If the Service was not continuous throughout particulars of the period or periods of actual military service should be stated.

2. What is the nature of any wound or disease for which applicant now claims a pension? — Ill Health since 1921

3 (*a*) When, where, and in what circumstances was any such wound received or such disease contracted? — During the time I was in the A.S.U. Severe Wettings Various Venues etc.

(*b*) Who was applicant's Commanding Officer at the time? — Michael Kilroy.

(*c*) Give the names of any persons who can corroborate the answer to (*a*) above. — James Chambers Paddy Cummins

Military Archives Pensions Collection

3D. Replies to questions 3D. (i) to (v) to be filled in **only** by applicants in respect of Disease.

(i) In what way is it claimed that applicant's disease is connected with his Military Service, and what are the grounds for the claim?
(A detailed statement of the facts with dates should be given.)

Since service in A.S.H. I am always in bad health and unable to work

(ii) Were there any particular conditions affecting applicant's service which it is claimed caused the disability or disabilities? Did the applicant suffer from any illness during the period of his service? If so, give particulars, including any treatment received.

In bad Health since the beginning of 1921.

(iii) Give particulars of the applicant's health for the 3 years prior to joining the particular Force in which it is claimed he incurred the disability (or disabilities). If possible, certificates should be furnished:—

Good Health

Enclosed

(*a*) from his doctor, and

do.

(*b*) from his approved Society for the 3 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 these 3 years. A statement will also be required from his Employer or Employers in respect of the 3 years prior to his joining the particular Force.

Not insured

Enclosed

(iv) Give the names and addresses of the applicant's Employers:

(*a*) During the 3 years prior to joining the particular Military Force in which it is claimed he contracted any disability referred to in the reply to Question 2 above.

Became an apprentice in 1916 to Thomas Hughes and before apprenticeship was finished joined A.S.H. Unable to work since

(*b*) During the period of his Military Service referred to at 1.

—

(c) During the period since the cessation of his Military Service. — No employed,

(v) Was the applicant at any time prior to his service referred to at 1, 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. — No

---

4. Give the names of the hospitals where the applicant has been treated for any Wound or Disease stated in reply to Question 2 above, and the approximate dates of admissions and Discharges. — Castlebar Dispensary

5. Did the applicant suffer from any Wound or Disease mentioned in above answer to Question 2, or anything like it, prior to his service as stated in reply to question 1? If so, give details and dates. — No.

6. Give the names of any hospitals in which the applicant received treatment as an in-patient or an out-patient, prior to the period of his service, and the nature of the ailment for which treatment was provided. —

7. What was the nature of the applicant's employment? — Tailor's Apprentice.

(a) Before his Military Service referred to at 1. (State name and address of last employer). — ~~Thomas~~ —

(b) During the period of his Military Service referred to at 1. — Thomas Hughes Newtown St Castlebar 1916 to 1919.

(c) After the cessation of his Military Service referred to at 1. — Unable to work

8. Give particulars of any period, or periods, of unemployment since the cessation of the applicant's Military Service, and the cause of it (e.g., trade depression, ill-health, etc.). — Unemployed since through ill-health.

9. Has the applicant received compensation from his Employer, 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. — No.

10. Give the names and addresses of

any doctors who attended the applicant since the cessation of his Military Service, and particulars of the ailments for which they attended him.

Dr. Faulkner Main St Castlebar. Varicose Veins. & Debility

11. If the applicant has been 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.

— No.

12. Give particulars of the applicant's health since the cessation of his Military Service. These should be supported by:—

Bad Health

(*a*) medical certificates from any civilian doctors who have attended him and reports from non-military hospitals he has attended;

(*b*) certificates from his employers as to health and time lost.

13. Has the applicant received, in respect of any wound or disease mentioned in answer to Question 2 above, any payment;

No.

(*a*) on a decree under the Criminal Injuries (Ireland) Acts, 1919 and 1920;

No

(*b*) on an award made by the Personal Injuries Committee;

No

(*c*) From or on behalf of the person alleged to be responsible for the act which caused such wound;

No.

(*d*) from any other source.

No.

If so, give full particulars.

14. Give the name of the applicant's National Health Approved Society and (if possible) his Membership Number.

Not insured.

15. Has the applicant at any time since the cessation of his Military Service been registered at a Labour Exchange? If so, give particulars as to the name of the Exchange and the period.

No.

16. Is there any other information

No.

Military Archives
Military Service 1916-23 Collection

which you can give, which is material to the Applicant's claim? (Note.—Section 10 (5) of the Army Pensions Act, 1932). — No.

17. Did the applicant make a claim for a certificate of Service under the Military Service Pensions Act, 1924? If so, what was the result of his claim? — No.

18. Did the applicant make a claim for a pension or gratuity in respect of any wound or disease referred to at Question 2 above under the Army Pensions Acts, 1923, and 1927? If so, what was the result of his claim? — No.

19. Give particulars of any pension or gratuity awarded to the applicant under the Army Pensions Act, 1923, or under the Army Pensions Act, 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, or National Army. —

20. Has the applicant served at any period 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*) Gárda Síochána; (*j*) National Army; (*k*) Defence Forces. If so, give particulars of service. — No.

21. (*a*) Give full particulars of any pension allowance or gratuity which the applicant holds, or at any time held in respect of any wound or injury received in or disease contracted in the services mentioned in your reply to above question. —

(*b*) State clearly the source from which payment of such pension allowance or gratuity is made or has been made. —

Additional particulars to be given if by reason of applicant being a married man a further pension in accordance with the terms of the Act is claimed.

22. If applicant's wife is alive:—

(*a*) State the date of his marriage.

(*b*) State the name of his wife.

Military Archives Pensions Collection

(*c*) Is his wife dependent on him?

(*d*) Does she ordinarily reside with him? (~~Certificate of marriage to be attached~~.)

23. (a) If the applicant's wife is dead, or the marriage has been annulled or dissolved, state the names and ages of any:

Sons under 18 years of age.

Unmarried Daughters under 21 years of age.

(~~Certificates of birth of living children to be attached~~.)

(*b*) State whether the children mentioned above are dependent on the applicant, and where they are living.

(*c*) State whether any of the above children are married.

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 and belief.

Signature of Applicant... James Hughes.....

Address of Applicant... New Antrim St Castlebar

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.....

Address.....

Description.....

Signature of Witness James Baynes Address... Castlebar.....
(See Note overleaf)
Qualification... Peace Commissioner Date... March 29.... 1933

Military Archives
Military Service Pensions Collection

NOTE.—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.

Military Archives

Military Service Pensions Collection

FODHLA—Wt. 3655—Gp. 20—2,000—1/'33—J 6748.
Wt. 4219—Gp. 20—3,000—2/'33—J 7917.

New ambrim St- Castlebar
Co Mayo 30/3/33

This is to certify that James Aughes entered my Employment- in 1916 as an apprentice to the Tailoring trade and remained untill 1919 During that Period he was in good health

Signed
Thomas Aughes
Tailor

Knowing him since he was a child i can say he was always in good health

Signed
Thomas Aughes
Tailor

Military Archives
Military Service Pensions Collection

Military Archives

731

AT HOME { 10–1 / 3–5

DR. A. J. FAULKNER,
MAIN STREET,
CASTLEBAR.

29th March 1933.

MEDICAL CERTIFICATE.

I HEREBY CERTIFY that I have this day Examined

Mr James Hughes Castlebar

and found ~~him~~ her

(1) Still Incapable } of Work
(2) ~~Capable~~ }

By reason of Varicose Veins & Debility

For at least a Considerable Period from this Date

Signed Alfred J Faulkner.

Military Archives
Pensions Collection

Military Archives

1/2210

Co. Mayo

"Medical Certificate" 1st May 1936.

I hereby Certify; that I, as Family Medical Attendant, Examined and Treated, Mr James Hughes of Merchand. New Antrim St. Castlebar, during April 1933. He was then suffering from Neurasthenia; Nervous Debility and Varricose Veins. I attribute his disability, to Cold privations and Hardships endured whilst on Active Service.

Alfred J. Faulkner
Lt. M. R.C.P.S.I.

Note - No of Counterfoil 731.
29/3/33. aff.

Military Service Pensions Collection

ARMY PENSIONS ACT, 1932.

SERVICE CERTIFICATE ISSUED BY THE MILITARY SERVICE REGISTRATION BOARD IN RESPECT OF A LIVING PERSON ALLEGED TO HAVE BEEN A MEMBER OF AN ORGANISATION TO WHICH PART II OF THE SAID ACT APPLIES.

Registered No. of Applicant. I/RB/2210.

Name of Applicant..... Hughes, James .....

Address of Applicant..... New Antrim Street, Castlebar,

..... Co. Mayo.

WHEREAS an application for the grant of a pension *or* gratuity to the said applicant has been referred to us by the Minister for Defence under Section 8 of the Army Pensions Act, 1932 ;

NOW, We, the Military Service Registration Board, in pursuance of the said Section 8, hereby certify as follows :—

1. ~~The applicant was not at any time a member of any organisation to which Part II of the said Act applies.~~

or

The applicant was a member of..... Oglaigh na h-Eireann (I.R.A.) .....

(State organisation or organisations of which applicant was a member.)

2. ~~The applicant was not engaged in military service within the meaning of Part II of the said Act.~~

or

The applicant was engaged in military service within the meaning of Part II of the said Act, and the following are particulars of such military service :—

Organisation or organisations of which applicant was a member	Particulars of military service		
	(*) Period of service		Nature and extent of military service
	From	To	
Oglaigh na h-Eireann (Irish Republican Army)	1916	1922	Captain, Castlebar Batt., West Mayo Brigade.
Irish Volunteers ...	-	-	-
Irish Citizen Army ...	-	-	-
Fianna Eireann ...	-	-	-
Hibernian Rifles ...	-	-	-
Cumann na mBan ...	-	-	-

(*) If the service was not continuous throughout, particulars of the period or periods of actual military service should be stated.

3. The applicant did not receive a wound or injury while engaged in military service.

or

~~The applicant received a wound or injury while engaged in military service and the following are particulars of such wound or injury :—~~

(a) Nature of wound or injury ... ... - .....

(b) Date on which wound or injury was received ..... - .....

Military Archives
Military Service Pensions Collection

(c) Circumstances in which wound or injury was received ... ...

(d) Particulars of any negligence or misconduct on the part of the applicant which in the opinion of the Board should be taken into consideration in determining whether the wound or injury was attributable to military service .....

4. The applicant did not contract any disease during his military service.

~~The applicant contracted a disease during his military service and the following are the particulars of such disease:—~~

(a) Nature of disease ... ...

(b) Actual conditions under which applicant performed his military service ... ...

(c) Particulars of any illness from which the applicant suffered during his military service ... ...

(d) Detailed report on the applicant's statements in reply to questions 3 D (i) and (ii) in the application of the applicant ... .

(e) Full particulars of any negligence or misconduct on the part of the applicant which in the opinion of the Board should be taken into consideration in determining whether the disease was attributable to military service. .....

5. * .....

.....

.....

.....

* This paragraph will be used for certifying such other particulars in respect of the applicant as the Minister may request the Military Service Registration Board to ascertain and certify.

Signed..... E. O'Reilly, Chairman
..... Michl. Hilliard, Member
..... Jos. Everett, Member
} of Military Service Registration Board.

Dated this 9th day of May, 1936.

(1634) K 7932—Wt. 4313—3469—Gp 23—3,000—2/34—Hely's Ltd.

Military Archives

Tagairt 11/C/1268

Army Pensions Acts, 1923-1932.

Claim of James Hughes.

Aire.

Submitted that this claim be rejected, please.

Rúnaí.

21 MAY 1936

Rúnaí.

I agree.

Aire Cosanta.

Military Service Pensions Collection

21 MAY 1936

MD.

Military Archives

A.P. 10.

ROINN COSANTA,
(DEPT. OF DEFENCE),
GEATA NA PAIRCE,
(PARKGATE),
BAILE ÁTHA CLIATH.
(DUBLIN).

Ref. No. 1/C/1268

30 May, 1936

A CHARA,

Army Pensions Acts, 1923 to 1932.

I am desired by the Minister for Defence to state that your claim under the above Acts has been duly investigated. The Minister regrets that for the following reasons no award can be made to you.

The disability in respect of which you claim is not attributable to military service.

Issued 2/6/36 RS
Initials

Mise, le meas,

Runai.

Mr. James Hughes,
New Antrim St.,
Castlebar,
CO. MAYO.

RD

SP 2119 1000 12-32 RC 2/31497

Military Service Pensions Collection