(7362). Wt. 3568. 10,000. 11–23. A.T. & Co., Ltd.*

SAORSTÁT ÉIREANN.

"C."

AIREACHT CHOSANTA
(MINISTRY OF DEFENCE).

ROINN NA bPINSEAN AIRM
(ARMY PENSIONS DEPARTMENT).

Register Number	From whom, number, and date	Officer or Soldier
3/P/1027		Name MASTERSON John Rank _____ Unit _____ Army No. _____ Date of Death ✓ Address Chapel Street Discharge 23.3.23 Louisburgh, Co. Mayo
P.B. 154		

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
		Mr Russell	15/12	Mr Greene	23/12						
Mr Cotton		Regy	14/1	Regy	24/2						
Mr. Greene	20/12	B.F.	2/26	P.A.							
Regy.	21/10										
B.F.	10/11	1925									
		Mr Greene	2/1.								
Mr. Greene	27/10	Regy.	7/1								
Regy	30/24	Leety	29/1/25								
B.F.	14/24	Regy	5/2								
Mr Greene	15/11	B.F.	16/2								
Regy.	17/24										
B.F.	29/24	Mr Greene	12/2								
		Regy	16/2								
Mr Greene	29/11	B.F.	20/2								
Regy	1/12										
B.F.	15/12	Mr Murphy	19/2								
		Regy	23/25								
		Section Cmd									

MINUTE SHEET.

M.S.B.
(Argumist).

Reference.....

A.P.1. Amt. 20/10.

2/ Form A.P.1 received 24:10:24

3/ A.P. 14 to Men. of Finance 27:10:24

4/ Copy of claim to Adj Gen 30:10:24

5/ A.P. 14 from Men. of Fin. 13:11:24

6/ Reminder to Adj. General 17:11:24

7/ 2/ Summinder to Adj. General 1:12:24

8/ Letter to Adjutant General 15:12:24

9/ Adj. G's report & A.P. 11 received.

[OVER.

(8724).Wt.4726—52D.10,000. .2/24.A.T.&Co.,Ltd.*

A.P.A/cs.6.

TO/

Secretary,

re your file number 3 P 1027 in the case of John Masterson, Chapel St Louisburgh. Co Mayo kindly note that I have extracted and am retaining Form No. 19 and have on this date opened an Account under Ref. No. E 3421 in this Claimant's name. The Claimant was notified to-day of the award made to him viz. £30 Gratuity

Your file is returned herewith.

for Secretary

AH/NM.

(2516).Wt.2423—42.1000.9/24.A.T.&Co.,Ltd.

A.P. 11.

Reference No. 3/P/1027

Expiry of current Award. Final.

MEDICAL REPORT ON AN EX-SOLDIER CLAIMING DISABILITY IN RESPECT OF SERVICE.

Name MASTERSON. John Army No. 21252 Rank Pte.

Unit and Corps 2/R. Dub. Age last birthday 20

Date of entry into Service 27.7.22. Date of discharge from Service 8.3.23.

Former trade or occupation Baker Home Address Chapel St. Lowisburgh. Co. Mayo.

NOTE :—The foregoing particulars are to be filled in before the man presents himself before the Board.

Statement of Case by the Medical Board.

1. State concisely the essential facts of the history of each disability recorded in the man's Medical History, and other relevant official documents, giving (a) date and place of origin of the disability, and other relevant particulars of the history; to these may be added (b) any supplementary details given by the man himself; when such details are from the man's own statements only, this will be clearly indicated.

Received G.S.W. Rt. arm at Kilmeena, between Westport & Newport, on 3/8/22.
Treated at Westport Hospital - 2 months, and attended one month as extern patient for Massage, as arm was not straight.

2. Was an operation performed ? If so, when, and what was its nature ?

No operation - thro' & thro' wound.

3. If an operation was advised and declined, was the refusal unreasonable ?

None advised.

Opinion of the Medical Board.

NOTES :—

1. Clear and definite answers are to be filled in by the Board, as in the event of a man suffering from a disability it is essential that the Pensions Board should be in possession of full and accurate information to enable them to decide upon the man's claim to pension.

   Expressions such as " may," " might," " probably," etc., are to be avoided.

2. A report is to be made on any disability claimed. If it is found not to exist, this should be made clear. If it exists but it is not considered to be connected with any form of military service, it should be reported on as fully as if it were connected with service. The words " no disability " should never be used as equivalent to " no disability connected with Service."

4. State precisely the nature of the wound or injury.

G.S.W.

5. (1) Give the diagnosis and particulars of any disability claimed or discovered (1), (2), (3), etc.

G.S.W. Right arm.

(2)

(3)

6. The present condition thereof, giving—
   (i.) Symptoms and physical signs.
   (ii.) Effect of disability on function.

(i) C/o: Weakness of arm.
ENTRY: On antero-internal aspect arm, above Biceps (see chart), punctate, not adherent or tender.
EXIT: on poster.aspect arm at junction upper and mid.thired. Scar 1¼" x 1¼", puckered and depressed,with loss of tissue 'neath it, so that bone can be easily felt. Deep pressure causes sharp stinging pain in this area.
No wasting. No interference with joint movements shoulder or elbow.

(ii) Slight impairment of function Rt.arm (see X-Ray report).

7. Disability or disabilities in respect of which the claim for compensation should be considered (1), (2), (3), as per para 5. (If no disability exists, enter NIL).

G.S.W. Rt. arm.

8. State whether each disability (as per para. 5) is attributable to

   Wound.
   Injury.

Wound.

9. If there is evidence that any disability was due to serious negligence or misconduct on the part of the man, such evidence will be recorded here.

A.G. does not certify.

10. Is the disability in a final stationary condition?

Yes.

If not—

How long is the present degree of disablement likely to last ?

N.A.

11. At what period will the Board require a further Examination ?

N.A.

12. Does the man require further treatment ? Is further treatment likely to benefit the condition ?

No.

13. Will the patient require local medical attendance ? If so, how many attendances per week will be necessary ?

No.

14. In the case of an amputated limb the following particulars will be entered—

N.A.

(1) Limb affected.

(2) Site of amputation.

(3) Measurement of stump as defined in the first schedule of the Act.

(4) How long is stump soundly healed ?

(5) Is patient fitted with an artificial limb ?

15. Report of X-Ray examination. Diagram or radiograph to be attached.

Plate No.2327 shows a large fusiform swelling of humerus at junction of mid.& upper thirds, with a sharper bony outgrowth on inner aspect of swollen part. Swelling probably result of much callus formation round fracture or penetrating bullet wound.

16. Report of oculist, dentist, pathologist, or other specialist report indicated.

None indicated.

17. Does the claimant's disability require any Surgical appliance ?

No.

If so, state what appliance is needed.

18. In the case of a nerve injury, the following particulars will be required :—

(1) Nerve involved.
(2) Muscles affected.
(3) Area of loss of sensation—
(i.) to pinprick.
(ii.) to cotton wool.
(4) Reaction to faradism.
(5) Reaction to galvanism.
(6) Is R.D. present ?

Indicate on charts (and attach) where possible the site and extent of the injury.

ASSESSMENT.

19. What is the degree of disablement at which, in the Board's opinion, he should be assessed, independent of any allowances, or future treatment ?

(Degree of disablement should be expressed in the following percentages :—
100, 90, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil.)
Assessment to be stated in words as well as in figures.

< 20% (Less than twenty) Medium.

Signatures :—

McCannon Capt. a/ ..... President.

Members

Date 11. 12 24

3/P/1027.

14th February, 5.

Mr. J. Masterson,
Chapel Street,
Louisburgh,
CO. MAYO.

A Chara,

With reference to your claim for pension or Gratuity under the Army Pensions Act, 1923, I am to state that your case has been considered by the Army Pensions Board at a recent meeting.

A notification of the result will be communicated to you in due course.

Mise le meas,

(Sd) M6.

Runaidhe.

EJ/MH.

3/P/1027

Change of address

The Quay
Westport
10th Feby. 1925.

To the Minister of Defence.

Sir,

I put in for the wounded pension act some time ago so I was called on to Dublin for a Medical Board so they found that I was medically unfit. I was wounded in the right arm so I found it very hard to work, as I am a Baker by Trade.

I was working in a place
called Louisburgh as a Baker,
so I had to pay a helper,
nearly half my wages. So
then the job closed down
so now I am out of work,
and not able to take a hard
job
as my arm is very weak.

So I would like to know
would, I be granted, any-
thing or not.

I remain,
Your Obedient
Servant.
John Matherson

A.P. 26.

CERTIFICATE OF ASSESSMENT.

Reference
P.B. 154

A claim made by John Masterson,
of Chapel St. Louisburgh, Co. Mayo
for wound pension or gratuity
in respect of wounds
was considered by the Army Pensions Board at a Meeting held
on 30 Jan. 25

The recommendation of the Board is as follows:—

£30 Gratuity

A.P. and A.P. 11 forwarded to Minister for
Defence on the 5/2/25

Lowell
Chairman.

Secretary.

/AL.

(2650).Wt.2500—44 2.2000.9/24.A.T.&Co.,Ltd.

Ref. No. A/13827

OFFICE OF ADJUTANT GENERAL,

General Headquarters,
PARKGATE,

DUBLIN: 1st January, 1925.

Department of Defence,
Army Pensions Department,
34, Molesworth Street,
DUBLIN.

John Masterson, Chapel Street, Louisburgh, Co. Mayo.

Reference your No. 3/P/1027 in the case of above-mentioned, I certify:-

1. That app licant was discharged from the Forces as 'Medically Unfit' on 8/3/23.

2. That he was a Private in the National Army.

3. That the wound in respect of which he was discharged was received on active service in the course of duty, and was not due to any serious negligence or misconduct on his part.

I forward herewith my complete office file on the subject for your information.

MAJOR GENERAL.

ADJUTANT GENERAL.

FILE ENC.

FJT/LM.

OFFICE OF ADJUTANT GENERAL,

Portobello Barracks,
Dublin.

31st December, 1924.

Branch:- Administration and Personnel.

Section:- Personnel.

Ref.No. D.S.4366.

To:-
Mr. John Masterson,
Chapel Street,
Louisburgh,
Co. Mayo.

A Chara,

Herewith amended certificate of your discharge from the National Army, shewing cause of discharge as "MEDICALLY UNFIT".

Mise, le meas,

COMMANDANT,
for COLONEL,
ASSISTANT ADJUTANT GENERAL.

Enclos.1.
WJM.

a/13827. 2nd.

Dis. Certificate

received from

Pearce

23 DEC 1924

John Masterson
Belfast

J.M.

OFFICE OF ADJUTANT GENERAL,

General Headquarters,

APARKGATE,

DUBLIN. 19th December, 1924.

My Ref: A/13827.

Mr. John Masterson,
Chapel Street,
Louisburg,
CO. MAYO.

Sir,

In connection with your recent application for Pension under the Army Pensions Act, 1923, will you please forward your discharge certificate to this office at your earliest convenience.

Yours truly,

_____ Lieutenant

for: ADJUTANT GENERAL.

FJT/SO'D.

(2516).Wt.2423—42.1000.9/24.A.T.&Co.,Ltd.

A.P. 11.

Reference No. 3/P/1027

Expiry of current Award. Final.

MEDICAL REPORT ON AN EX-SOLDIER CLAIMING DISABILITY IN RESPECT OF SERVICE.

Name MASTERSON, John Army No. 21252 Rank Pte.

Unit and Corps 2nd. Western Division Age last birthday 20

Date of entry into Service 27. 7. 22 Date of discharge from Service 8. 3. 23.

Former trade or occupation Baker Home Address Chapel St. Lowisburgh, Co. Mayo.

NOTE :—The foregoing particulars are to be filled in before the man presents himself before the Board.

Statement of Case by the Medical Board.

1. State concisely the essential facts of the history of each disability recorded in the man's Medical History, and other relevant official documents, giving (a) date and place of origin of the disability, and other relevant particulars of the history; to these may be added (b) any supplementary details given by the man himself; when such details are from the man's own statements only, this will be clearly indicated.

Received G.S.W. Rt. arm at Kilmeena, between Westport & Newport, on 3/8/22.
Treated at Westport Hospital - 2 months, and attended one month as extern patient for Massage, as arm was not straight.

2. Was an operation performed? If so, when, and what was its nature?

No operation - thro' & thro' wound.

3. If an operation was advised and declined, was the refusal unreasonable?

None advised.

Opinion of the Medical Board.

NOTES :—

1. Clear and definite answers are to be filled in by the Board, as in the event of a man suffering from a disability it is essential that the Pensions Board should be in possession of full and accurate information to enable them to decide upon the man's claim to pension.

   Expressions such as " may," " might," " probably," etc., are to be avoided.

2. A report is to be made on any disability claimed. If it is found not to exist, this should be made clear. If it exists but it is not considered to be connected with any form of military service, it should be reported on as fully as if it were connected with service. The words " no disability " should never be used as equivalent to " no disability connected with Service."

4. State precisely the nature of the wound or injury.

G.S.W.

5. (1) Give the diagnosis and particulars of any disability claimed or discovered (1), (2), (3), etc.

G.S.W. Right arm.

(2)

(3)

6. The present condition thereof, giving—
   (i.) Symptoms and physical signs.
   (ii.) Effect of disability on function.

(i) C/o: Weakness of arm.
ENTRY: On antero-internal aspect arm, above Biceps (see chart), punctate, not adherent or tender.
EXIT: on poster.aspect arm at junction upper and mid.thirds; Scar 1¼" x ¾", puckered and depressed, with loss of tissue 'neath it, so that bone can be easily felt. Deep pressure causes sharp stinging pain in this area. No wasting. No interference with joint movements shoulder or elbow.

(ii) Slight impairment of function Rt.arm (see X-Ray report).

7. Disability or disabilities in respect of which the claim for compensation should be considered (1), (2), (3), as per para 5. (If no disability exists, enter NIL).

G.S.W. Rt. arm.

8. State whether each disability (as per para. 5) is attributable to

   Wound.
   Injury.

Wound.

9. If there is evidence that any disability was due to serious negligence or misconduct on the part of the man, such evidence will be recorded here.	A.G. does not certify.
10. Is the disability in a final stationary condition?	Yes.
If not— How long is the present degree of disablement likely to last ?	N.A.
11. At what period will the Board require a further Examination ?	N.A.
12. Does the man require further treatment ? Is further treatment likely to benefit the condition ?	No.
13. Will the patient require local medical attendance ? If so, how many attendances per week will be necessary ?	No.
14. In the case of an amputated limb the following particulars will be entered— (1) Limb affected. (2) Site of amputation. (3) Measurement of stump as defined in the first schedule of the Act. (4) How long is stump soundly healed ? (5) Is patient fitted with an artificial limb ?	N.A.
15. Report of X-Ray examination. Diagram or radiograph to be attached.	Plate No.2327 shows a large fusiform swelling of humerus at junction of mid.& upper thirds, with a sharper bony outgrowth on inner aspect of swollen part. Swelling probably result of much callus formation round fracture or penetrating bullet wound.
16. Report of oculist, dentist, pathologist, or other specialist report indicated.	None indicated.
17. Does the claimant's disability require any Surgical appliance ? If so, state what appliance is needed.	No.

18. In the case of a nerve injury, the following particulars will be required :—

(1) Nerve involved.
(2) Muscles affected.
(3) Area of loss of sensation—
  (i.) to pinprick.
  (ii.) to cotton wool.
(4) Reaction to faradism.
(5) Reaction to galvanism.
(6) Is R.D. present ?

Indicate on charts (and attach) where possible the site and extent of the injury.

ASSESSMENT.

19. What is the degree of disablement at which, in the Board's opinion, he should be assessed, independent of any allowances, or future treatment ?

(Degree of disablement should be expressed in the following percentages :—
100, 90, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil.)
Assessment to be stated in words as well as in figures.

< 20% (Less than twenty) Medium.

Signatures :—

M O'Connor Capt 9/ President.
R MacFeargail Capt
Aml. Doran Capt } Members

Date 11 12 24

REF. WN/2I89.

A13827.
28 NOV 1924
W-D.

HEADQUARTERS WESTERN COMMAND,
CUSTUME BARRACKS,
ATHLONE.

27th .....Nov.....I924.

To :

Adjutant General,
G.H.Q.,
Parkgate,
DUBLIN.

SUBJECT : John Masterson, Louisburg, Co. Mayo.

Reference your A/I3827 of the IIth inst., relative to above.

I have had this matter investigated, and as a result beg to report as follows ;-

(I) The above mentioned was wounded on Aug. 3rd I922, when as a member of the National Army, he was engaged with others under Capt. Jos. Ruddy (Deceased) in operations against the Irregulars. At KILLEENA, CO? MAYO the Irregulars engaged the troops and applicant was wounded as stated in the right arm.

(2) He was wounded on Active Service, and no negligence or misconduct was displayed by him.

Sean MacEoin MAJ. GENL.

G.O.C. WESTERN COMMAND.

MM.

OFFICE OF ADJUTANT GENERAL,
General Headquarters,
PARKGATE,

Ref.No. A/3827 DUBLIN, 8 7 11 1924.

To/
Officer i/c Personnel,
Portobello Barracks,
DUBLIN.

Please complete Form appended hereunder in the case of:-

Army No. (Not known) Pte. John Masterson, Louisburg, Co. Mayo, 2nd. Western Division.

and return to this Office at an early date:-

F. J. O Driscoll 2/Lieutenant,
For ADJUTANT GENERAL.

OFFICE OF ADJUTANT GENERAL
RECORDS OFFICE
12 NOV. 1924
G. H. Q.

Army No. 21252.
Rank Pte
Name Masterson John
Date of Attestation 27-7-'22
Date of Discharge(Death) 8 - 3 - 23
Reasons for Discharge Termination of Service Medically Unfit
6

Following documents forwarded:-

~~Copy of Discharge~~, ~~Medical Board~~,
~~Medical History Sheet~~.

H13827
300

OFFICE OF ADJUTANT GENERAL
13 NOV 1924
PARKGATE
GENERAL HEADQUARTERS

Commandant.
OFFICER i/c PERSONNEL.

B.

Our Ref. No:- A/13827.

OFFICE OF ADJUTANT GENERAL,
General Headquarters,
PARKGATE.
DUBLIN: 11th. November, 1924.

General Officer Commanding,
WESTERN COMMAND.

SUBJECT:- JOHN MASTERSON, Chapel Street, Louisburgh, Co. Mayo.

The above-mentioned who was a Private in the National Army attached to the 2nd. Western Division, (Captain Ruddy, Commanding Officer), has made application for a Pension under the Army Pensions Act 1923. He states that he received a Bullet wound through the right arm on 3rd. August 1922, at Kilmeena. He further states that Mr. Michael Ruddy, Westport, can certify his claim.

The Adjutant General directs that you will institute the necessary enquiries in this case with a view to furnishing your report at an early date under the following headings:-

1 : Date on, and circumstances in which applicant was wounded.

2 : Whether he was wounded in the course of his duty while on Active Service, and whether there was any serious negligence or misconduct on his part.

Rec'd 18/11

2/Lieut.
FOR: ADJUTANT GENERAL.

FJO'D/MH.

OFFICE OF ADJUTANT GENERAL,

General Headquarters,

PARKGATE,

ef.No. A/13827 DUBLIN, Nov. 7th 1924.

o/

Officer i/c Personnel,
Portobello Barracks,
DUBLIN.

Please complete Form appended hereunder in the case of:-

Army No. (Not known) Pte. John Masterson, Louisburgh, Co. Mayo.

nd return to this Office at an early date:-

Lieutenant,

For ADJUTANT GENERAL.

rmy No.

ank

ame

ate of Attestation

ate of Discharge(Death)

easons for Discharge

6

Following documents forwarded:-

Copy of Discharge, Medical Board,
Medical History Sheet.

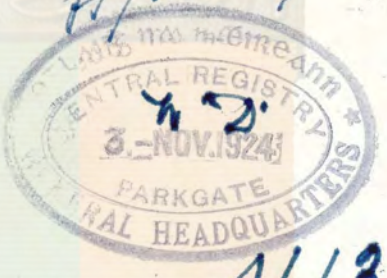
Commandant.

OFFICER i/c PERSONNEL.

B.

3.P. 1027.

W/13827



A/13827

MINISTRY OF DEFENCE,
ARMY PENSIONS DEPARTMENT,
34, Molesworth Street.

30th October 1924

ADJUTANT GENERAL.

An application for a Wound Pension has been received in respect of which details are given on the attached form.

In order to enable the Minister of Defence to decide whether the claim is sustainable under the Army Pensions Act, 1923, will you kindly certify:-

(1) Date on which the applicant was discharged as medically unfit from the Forces.

(2) Rank in the Forces.

(3) That the wound ~~or injury~~ in respect of which he was discharged was received on Active Service in the course of duty, and was not due to any serious negligence or misconduct on his part.

for Secretary.

REF /WN/2189.

HEADQUARTERS WESTERN COMMAND,
CUSTUME BARRACKS,
ATHLONE.

1ST. DEC. 1924.

A13827

TO:-

ADJT. GENERAL,
G.H.Q., DUBLIN.

SUBJECT:- JOHN MASTERSON, Chapel St. Louisburgh,
Co. Mayo.

Reference your A/I3827 of the 28th inst., relative to above.

Full report was forwarded to you on 27th inst.

Comdt for

P. Woods MAJOR GENERAL.
G.O.C. WESTERN COMMAND.

3/R/1027.

16th December 4.

Adjutant General.

With reference to the claim for pension or gratuity by John Masterson of Chapel Street, Louisburgh, Co. Mayo, I am to request you to please state if you are now in a position to furnish your report in the case.

The relative papers were passed to you on the 30th October last.

Runaidhe.

WR/KW.

(8071).Wt.4087—10.5000,1-24.A.T.&Co.,Ltd.*

Ref. No. 3.P.1024.

A.P. 14.

MINISTRY OF DEFENCE,
ARMY PENSIONS DEPARTMENT,
34 MOLESWORTH STREET, DUBLIN.

27 October 1924.

To

SECRETARY,
MINISTRY OF FINANCE.

An application for Pension under the Army Pensions Act, 1923, has been received in respect of the following:—

Name John Masterson Address Chapel Street

Army No. - Louisburgh

Rank Private Co. Mayo

Date of Wound, ~~Injury or Death~~ 3 August 22

Circumstances, &c. Gunshot wound through the right arm at Kilmeena

Will you please state below whether any award in respect of malicious injury has been made or is being considered by you in this case.

for Minister of Defence.

REPLY.

Department of Finance.

No award has been made.
No application received by Department of Finance or by Compensation (Personal Injuries) Committee.

C.S. Almond

12 November 1924.

3/P/1027. COPY/

A.P. 1.

ARMY PENSIONS ACT, 1923.

WOUND PENSION OR GRATUITY.

STATEMENT BY AN EX-OFFICER OR EX-SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This form is to be filled in by every ex-Officer or ex-Soldier who has been discharged from the forces as medically unfit, and who claims a pension or gratuity in respect of any wound or injury received in the course of his duty whilst on active service on or since 1st April, 1922.

The questions are to be answered in the ex-Officer's or ex-Soldier's own words, and the form is to be signed by him and the signature witnessed. In the event of the ex-Soldier being unable to write he should affix his mark, such act being witnessed.

Army No..... Rank....Pte.....

Unit and Corps...2nd Western Division.....

Name and Rank of Commanding Officer ....Capt. Ruddy.....

.....

NAME (TO BE WRITTEN IN BLOCK CAPITALS.) .....M A S T E R S O N (Surname) J O H N, (Christian Names).....

Present Address.....Chapel Street, Louisburgh.....

Nearest Police or Civic Guard Station.....Louisburgh.....

Note.—Before answering the questions below, the applicant is to note that

(a) The statements made by him will be checked by official records.

Section 12 (1) of the Act imposes a summary penalty for a false declaration:—"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."

In answering question 2 (a) any special matters which, in his opinion, caused any unfitness from which he may be suffering or which aggravated it, should be clearly stated.

If the applicant is unable to read, the above notes should be read to him by the witness.

MH/

1. (a) For what period have you served? (b) In what area?	From 27-7-'22 until 3-3-'23. Westport, Co. Mayo.
2. (a) State the nature of any wound or injury, from which you are suffering, the date upon which, and the place and circumstances in which, it was received.	Received a bullet wound through the right arm on 3rd Aug., '22 at Kilmeena through being sniped at by Irregulars.
(b) Who was your Commanding Officer upon that date?	Capt. Ruddy.
(c) Give the name of any witnesses who can corroborate your answer to (a) above.	Mr Ml. Ruddy, Westport.
(d) State the date upon which you were discharged from the Army as medically unfit.	Discharged 3rd March, '23.
3. Give the names of any hospitals where you have been treated for the above wound or injury, and the approximate dates of admissions and discharges if possible.	Treated in Westport Red Cross Hosp. Went to Hosp., on the 3rd Aug., '23 and discharged Oct., 5th.
4. Did you suffer from the injury mentioned in above answer to question 2 (a) or anything like it *before* joining the Army? If so, give details and dates.	No.
5. Give the names and addresses of any hospitals you were in, or doctors who attended you *before* you joined the Army.	None.
6. What is the name and address of your last employer before joining the Army?	Mr Peter O'Malley, Baker, Westport.
7. What was your occupation or trade before joining the Army?	Baker.
8. Have you received in respect of the wound or injury mentioned in above answer to question 2 (a) any decree for compensation under the Criminal Injuries (Ireland) Acts, 1919 or 1920? If so, give full particulars.	None.
9. Have you received in respect of the wound or injury mentioned in above answer to question 2 (a) any compensation from or on behalf of the person alleged to be responsible for the act which caused the wound or injury? If so, give full particulars.	None.
10. Have you received in respect of the wound or injury mentioned in the answer to question 2 (a) any payment from any Relief Organisation such as National Aid or White Cross Association? If so, give full particulars.	None.
11. Give the name of your National Health Approved Society, and (if possible) your membership number.	None

12. Have you served at any period with any of the following military or police forces? If so, give full particulars of service.

(a) British.

(b) Australian.

(c) New Zealand.

(d) South African.

(e) Canadian.

(f) American (U.S.A.)

(g) Royal Irish Constabulary.

NO.

13. (a) Give full particulars of any pension, allowance, or gratuity which you hold or at any time have held in respect of any wound or injury received in, or disease contracted in, the service mentioned in your reply to above question 12.

Nil.

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

The above statement has been read over to me; I agree to it, and have nothing further to add.

Signed John Masterson. (ex-Officer or ex-Soldier) Address Chapel Street, Louisburgh.

Signed Dan Sarsfield. (Witness) Address Co. Mayo.

Qualification Sergt i/c Louisburgh Date 22nd Oct., '24.

*To be signed by one of the following:—

A Commissioned Officer serving in the Free State Army.

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, or a Divisional Magistrate.

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.

An Officer of the Civic Guard or Dublin Metropolitan Police not below the rank of Inspector or Station Sergeant.

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.

ARMY PENSIONS ACT, 1923.

Statement by an ex-Officer or ex-Soldier who claims as a married man a further pension in accordance with Section 2 of the Act.

14. If your wife is alive

(a) State the date of your marriage.

(b) Is your wife dependent on you?

(c) Does she ordinarily reside with you? (Certificate of Marriage to be attached).

15. (a) If your wife is dead, or the marriage has been dissolved, state the names and ages of any

(to be filled in by ex-Officers)

Sons under 18 years.

Daughters under 21 years.

(to be filled in by ex-Soldiers)

Sons under 16 years.

Daughters under 18 years.

(Certificate of Birth of youngest living child to be attached).

(b) State whether the child or children mentioned above are dependent on you and where they are living.

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

16. If your wife is alive, but your marriage has been dissolved, and you claim a further pension in respect of the children mentioned in reply to question 15 (a) above, please furnish copy of the decree or order of the Court.

The above statement has been read over to me; I agree to it, and have nothing further to add.

Signed ..... Address .....
(ex-Officer or ex-Soldier)

Signed* ..... Address .....
(Witness)

Qualification ..... Date .....

*To be signed by one of the following:—

A Commissioned Officer serving in the Free State Army.

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, or a Divisional Magistrate.

A Peace Commissioner.

A Barrister-at-Law, a Solicitor, or a Commissioner for Oaths.

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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.

M.P.W.—Wt. 3648.—2,500.—11/'23. Wt. 65.—3,000.—4/'24.

3/P/1027.

A.P. 1.

ARMY PENSIONS ACT, 1923.

WOUND PENSION OR GRATUITY.

STATEMENT BY AN EX-OFFICER OR EX-SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This form is to be filled in by every ex-Officer or ex-Soldier who has been discharged from the forces as medically unfit, and who claims a pension or gratuity in respect of any wound or injury received in the course of his duty whilst on active service on or since 1st April, 1922.

The questions are to be answered in the ex-Officer's or ex-Soldier's own words, and the form is to be signed by him and the signature witnessed. In the event of the ex-Soldier being unable to write he should affix his mark, such act being witnessed.

Army No. Nil Rank. Pte

Unit and Corps. 2nd Western Division

Name and Rank of Commanding Officer Captain Ruddy

NAME (TO BE WRITTEN IN BLOCK CAPITALS.) MASTERSON (Surname) JOHN (Christian Names)

Present Address. Chapel St. Louisburgh

Nearest Police or Civic Guard Station. Louisburgh

Note.—Before answering the questions below, the applicant is to note that

(a) The statements made by him will be checked by official records.

Section 12 (1) of the Act imposes a summary penalty for a false declaration:—"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."

In answering question 2 (a) any special matters which, in his opinion, caused any unfitness from which he may be suffering or which aggravated it, should be clearly stated.

If the applicant is unable to read, the above notes should be read to him by the witness.

1. (a) For what period have you served?
   (b) In what area?

From 27/7/'22. Until 3/3/'23
Westport Co. Mayo.

2. (a) State the nature of any wound or injury, from which you are suffering, the date upon which, and the place and circumstances in which, it was received.

Recived a bullet wound through the right arm on 3rd August 1922 at Kilmeena through being sniped at by Irregulairs.

   (b) Who was your Commanding Officer upon that date?

(Captain Ruddy.)

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

Mr. Michael Ruddy Westport.

   (d) State the date upon which you were discharged from the Army as medically unfit.

Discharged the 3rd March 1923.

3. Give the names of any hospitals where you have been treated for the above wound or injury, and the approximate dates of admissions and discharges if possible.

Treated in Westport Red Cross Hospitial went to Hospitial on the 3rd August 1923 and discharged Oct. 5th.

4. Did you suffer from the injury mentioned in above answer to question 2 (a) or anything like it *before* joining the Army? If so, give details and dates.

No.

5. Give the names and addresses of any hospitals you were in, or doctors who attended you *before* you joined the Army.

None.

6. What is the name and address of your last employer before joining the Army?

Mr. Peter O'Malley Baker Westport.

7. What was your occupation or trade before joining the Army?

Baker.

8. Have you received in respect of the wound or injury mentioned in above answer to question 2 (a) any decree for compensation under the Criminal Injuries (Ireland) Acts, 1919 or 1920? If so, give full particulars.

None.

9. Have you received in respect of the wound or injury mentioned in above answer to question 2 (a) any compensation from or on behalf of the person alleged to be responsible for the act which caused the wound or injury? If so, give full particulars.

None.

10. Have you received in respect of the wound or injury mentioned in the answer to question 2 (a) any payment from any Relief Organisation such as National Aid or White Cross Association? If so, give full particulars.

None.

11. Give the name of your National Health Approved Society, and (if possible) your membership number.

None.

12. Have you served at any period with any of the following military or police forces? If so, give full particulars of service.

(a) British. No.

(b) Australian. "

(c) New Zealand. "

(d) South African. "

(e) Canadian. "

(f) American (U.S.A.) "

(g) Royal Irish Constabulary. "

13. (a) Give full particulars of any pension, allowance, or gratuity which you hold or at any time have held in respect of any wound or injury received in, or disease contracted in, the service mentioned in your reply to above question 12. Nil.

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

The above statement has been read over to me; I agree to it, and have nothing further to add.

Signed John Masterson (~~ex-Officer~~ or ex-Soldier) Address Chapel St. Louisburgh

Signed* Dan Sanford (Witness) Address Co. Mayo

Qualification Sergt. R.I.C. Louisburgh, Date 22nd October 1924

*To be signed by one of the following:—

A Commissioned Officer serving in the Free State Army.

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, or a Divisional Magistrate.

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.

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ARMY PENSIONS ACT, 1923.

Statement by an ex-Officer or ex-Soldier who claims as a married man a further pension in accordance with Section 2 of the Act.

14. If your wife is alive

(a) State the date of your marriage.

(b) Is your wife dependent on you?

(c) Does she ordinarily reside with you? (Certificate of Marriage to be attached).

15. (a) If your wife is dead, or the marriage has been dissolved, state the names and ages of any

(to be filled in by ex-Officers)

Sons under 18 years.

Daughters under 21 years.

(to be filled in by ex-Soldiers)

Sons under 16 years.

Daughters under 18 years.

(Certificate of Birth of youngest living child to be attached).

(b) State whether the child or children mentioned above are dependent on you and where they are living.

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

16. If your wife is alive, but your marriage has been dissolved, and you claim a further pension in respect of the children mentioned in reply to question 15 (a) above, please furnish copy of the decree or order of the Court.

The above statement has been read over to me; I agree to it, and have nothing further to add.

Signed ..... Address .....
(ex-Officer or ex-Soldier)

Signed* ..... Address .....
(Witness)

Qualification ..... Date .....

*To be signed by one of the following:—

A Commissioned Officer serving in the Free State Army.

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, or a Divisional Magistrate.

A Peace Commissioner.

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Head Teachers of Secondary or National Schools.

A Secretary of a registered Friendly Society.

M.P.W.—Wt. 3648.—2,500.—11/'23. Wt. 65.—3,000.—4/'24.

Louisburgh Co Mayo
13th Oct 1924.

M. T

To/ The Ministry of Defence.
Army Pensions Department.
By Molesworth St.
Dublin

With reference above I beg to state that I joined the army in July 1922 and was on active service until August 1922 when I received a wound in the right arm with a result that I spent three months in Hospital at Westport shortly after leaving hospital I was discharged from Wellington B.K. Dublin on the 23rd March 1923. My old job awaited me in Westport a Baker but owing to injuries received I was unable to hold it so I had to come out to Louisburgh and employ an assistant to give me a chance to do a light job at a far poorer scale of pay than I would have got in Westport. Hoping you will give my case your kind consideration

I am
John Masterson
Chapel St.
Louisburgh.
Co Mayo