

SAORSTÁT ÉIREANN.

PENSIONS.

AIREACTH CHOSANTA
 (MINISTRY OF DEFENCE).

OIFIG AIRM AIRGID
 (ARMY FINANCE OFFICE).

Register Number	From whom, number, and date	Officer or Soldier
P.B. 3/P/641		Name..... <i>Barry Michael</i>
		Rank..... <i>Pte.</i> Unit.....
		Army No..... <i>49851</i> Date of Death.....
		Address..... <i>High Street, Westport</i>
		Date of Discharge..... <i>17. 12. 23</i>

PB 151

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
<i>PA</i>											
<i>75</i>	<i>3/27/47</i>										
<i>PA. M.</i>	<i>31/5/47</i>										

Military Service Pensions Collection

MINUTE SHEET.

M.S.B.
(Argumi)

Reference..... 3/2/67

1
Letter for App. 13. 2. 24

2
A.P. 1. Deut. 14. 2. 24

3
A.P. 1. returned 20. 2. 24.

4
A.P. 14. to M. of Finance 14/3/24.

5
Copy of claim on A.P. 1. to A.G. 4/3/24.

6
Documents to D.M.S. from A.G. 20/3/24

7
Letter from applicant dated 26. 5. 24. D.D. 7a.

8
Reply to 7. dated 4. 6. 24. D.D. 8a.

9
Reminder to D.M.S. 28. 6. 24. D.D. 9a

10
A.G. Report. A.P. 11 from D.M.S. 19. 4. 24

11
A.P. 1 and A.P. 11 to Pres P.M.B. 3: 12: 24
due for re-exam 3: 1: 25

12
Report rec. from D.M.S. 7/25

Military Service
Pensions Collection

Military Archives

A.P.A/cs.6.

TO/
Secretary,

14th February 1925

re your file number 3. P. 671. in
 the case of Mrs. Barry, High St. Westport
Leo. Mays kindly note that I
 have extracted and am retaining Form No. A.P. 19
 and have on this date opened an Account under Ref.
 No. B. 247. in this Claimant's name. The
 Claimant was notified to-day of the award made to him
 viz. Leo Gratuity
 your file is returned herewith.

AS Mays

AM/NM.

Military Service Pensions Collection

Reference No. *3/1/671*

12- **R**



Expiry of current Award. *Final*

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

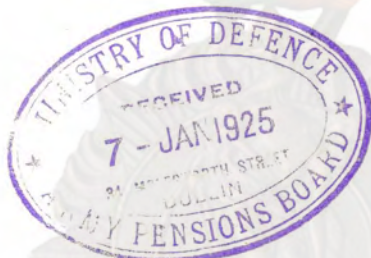
Name *BARRY Michael* Army No. *49851* Rank *Pte.*
Unit and Corps *44th Batt.* Age last birthday *27*
Date of entry into Service *8-8-22* Date of discharge from Service *17-12-23*
Former trade or occupation *Labourer* Home Address *High Street, Westport*

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.

Original Board. 30.6.24.
Revision " 13.12.24.
See original A.P.11 for history, etc.



Military Service Pensions Collection

- 2. Was an operation performed? *None since last Board.*
If so, when, and what was its nature?

- 3. If an operation was advised and *None advised.*
declined, was the refusal unreasonable?

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. L. forearm.

(2)

(3)

6. The present condition thereof, giving—

- (i.) Symptoms and physical signs.
- (ii.) Effect of disability on function.

1. (i) C/O arm still weak. No improvement since last Board. See original for description of injury. WASTING L. upper limb - Biceps 1" Upr. forearm 1". Above wrist $\frac{1}{2}$ ". Grip fairly good in view of difference in musculature about 20% loss. Pronation and supination impaired by about 20%

(ii) Impairment of function L. upper limb due to fracture both bones of forearm with weak union of Ulnar fracture and deformity.

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. L. forearm.

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

Wound.

Wound.

Injury.

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.

None.

Military Archives

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. See 16.

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.

N.A.

(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.

Film 2335 shows both bones now well united though deformity still remains.

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

Surgeon Comdt. Burke reports:- G.S.W. fract. radius and ulna L. due to service Final. No treatment.

17. Does the claimant's disability require any Surgical appliance? If so, state what appliance is needed.

No.

Pensions Collection

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 ?

N.A.

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 ?

< 20% (Less than twenty) FULL.

(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.

Signatures :—

..... *McLommon* Capt. a/ President.
 *Shakespeare* Capt. } Members
 *Geo Love* Capt. }

Date... 13 / 12 / 24

[Handwritten signature]

Reference No. 3/P/671



Expiry of
current Award. Dec 1924

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

Name BARRY Michael Army No. 49851. Rank Pte.
Unit and Corps 44th. Battalion. Age last birthday 27.
Date of entry into Service 8.8.22. Date of discharge from Service 17.12.23.
Former trade or occupation Labourer. Home Address High St. Westport.

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.

Wounded in left forearm at Glenamoy, Ballina, Co. Mayo. in ambush on 18.9.22. Treated 2 days in Ballina Hosp. then sent to Westport Hosp. - 6 weeks. Discharged and transferred to Mil. Police.

2. Was an operation performed? No.
If so, when, and what was its nature?
3. If an operation was advised and declined, was the refusal unreasonable? N.I.

Military Service
Pensions Collection

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.s.

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

G.S.W. left forearm.

(2)

(3)

6. The present condition thereof, giving—

- (i.) Symptoms and physical signs.
- (ii.) Effect of disability on function.

1. (i) Complains of weakness of arm when he works. Entry $4\frac{1}{2}$ " above wrist joint over Radius: punctate. Exit at corresponding point on post aspect forearm. Irregularity of both bones of forearm, indicating fracture of Radius and Ulna with external and posterior angulation of Ulna. Wasting: Over biceps $1\frac{1}{2}$ " total ($1\frac{1}{4}$ " actual, allowing for normal $\frac{1}{4}$ " less in left handed individual) Wasting over up. forearm 1" Lower forearm $\frac{3}{8}$ " slight general of hand. Shortening $\frac{1}{4}$ " shorter than right forearm. Movements elbow joint free. Movements wrist joint somewhat limited both in flexion and extension. Grip impaired by 25%. Two scars of a thro' and thro' bullet wound 1" above entry $\frac{3}{4}$ " apart caused no damage, being superficial. Pronation and Supination impaired by 20%.
 (ii) Weakness (of bone structure as well as muscles) of left forearm. This is aggravated by bowing of forearm.

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).

Fracture both bones of forearm with loss of power and deformity (bowing).

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

Wounds.

- Wound.
- Injury.

8
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.

None.



10. Is the disability in a final stationary condition? **No.**

If not—

How long is the present degree of disablement likely to last? **6 (six) months.**

11. At what period will the Board require a further Examination? **Dec. 1924.**

12. Does the man require further treatment? Is further treatment likely to benefit the condition? **Not at present.**

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? **N.A.**

(5) Is patient fitted with an artificial limb?

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

Plate No. 171⁸ shows old fracture of Radius and Ulna at mid. forearm. Radial fracture strongly united with overlapping. Ulnar fracture only weakly united.

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

17. Does the claimant's disability require any Surgical appliance? **No.**
If so, state what appliance is needed.

Military Archives

Military Service Pensions Collection

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 ?

N.A.

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 ?

30% (Thirty) 6 months.

(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.

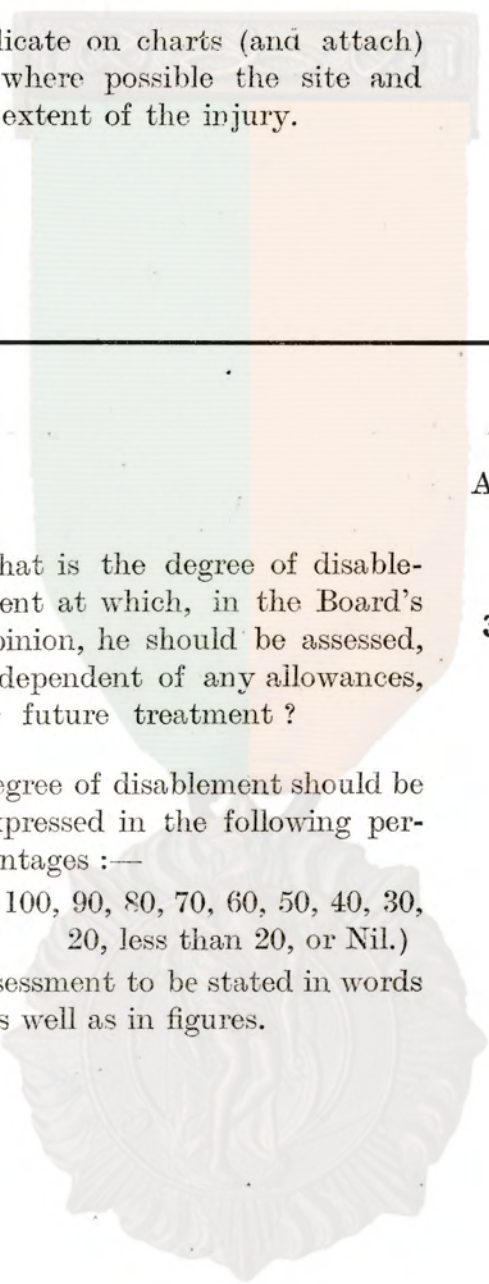
Signatures :—

W. Maguire President.

McDonnell Capt } Members
Deane Capt }

Date..... *30/6/24*

Military Archives



Military Service Pensions Collection

CERTIFICATE OF ASSESSMENT,

Reference

P.B. 151.....

A claim made by Michael Barry.....
of High Street Westport.....
for Pension or Gratuity.....
in respect of wounds Received.....
was considered by the Army Pensions Board at a Meeting held
on 26-1-25.....

The recommendation of the Board is as follows:—

Gratuity £60.....
.....

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

Sowell

.....
Chairman.

J. J. Horgan

.....
Secretary.

ROINN NA BPINSEAN AIRM
(Army Pensions Department).

Guthan 4738.

('Phone)

Uimhir Thagarta.....

(Reference No.)

AIREACHT CHOSANTA

(Ministry of Defence),

BAILE ÁTHA CLIATH

(Dublin).

3 December 1924

President Pensions & Medical Board
~~Director of Medical Services.~~

Attached please find A.P. 1
and your report A.P.11. in the case
of Michael Barry, High St.
Westport Co Mayo who is
due for Medical re-examination on
3 January 1925

Will you please make the
necessary arrangements and furnish
your report as soon as possible, so
as to obviate delay in continuing
payment of pension (if any)

J. Horgan
RUNALDHE.

Military Archives



... 1/08 7.

2nd Dec '24

TO SECRETARY.

Re file No. 3/P/641 (P.B. 58)

In the case of Mr Michael Barry
High St. Westport, Co Mayo

Kindly note that the above-named Pensioner
is due for Medical Examination on 3rd Jan'y '25
The previous award expires on 31st Jan'y '25

Military Service
Asympicain
Pensions Collection
Munaidhe.

Military Archives

A.P. A/cs. C.

To/
Secretary.

23. 8. 24.

Re your file number 3. P. 671. in the case of

Mr. Mrs. Barry, High St. Westport

_____ kindly note that, I have extracted,
and am retaining Form No. AP. 19. and have on this date
opened an Account under Ref. No. B. 247. in this
Claimant's name. The Claimant was notified to-day of

the award made to him. (12/7 per week)

Your file is returned herewith.

St. M. P. C. S.

Military Service
Pensions Collection

Military Archives

3/19/67

Call atten of docs to case
Board wish this man
to be brought up

a.p. 11

with finance 29/7

Military Service
Pensions Collection

Military Archives

CERTIFICATE OF ASSESSMENT.

-----000-----

Reference

P.B. 58

A claim made by Michael Barry,

of High St. Westport. Co Mayo

for Pension or Gratuity

in respect of Wounds Recd.

was considered by the Army Pensions Board at a Meeting held
on 23.7.24

The recommendation of the Board is as follows:-

12/7 Y 3 1/2 p.w. from 17/12/23 to 31/1/25
Re. exam 3/1/25

A.P. _____ and A.Poll forwarded to Army Finance
Officer on the _____

NM.

K Callan
915 Finance.

Military Service
Pensions Collection

MEMORANDUM.

FROM ←

THOMAS NAVIN,

Carpenter, Builder and
General Contractor . . .

PLUMBING.

PAINTING.

WESTPORT, *June 23rd* 192*4*

To

That Mr. Barry in my employment for
a month ^{the year} and I had to discharge him
owing to him being unable to do my work.

Thos Navin

Mayo

Barry

hu

OGLAIGH na h-ÉIREANN.

OFFICE OF ADJUTANT GENERAL.

Records Office,
Portobello Barracks,
DUBLIN

18. 3. 1924.

A5942

To:
The Secretary,
Army Pensions Department.

In reply to your 3/P/671 re Michael Barry.

I HEREBY CERTIFY THAT, according to my records,

- (1) Above-named was discharged 17.12.23 - "Med. unfit."
- (2) Medical Board proceedings attached.
Medical History Sheet —
- (3) Rank Private.
- (4) 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.

Garrod Sullivan Lieut.-General.

ADJUTANT GENERAL.

correct.
M

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Copy.

DISCHARGE MEDICAL BOARD.

Claremorris COMMAND

Reg. No. 49851 Rank Pte Name Barry M. Age 22
Unit 44th. Bn. Pctn Disability G. S. W. left forearms
Duration of Service 1 3/12 Duration of Disability 12 months

Extracts from Documents, Bearing on Disability:

Man's Medical Condition

Good.

Complains of -

Inability to use a rifle. Loss of power.

Examination reveals -

G. S. W. left forearms.

Has any treatment been advised and declined?

No.

If so, what treatment?

No.

Was Disability due to

- (1) Duty
- (2) Military Service conditions
- (3) Man's own fault
- (4) Any case for which Irish National Army cannot accept Responsibility.

Yes.
No.
No.
No.

Specify exact cause (where possible and necessary)

Wounded in attack at Bellin.

Board consider this man is suffering from

G. S. W. left.

which, in their opinion is (attributable to
(aggravated by
(not due to.

Service in National Army

(Board recommend discharge from the Army on Medical grounds)
(~~Board find no Medical grounds for Discharge from the Army.~~)

J. R. O'Sullivan

President
Medical Board

S. Scanlan

Member
Medical Board.

Date 26.10.23.

Ref. No. 3. P. 641

A.P.1.A

A 5942

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

34, Molesworth Street,

DUBLIN.

3 March 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.

J. J. Horgan

~~for Minister of Defence.~~

Military Service
Pensions Collection



9a.

Military Archives

3/P/671.

June 28th 4.

Director of Medical Services,
G. H. Q.
Infirmary Road,
D U B L I N.

Will you please expedite the claim
to Pension or Gratuity by Michael Barry,
of High Street, Westport, Co., Mayo, the
documents in respect of which were
forwarded to you by the Adjutant General
on the 20th March, 1924.

RUNAIDHE.

DO'S./MIL.

Military Service
Pensions Collection

S.A.

Military Archives

3/P/671.

34 Molesworth Street,

4th June,

4.

Mr. Michael Barry,
High Street,
WESTPORT.

A Chara,

With reference to your letter of the 26th ult., relative to your claim to Pension or Gratuity, I have to inform you that your case is receiving urgent attention, and is being expedited as far as possible.

A further communication on the subject will be sent to you at an early date.

Mise le meas,

Runaidhe.

DOS/AM.

Military Service
Pensions Collection

93/P/671

26th May - 1924.

Military Archives

710



Mr. Barry
High St
Westport
Co Mayo

Dear Sir

I would be thankful to you if you would see into my case as I think I am nearly long enough waiting I filled in a form on the 22 Feb last for my claim and I have heard nothing about it since so would be very much obliged if will let me know what you are going to do

I remain your obt. obedient
Servant Mr Barry

Military Service
Pensions Collection

Ref. No. *Z.P. 641*

A.P. 14.

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

To
SECRETARY,
MINISTRY OF FINANCE.

3 March.....192*4*.

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

Name.....*Michael Barry*.....Address.....*High Street*

Army No.....*#9851*.....*Westport*

Rank.....*Private*.....*Co Mayo*

Date of Wound, Injury or Death.....*14 September 1922*

Circumstances, &c.....*Gunshot wound in left*

arm received in ambush

wjke 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.

J.P. Hogan
.....
for Minister of Defence.

REPLY. Ministry of Finance,

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

C.S. Almond

17th April 1924.

Sir

I have sent my
Marriage Certificate to the Chief Pay
officer Portobello Barracks also my
youngest Child Birth Certificate
and I have not got them back
yet I will send them as soon
like I can back

I remain your
obedient servant
Jn Barry



Military Service
Pensions Collection

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. 49851. Rank Pte.

Unit and Corps 44th Infantry Battalion

Name and Rank of Commanding Officer .. Captain Joseph Ruddy

NAME (TO BE WRITTEN IN
BLOCK CAPITALS.) **BARRY,** **MICHAEL**

(Surname)

(Christian Names)

Present Address High Street, Westport, Co. Mayo

Nearest Police or Civic Guard Station... Westport

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?
 1 year & 114 days.
 Claremorris Command.
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.
 Wounded on Left Arm 14/9/1922 in ambush Glenmire, outside Ballina
- (b) Who was your Commanding Officer upon that date?
 Captain Joseph Ruddy.
- (c) Give the name of any witnesses who can corroborate your answer to (a) above.
 Captain Kilcoyne.
- (d) State the date upon which you were discharged from the Army as medically unfit.
 17th December 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.
 On the Newpost Road, Westport.
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?
 Thomas Nasen, Mill St. Westport.
7. What was your occupation or trade before joining the Army?
 Labourer.
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.
 No.
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.
 No.
11. Give the name of your National Health Approved Society, and (if possible) your membership number.

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.

(a) 7 years in British Army.

(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.

None.

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

None.

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

Signed Michael Barry,
(ex-Officer or ex-Soldier)

Address High St. Westport.

Signed* John Moloney,
(Witness)

Address 14th Batt. Westport.

Qualification Captain N.A.

Date 16th February, 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.

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. 17th February, 1919.
 (b) Is your wife dependent on you? Yes.
 (c) Does she ordinarily reside with you? Yes.
 (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 No.

(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. One.

Daughters under 18 years. One.

(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. Yes. High St. Westport.

(c) State whether any of the above children are married. No.

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 Michael Barry, Address High St. Westport
 (ex-Officer or ex-Soldier)

Signed* John Moloney, Address 44th Battalion, Westport
 (Witness)

Qualification Captain, N.A. Date 16th February, 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.
- 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.

3/P/671



ackd. 22/2/21
W.P.B.

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. 49861 Rank Ate

Unit and Corps 44th Infantry Battalion

Name and Rank of Commanding Officer Captain Joseph Puddy

NAME (TO BE WRITTEN IN BLOCK CAPITALS.) BARRY MICHAEL
(Surname) (Christian Names)

Present Address HIGH ST. WESTPORT. CA. MAVA

Nearest Police or Civic Guard Station WESTPORT

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? *one year and 114 days*
 (b) In what area? *6th Armoured Command*
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. *wounded on left arm
 14th September 1922
 in ambush Glenmie outside
 Balleary*
 (b) Who was your Commanding Officer upon that date? *Captain Joseph Puddy*
 (c) Give the name of any witnesses who can corroborate your answer to (a) above. *Captain McEvoy*
 (d) State the date upon which you were discharged from the Army as medically unfit. *17th Dec 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. *on the Newmarket Road
 Westport*
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. *No*
6. What is the name and address of your last employer before joining the Army? *Thomas Warrin
 Mill St Westport*
Labourer
7. What was your occupation or trade before joining the Army?
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. *No*
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. *No*
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. *No*
11. Give the name of your National Health Approved Society, and (if possible) your membership number.

Service

Pensions Collection

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. *7 years in British Army*

(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.

None

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

None

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

Signed *Michael Barry*
(ex-Officer or ex-Soldier)

Address *16/25 Westport*

Signed* *John Molloy*
(Witness)

Address *H 4th Galtee Westport*

Qualification *Captain N. A.*

Date *16th February 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.

Managers, Secretaries, Chief Cashiers and Accountants of Banks and Officials in charge of Branch Banks.

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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 *yes*

(a) State the date of your marriage. *Febr 17th 1919*

(b) Is your wife dependent on you? *yes*

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

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) *no*

Sons under 18 years.

Daughters under 21 years.

(to be filled in by ex-Soldiers)

Sons under 16 years. *1 Born on the 12th Nov 1920*

Daughters under 18 years. *1 " " 5th June 1922*

(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. *yes High St Westport*

(c) State whether any of the above children are married. *no*

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 *Michael Barry*.....
(ex-Officer or ex-Soldier)

Address *High St Westport*.....

Signed* *John Molloy*.....
(Witness)

Address *44th Galtie Westport*.....

Qualification *Captain N.A*.....

Date *16th February 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.

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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.

DÁIL EIREANN.

Uimh.

TIGH LAIGHEAN
(Leinster House),

BAILE ÁTHA CLIATH
(Dublin).

9th February 1924.

A7S1S.



Mr. Mulcahy

General Mulcahy, T.D.,
Minister for Defence.



A chara,

I beg to enclose herewith letter from a soldier who was wounded in action and disabled about two years ago and who has received no compensation in respect thereof. His case appears to be a hard one.

Mise le meas,

Wm Sears

Military Service
Pensions Collection

Military Archives

Barrack Hill,

Westport.

Tuesday, 5-2-1924

To/ A. Sears, Esq., J.D.
Leinster House,
Dublin.



Sir, - I would be extremely obliged to you if you would be so kind as to make inquiries into my case, particulars of which I enclose, re the failure of the National Government to-date to notify me if I am or am not to receive a pension to enable me to support my wife and family, I not now been able to do any manual labour owing to loss of power of one arm by gunshot wounds received on service.

I also have not had one solitary offer of any employment since I left the service, and also have not received a penny "unemployment money," and to the best of my knowledge, no

Extracted 20.1.24

(2)

other National Soldier has as yet got
any unemployment pay from Labour
Exchange here. Thanking you in anticipation
of an early reply,
I remain,

Your Obedient Servant,
Michael Barry.

Particulars:-

No.-49851. Rank - Private. Name - Michael Barry.
Attested at Westport, 26th August, 1922,
discharged 17th December, 1923, in conse-
quence of "Medically Unfit"

Wounded in Action! - Left Arm - "gunshot
wound" - 22nd November, 1922 (same day as
General King was killed).

Medical Board - Claremorris November, 1923,
(3rd or 4th) and discharged in consequence
of wounds.

P.S. - Please reply as soon as possible as I am
in "desperate straits" at present.