

SAORSTAT ÉIREANN.

"C."

AIREACHT CHOSANTA
 (MINISTRY OF DEFENCE).

OIFIG AIRM AIRGID
 (ARMY FINANCE OFFICE).

Register Number	From whom, number, and date	Officer or Soldier
B. 247		Name <u>Barry Michael</u> Rank <u>Pte.</u> Unit <u>N.A.</u> Army No. <u>49851</u> Date of Death _____ Address <u>High St. Westport, Connemara.</u> Discharge <u>17.12.23</u>
F.P.		

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
<u>A.P. 19</u>	<u>27</u>										
<u>to Sec</u>	<u>1/25</u>										

Military Service Pensions Collection

Military Archives

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

GRIFFITH BARRACKS
34 MOLESWORTH STREET,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.

Military Service Pensions Collection



ARMY PENSIONS DEPARTMENT.

LIFE CERTIFICATE.

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

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

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

Name (in full, Surname first)..... Barry Michael

Number of Award Certificate..... 3.P. 6.71

Rate of Gratuity or Pension and Allowances..... £ 60-0-0 gratuity per week annum.

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

Received whilst serving as..... Private in Volunteers Citizen Army, 1916, in..... 18th Feb..... 1922
(insert rank) National Forces (insert month) (year)

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

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

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

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

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension or Gratuity and Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such Pension or Gratuity and Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the..... 16th..... day of February..... 1925

Signature (in full)..... Michael Barry

Full Postal Address..... High St Westport

CERTIFICATE.

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

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

Signature..... James Ruddy Date..... 15th Feb 1925

Rank or Profession..... Peace Commissioner

Full Postal Address..... Shop St., Westport.
Leo Mayo

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

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

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

Ref. No. 3/P/671

A.P. 19.

P.B.151.

961
B. 247
Military Archives

ARMY PENSIONS ACT, 1923.

CLAIM FOR WOUND PENSION OR GRATUITY.

Applicant's Name M I C H A E L B A R R Y,

Address High Street, Westport, Co. Mayo.

Army No. Rank Pte.

*Force in which served National Army.

Unit 44th Battalion.

Married or single at date of Injury Married.

Date of Discharge Medically Unfit 17-12-'23.

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

Military Service Nil.
Pensions Collection

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

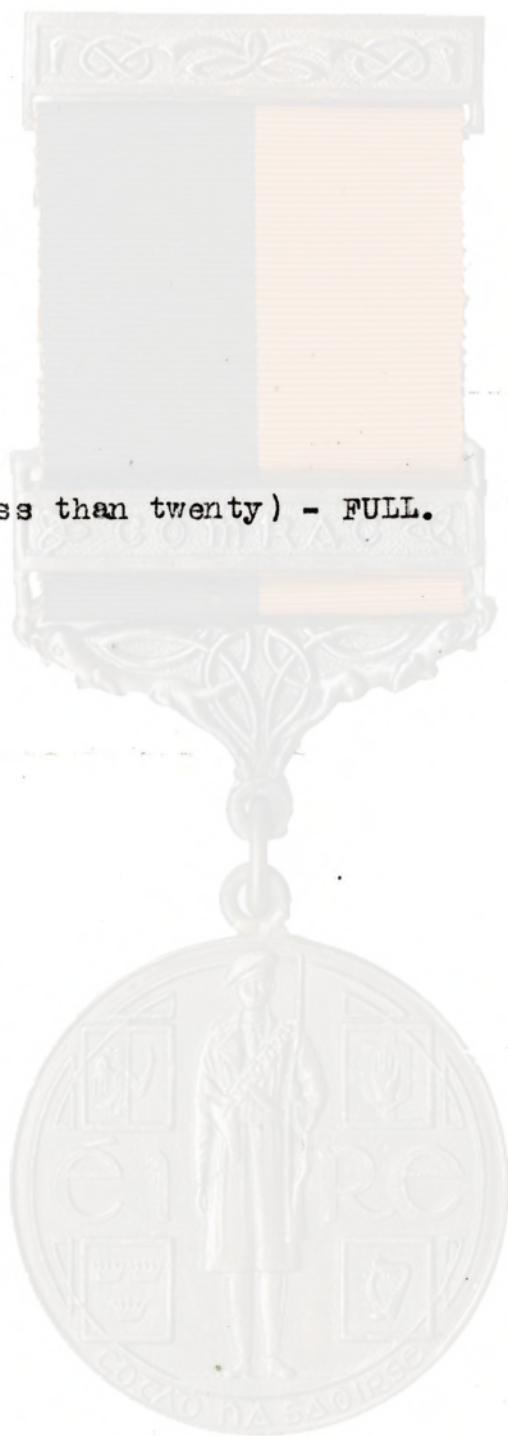
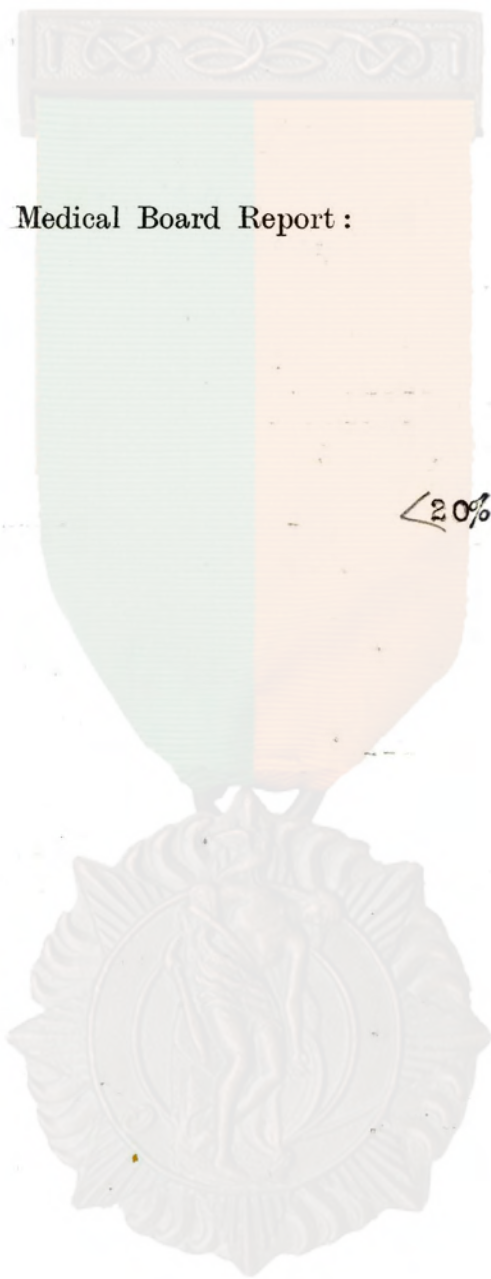
Particulars of any Payments received in compensation from the person responsible for the wound or injury.

Military Archives

Nil.

Medical Board Report :

< 20% (Less than twenty) - FULL.



Military Service Pensions Collection

MH/

RECOMMENDATION OF ARMY PENSIONS BOARD.

Army Finance Officer.

I am to request that you will place before the Minister for Defence the recommendation of The Army Pensions Board that in accordance with Section 1, ~~Section 2~~

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

Mr. Michael Barry,

a ~~pension~~ of gratuity £60. (Sixty pounds) weekly ~~per annum~~

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

of weekly ~~per annum~~

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

.....to.....

5 Feb. 1925.

L. J. Horgan Runaidhe.

The Minister for Defence.

Submitted and recommended,

7 Feb. 1925.

V. Fahy
Army Finance Officer.

/NM.

To/

The Secretary,

Ministry of Finance.

Military Archives

Subject to the consent of the Minister of Finance I propose to grant

pension
a allowance in accordance with the foregoing recommendations of the Army
gratuity

Pensions Board.

Seamus MacDonnell
for Minister for Defence.

S. 82/961/24.

To/

Army Finance Officer.

The Minister for Finance consents to the grant by the Minister for Defence, under Section 1 of the Army Pensions Act, 1923, of a Gratuity of £60, to Mr. Michael Barry, High Street, Westport, County Mayo.

John Hamilton
11th February, 1925.



Military Service
Pensions Collection

B/247

Military Archives

ARMY PENSIONS ACT, 1923.

CLAIM FOR WOUND PENSION OR GRATUITY.

Applicant's Name..... Mr. Michael Barry,.....

Address..... High Street, Westport,.....

..... Co. Mayo.....

Army No. 49851..... Rank..... Private.....

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

Unit..... 44th Battalion.....

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

Date of Discharge Medically Unfit..... 17/12/1923.....

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

Military Service
NIL.
Pensions Collection

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

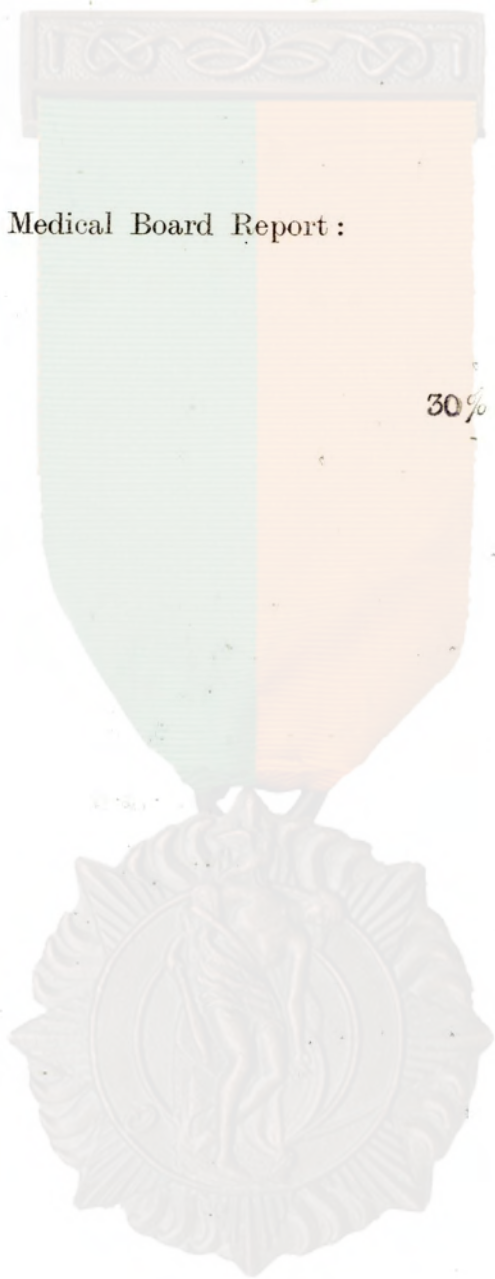
Particulars of any Payments received in compensation from the person responsible for the wound or injury.

Military Archives

Medical Board Report :

NIL.

30% (thirty) 6 months.



Military Service Pensions Collection

RECOMMENDATION OF ARMY PENSIONS BOARD.

Army Finance Officer.

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

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

.....Mr. Michael Barry,.....

a pension of gratuity 12/7d (twelve shillings and sevenpence) and weekly per annum

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

of 3/- (Three shillings) weekly per annum

the pension and further pension to be payable from

.....17/12/1923.....to.....31/1/1925......

Medical re-examination 3/1/1925.

29 July, 1924.

Runaidhe
Runaidhe.

Minister of Defence,

Submitted and recommended.

3 July, 1924.

James Gorman
Army Finance Officer.

To/

The Secretary,
Ministry of Finance.

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

Pensions Board.

W. C. Mac Cosgair

Minister of Defence.

To/

Army Finance Officer.

The Minister for Finance consents to the grant by the
Minister for Defence under Section 1 of the Army Pensions
Act, 1923, of a pension of 12/7 weekly, and a further pension
of 3/- a week both from the 17th December, 1923, to the 31st
January, 1925, to Mr. Michael Barry of High St., Westport.
It is noted that a medical re-examination
will take place on the 3rd January, 1925.



W. Cosgair

7 August, 1924.

Military Service
Pensions Collection

Military Archives

SAORSTÁT ÉIREANN.

Mr. Michael Batty,

High St.,

Westport,

CO. MAYO.



Military Service
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SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

4 MOLESWORTH STREET,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

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Military Service
Pensions Collection

ARMY PENSIONS DEPARTMENT.

LIFE CERTIFICATE.

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

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

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

Name (in full, Surname first) Barry Michael

Number of Award Certificate 3/P/671 (A.P. 24)

Rate of Gratuity or Pension and Allowances Self - £0 12-7 3/- per allowances for wife week annum.

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

Received whilst serving as private in Volunteers Citizen Army, 1916, in 17th Dec. 1923.
(insert rank) National Forces (insert month) (year)

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

Particulars of Adults (other than claimant) included in Pension/Gratuity ^{or} _{and} Allowances
Wife who is depending on me

Particulars of Children included in Pension/Gratuity ^{or} _{and} Allowances
I have two children also but I don't think they are included in the allowance, (4 years and 2 years)
* age of children

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

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension or Gratuity and Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such Pension or Gratuity and Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the 19th day of August 1924.

Signature (in full) Michael Barry

Full Postal Address High Street, Westport, Co. Mayo.

CERTIFICATE.

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

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

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

Signature James Ruddy Date 20th Aug 1924

Rank or Profession Peace Commissioner

Full Postal Address Shop Street, Westport, Co. Mayo.

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

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

Military Archives

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

34 MOLESWORTH STREET,

DUBLIN.

A.P. A/cs 4.

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Military Service Pensions Collection

ARMY PENSIONS DEPARTMENT.

LIFE CERTIFICATE.

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

Name (in full, Surname first)..... *Barry Michael*

Number of Award Certificate..... *3/P/671*

Rate of Gratuity or Allowances..... *7/10/1922* per Pension and week annuum.

Award granted in respect of..... *Wound in left arm*

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

Received whilst serving as..... *Pte* in Volunteers *Citizen Army, 1916,* in..... *17th Sept 1922*

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

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

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

Particulars of Children included in Pension/Gratuity or Allowances..... *Three children under four years not included in allowances*

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

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension or Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such Gratuity and Pension or Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the..... *14th* day of..... *November* 19..... *22*

Signature (in full)..... *Michael Barry*

Full Postal Address..... *High St. Westport Mayo*

CERTIFICATE.

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

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

Signature..... *James Puddy* Date..... *14/11/22*

Rank or Profession..... *Peace Commr.*

Full Postal Address..... *Shop St. Westport*

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

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