

# SAORSTAT ÉIREANN.

"C."

## AIREACTH CHOSANTA (MINISTRY OF DEFENCE).

### ROINN NA bPINSEAN AIRM (ARMY PENSIONS DEPARTMENT).

Register Number	From whom, number, and date	Officer or Soldier
E. 306 P. B. 148	Mr. Michael O'Dea Drumcharley Tulla Co Clare	Name <u>O'DEA. MICHAEL</u> Rank <u>OFFICER.</u> Unit <u>1.V. &amp; V.A.</u> Army No. <u>—</u> Date of Death <u>—</u> Address <u>Drumcharley. Discharge 7.3.24</u> <u>Tulla. Co Clare</u>

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date

Military Service Pensions Collection



Ref. No. 4/P/747.....

E 306

A.P. 19.

# Military Archives

## ARMY PENSIONS ACT, 1923.

### CLAIM FOR WOUND PENSION OR GRATUITY.

Applicant's Name..... M I C H A E L O ' D E A ,

Address..... Drumcharley, Tulla, Co. Clare.

Army No..... Rank... Officer, I.V. Captain N.A.

\*Force in which served... Irish Volunteers and National Army.

Unit..... 4th Battalion.

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

Date of Discharge Medically Unfit..... 7-3-'24.

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

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Nil.

\* 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) - Medium.

MH.

## 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.....of the Act, there shall be granted to

Michael O'Dea,

~~a pension of~~ weekly  
gratuity of £50 (Fifty Pounds). ~~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.....  
The Minister has certified that claimant was a member of the Volunteers in 1916. He will, therefore, be regarded as an Officer

9<sup>th</sup>  
January, 1925.

J. J. Horgan Runaidhe.

The Minister for Defence.

Submitted and recommended.

9<sup>th</sup>  
January, 1925.

V. Y. Y. Y.  
Army Finance Officer.

/EK.



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.

Pensions Board.

*W. D. Woods*

Minister for Defence.

S. 82/67/25.

To/

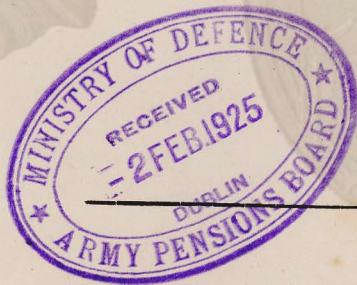
Army Finance Officer.

The Minister for Finance consents to the grant by the Minister for Defence, under Section 3 of the Army Pensions Act, 1923, of a Gratuity of £50, to Mr. Michael O'Dea, Drumcharley, Tulla, County Clare.

*So*

*John Harcourt*

29th January, 1925.



Military Service Pensions Collection



# Military Archives

FOLD ALONG THIS LINE.

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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.

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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 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)..... O'Dea Michael  
 Number of Award Certificate..... 4. P. 747.  
 Rate of Gratuity or Pension and Allowances..... £ 50. (Fifty Pounds) per week annum.  
 Award granted in respect of..... wounds in leg + abdomen  
(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 Killed whilst serving as..... Sub. bond in Volunteers Citizen Army, 1916, in..... April..... 19..... 16  
(insert rank) (insert month) (year)  
National Forces

(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  
 ..... none .....  
 Particulars of Children included in Pension/Gratuity or Allowances and  
 ..... none .....

(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 12<sup>th</sup> day of February..... 19..... 25  
 Signature (in full)..... Michael O'Dea  
 Full Postal Address..... L. Sumnerley, Tulla, Co. Clare

**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..... Michael Gray Date..... 12. 2. 25  
 Rank or Profession..... Peace Commissioner  
 Full Postal Address..... Tulla Co. Clare

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.”