

Forwarded to
Army Finance Officer
28 Sept 1923

302.15
pre-trace

Compensation (Personal Injuries) Committee.

FILES ANNEXED.

8.A.

NO MINUTES TO BE MADE ON THIS COVER.

REGD. NO.

APPLICANT.

302/B.

Name *M. Mc Givilly*

County *Mayo*

Solicitor

1/0/71

Army Pensions Board.

REFERRED TO

DATE

REFERRED TO

DATE

REFERRED TO

DATE

Mr. Almond *11/1*

Military Service
Pensions Collection

302

Spec. Pensions.

B. DEPENDENT'S FORM.

FOR USE BY THE DEPENDENTS OF PERSONS WHO DIED AS THE RESULT OF INJURIES SUSTAINED.

Éin-fhreagra ar an litir seo, is mar seo ba chóir é stiúradh :

(Any reply to this communication should be addressed to):

An Rúnaidhe,

fé'n uimhir seo : (and the following number quoted) :

COISTE UM CHÚITEAMH (DÍOGHBHÁIL PHEARSANTA) (Compensation (Personal Injuries) Committee),

125 Sráid Bhagóid Íoch (125 Lower Baggot Street),

Baile Átha Cliath.

Coiste um Chúiteamh. (Díoghbháil Phearsanta) 2 - JUN 1923 (Compensation [Personal Injuries])

.....19.....

A CHARA,

I am directed by the Compensation (Personal Injuries) Committee to forward herewith a Form of Application for Compensation ; and to request you to return this form, by post, with your replies as soon as possible to this Office.

I am to inform you that answers to the queries on the Form will constitute the basis of your application and if, on investigation, any of the statements are ascertained to have been falsely made within your knowledge, the Committee may recommend that no compensation shall be awarded.

On receipt of this Form, with particulars of the claim set out therein, the Committee, if it is considered necessary, will inform you of the time and place fixed for the hearing of the case.

Extracts from the terms of reference to the Committee, showing the classes of cases with which it will deal, are enclosed.

Mise, le meas,

D. P. SHANAGHER,

Rúnaidhe.

To/

Base for Army Pensions Board

- 1. Name of Applicant in full..... *Michael M^c Evilly*
- 2. Present postal address of applicant..... *Thomas St. Castlebar Co. Mayo*
- 3. If a woman, whether married woman, widow or spinster.....
- 4. Name of the deceased in full..... *James M^c Evilly*
- 5. Address of the deceased at time of injury..... *Thomas St. Castlebar Co. Mayo*
- 6. Full particulars of the injury sustained by the deceased, setting out clearly :

- (a) The date of the injury..... *19th May 1921*
- (b) The place where the injury was received..... *Kilmeena Westport Co. Mayo*
- (c) The person or persons who caused the injury..... *British Police (B.I.C.)
and Black and Tans*

(d) The circumstances in detail under which the injury was received :
*On 19th May 1921 applicants son
 took part in an attack on British Forces
 at Kilmeena Westport Co. Mayo and
 owing to gun fire from British Forces
 applicants son was killed*

7. The date of the death (attaching herewith a certified copy of the registration of the death).....
19th May 1921

8. Was the injury the immediate cause of the death ? If not, what other causes supervened ?.....
Yes

9. Give full particulars :
 (a) Of the nature and extent of the injury..... *Bullet wounds in body*

(b) And of the medical and/or hospital treatment received.....

10. Has the applicant certificates of medical gentlemen showing the nature of the injury and the cause of death ? If so, please attach the certificates.....

11. Under which sub-paragraph (1, 2 or 3) of paragraph 1 of the Terms of Reference does the applicant ask to be paid compensation ? Give particulars of the circumstances which bring the applicant within the particular sub-paragraph.....
Par. (2.)

12. Give the following particulars as to the deceased :

(a) Age of deceased ?..... *23 years*

(b) Was he (or she) married or single ?..... *Single*

(c) Names, present addresses and ages of any children who now survive :
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.....

13. State the relationship of the applicant to the deceased *Father*
.....

14. Give particulars of the way in which and the extent to which the applicant was dependent on deceased.
deceased was the sole support of his father, mother & sister. He used to send me £2 per week
.....
.....

15. Names, addresses, relationship and ages of any other dependents of the deceased :
(a) *M^{rs} Evilly Mary (mother)*
(b) *do Alice (sister)*
(c) *do Mary B. (do)*
(d)
(e)
(f)

16. Give particulars of the dependency of the above persons to the deceased :
The deceased maintained above by his earnings
.....

17. Give particulars of the occupations at the time of the injury and at the present time of the applicant and of the above dependents :
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18. Name and address of the deceased's employer at the time of the injury : *Thomas Hanagan*
Draper etc. Westport Co. may^r
.....

19. Wages or salary of the deceased at the time of the injury *£200*
.....

20. Amount and nature of deceased's income from other sources at the time of the injury.....
.....

21. Give particulars of the compensation or other monies paid to the deceased after the injury and before the death, or to any other person in consequence of the injury :
(a) By the employer or anyone on his behalf under the Workmen's Compensation Act.....
.....

(b) By any Society under the National Insurance Act or by any Club or Society otherwise

(c) By the White Cross or other relief organisation... *£43 - (White Cross)*

(d) By any other person or body.....

22. (a) Was the deceased person insured? *no.*

(b) If so, give particulars of the name or names of the company or companies and amount paid by same in respect of the death.....

23. Is the applicant or any of the above dependents eligible for any award under any law making provision for army pensions.....

24. Did the deceased or the applicant or any other person obtain a decree under the Criminal Injuries Acts in respect of the injury? If so, give date and other particulars of the decree.....

no.

25. Has the British Government undertaken liability in respect of the injury and death? *no.*

26. Amount of compensation applied for, with particulars of how the total is made up.....

£4000 - £2 per week for 35 years (approx.)

27. Names and addresses of the witnesses (if any) whom the applicant desires to be called to bear out the above statement. (The Committee reserves to itself the right of determining whether the applicant or any of the witnesses shall be called or not.)

*Rev. Father Walsh C.C. Kilmelena Westport
James Swifts, County Home, Castlebar*

Signature of Applicant *Michael McWilly*

Dated this *18th* day of *May* 1923.

Military Service Pensions Collection