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REC'D
REG'D 13 JAN 17

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was office

1917

12 Jan.

Last previous Paper.
For 58554

Pension to mother of late Capt. R.W. Adams

States how case would be dealt with had the late R.W. been serving in British Army.

Copy sent to 17 Jan 17
to Mr. P. Lewis 17 Oct 17
58554

has been

sent for copies of letters to W.O. on 28619, 52774 and letters to W.O. on 58557 & this W.O. letter authorizing the issue of pension to Mrs Adams on the lines indicated in the W.O. letter

W.O. 207 13/1/17
15.1.17 atre

Room 3

Next subsequent Paper.
For 49995

REC.
REG. 13 JAN 17

War Office,

45, Grosvenor Road,

London, S.W.

12 January, 1917.

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Sir,

With reference to the attached documents supporting the claim to pension made by the mother of the late Corporal A.W. Adams, East Africa Mounted Rifles, I am commanded by the Army Council to inform you that Mrs. Adams would have been regarded by this Department as a partially dependent parent, and had the soldier been serving in the British Forces, she would have been eligible under Army Order 85 of 1916, for a pension of 5/- a week, provided it has been satisfactorily established that the net weekly dependence prior to mobilisation had been not less than that amount. Under Army Order 288 of 1916, this pension of 5/- could have been increased to such amount as would, with her other means, give the claimant a total income equal to the rate of widows pension (10/6d. a week in this case) or the amount of ascertained prior dependence, whichever was less. This increase would not have been admissible for any period prior to the 18th August, 1916.

I am,

Sir,

Your obedient Servant,

D. H. White

Under Secretary of State,
Colonial Office,
S.W.

Any further communication on this subject should be addressed to—

The Secretary,

War Office,

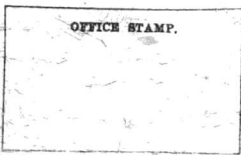
45, Grosvenor Road,

London, S.W.

and the following number quoted

0165/7857 (F.3.A.)

Enclosures of



FILL this up, SIGN it before a Minister, Doctor, Police Officer, or an employer, and return it to:-

Declaration to be made by the Dependant of an Unmarried Soldier (or Widower).

I DO HEREBY SOLEMNLY DECLARE that I am wholly partially dependent on _____ of the _____ Regiment or Corps _____ Rank _____ Regimental Number.

I FURTHER DECLARE that the following particulars are correct.

- 1. (a) Your full name ... (b) Address ... (c) Age ... (d) Relationship, or ground of claim on the soldier ...

2. If you have any children of the soldier under your care, state their names, ages, and places of birth ... Name Age Place of birth

- 3. (a) Was he living with you immediately before the war, or before he enlisted, if later? ... (b) If so, how much a week did he pay towards the household expenses? ... 4. If he was not living with you, how much a week did he allow you? ... 5. Is he at present allowing you anything? If so, how much? ...

6. State any other means of support you
have besides what he allows ...

(a) Your own earnings... ..

(b) Allowance from his employers ...

(c) Other allowances (including any
from friends, relations, or other
sources)

Signature _____

Date _____

Signature of Witness _____

Qualification _____

Address _____

The address should be completed, before the form is sent out to the dependant, by the Regimental Paymaster or Territorial Force Association.

FOLD HERE



THE REGIMENTAL PAYMASTER,

or

THE SECRETARY, TERRITORIAL FORCE ASSOCIATION,

FOLD HERE

GRANTS TO DEPENDANTS OF DECEASED OR MISSING SOLDIERS.

PART I.—APPLICATION FOR PENSION.

(3) Medical Certificate
 overlaid to be com-
 pleted in these
 cases.

To be filled up only by dependants of the following classes:—

- (a) Father or Mother wholly dependent on the Soldier;
 (b) Other Dependants (including parents partially dependent and dependants Class B without children) if in pecuniary need and unable to earn a living through infirmity.

WARNING. You are warned that the answers you give to the questions in this Declaration will be fully enquired into, and that if they are found to be false, you may be prosecuted, or the Grant may be refused or stopped altogether.

I, Lucy Adams

DO HEREBY SOLEMNLY DECLARE that I was ~~wholly~~ ^{partially} dependent on Arthur Wm Adams of the 6th M Buffs Regiment or Corps, Rank Corporal, Regimental Number 169, and that I have been receiving Separation Allowance in respect of that Soldier.

I FURTHER DECLARE that the following particulars are correct.

1. (a) Full name of applicant ... Lucy Adams
- (b) Age at last birthday ... 65 yrs
- (c) Occupation, if any ... nil
- (d) Address ... 30 Standard Buildings Market St. Wokingham
- (e) Address of nearest Post Office ... R.F.O. Wokingham
- (f) Relationship to the Soldier ... Mother
(If a wholly dependent parent or parents annex certificate of Soldier's birth.)
- (g) Married, widowed, or single ... widow
2. State any other means of support you have besides Separation Allowance £3 per month £ General's award (temporary)
 - (a) Your own earnings ... nil
 - (b) Separation Allowance in respect of any other Soldier, Seaman or Marine ... nil
Amount Name Regt. No. Regiment or Ship
 - (c) Other allowances (including any from friends, relations, or other sources) ... nil
 - (d) Old Age Pension or other Public grant ... as per award to the 2 above
 - (e) Any other income ... £8 per annum which may be received any time
3. State in the space below particulars of all other members of your household:

Name and relationship to the Soldier	Age	Average weekly payment towards household expenses, if any.
<u>Lucy Adams</u>	<u>65</u>	<u>7/6</u>

* Signature of Applicant L. Adams

This declaration must be signed in the presence of the person who completes the Certificate of Identity, &c., overlaid.

PART I. (continued.)

CERTIFICATE OF IDENTITY, &c.

I hereby certify that, to the best of my knowledge and belief, the Applicant was Partially dependent on the soldier referred to, and the statements contained in the Declaration are correct. The relationship of the Applicant to the soldier has been proved to my satisfaction, and the Declaration was signed by the Applicant in my presence.

I recommend the Applicant as deserving of the grant of pension.

Signature M. Mitchell
Qualification Serg. S.A. Police
Address Johannesburg

Date 18-6-1916

(Stamp of Office should be affixed if possible.)

MEDICAL CERTIFICATE.

(Not required for a wholly dependent parent.)

I Robert Ray being a qualified Medical Practitioner, hereby certify that I have this day examined the applicant above mentioned and find her to be capable of earning a full livelihood.

I consider her capacity of earning to be impaired entirely wholly by reason of age and the following disability old age

Signature Robert Ray
Address Cp Bulchinsford
Johannesburg

Date 18-6-1916

PART II - APPLICATION FOR GRATUITY.

To be filled up only by Dependants not of the classes specified on page 1 of this Form.

38619

WARNING. You are warned that the statements you make in this Declaration will be fully enquired into, and that if it is found to be false, you may be prosecuted, or the Grant may be refused.

Signature Lucy Adams

DO HEREBY SOLEMNLY DECLARE that I have been receiving Separation Allowance as the Dependant of Arthur Wm Adams of the 8th Rifle Regiment or Corps, Rank corporal Regimental Number 1. I understand that after payment of the Gratuity for which I am eligible, I shall receive no further allowance or pension from Army funds in respect of the above soldier.

Signature L. Adams
Address Room 35 Standard Building, Mrs. W. St. Johannesburg

* To be signed by an Officer of the Army or Navy, or an official of the Soldiers and Sailors Families Association, or a Police Officer not under the rank of sergeant.

* Signature of Witness M. Mitchell
Qualification Serg. S.A. Police
Address Johannesburg
P.O. Box 1058

Date 18-6-1916

To be returned when complete with the form or forms of Claim to _____



Army Form O. 1840.

Claim for Separation Allowance for a Soldier's Dependents.

The Pension Officer _____ is requested to investigate the statements on the attached declarations and report hereon through the Local Pension Committee or Sub-Committee.

Name and Address of Claimant _____

Stamp of Regimental Pay Office or County Association.

I. REPORT OF PENSION OFFICER.

(a) To be used in cases coming under para. 2 (a) of Army Order 190, 1914.

(a) I have investigated this claim and I find that the position during the period immediately preceding the soldier's mobilization (or enlistment, if later) was as follows:--

Soldier's payment:--

Average weekly amount _____

§ To cover family board, clothes, pocket money, fueling, animal, etc. as the case may be _____

§ Total amount of rates and rent payable _____

§ Other members of household, etc. viz. _____

§ To be furnished in cases where the soldier lived with the claimant.

Relationship to soldier.	Average weekly payment (if any) made towards household expenses.

I am **not* satisfied that for a reasonable period prior to mobilisation (or enlistment, if later) _____ was dependent upon _____ *to the extent of _____ per week, being the amount which, having regard to the foregoing statement, would in my opinion place the claimant in approximately the same condition of comfort as when the soldier was at home.

The claimant is **satisfied* ~~*dissatisfied*~~ with this finding.

(b) I have investigated this claim and I am **not* satisfied that _____ has been dependent for her maintenance on _____ and has constantly through a reasonable period prior to mobilisation (or enlistment, if later) been supported by him.

Particulars of the children of the soldier and other children whom he has supported as his own are as follows:—

The claimant is **satisfied* ~~*dissatisfied*~~ with this finding.

† Remarks

† Add here any necessary explanations relative to the discrepancies between the finding above and the declarations of the parties, and the grounds, where such exist, for an unfavourable report.

Transmitted to _____ Pension
Committee or Sub-Committee.

Date _____

Officer.

Address.

* Any portions or words inapplicable to be struck out.

W.O. 2472
17 [AP]

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R
D. 19

Ans'd 49995

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19 Jan 1917

Sir,

with ref to your telegram

No. 475 of the 5th of December,

I have the honor to transmit to

you the acc. copy of cover with

the W.O., and to inform you

that I approve of the issue of

a pension to the mother of the
late Captain A.W. Adams, East

Africa Mounted Rifles, on the
lines indicated in the latter part of the

W.O. of the 12th of Jan.

DRAFT.

No 621

(58557/16)

Belfield
MINUTE.

Mr. Jewell 17/1/17

Mr. Bottrill 17/1/17

Mr.

Mr. Grindle.

Mr. Lambert.

Mr. Reid.

Sir G. Fiddes.

Mr. Steel-Maitland.

Mr. Long.

W.O. 25 Aug 1916 (38619/16)

do. 3 Nov 1916 (52774)

do. 8 Dec. (52557)

do. 12 Jan 1917 (2472)