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INFORMAL WILL.

W.O. No.: E/215923/1
202

DOMICILE. *Irish*

Record No. 375881 ¹⁶/₁₇

The enclosed document

Name *Joseph Byrne* ^{dated} and signed

Regtl. No. and Rank } *15749 Capt*

J. Byrne

Regt. *1st Bn Royal Public Works*

Died at *Killed in Action*

Date of Death *1-7-16*

appears to have been written or executed by the person named in the margin while he was "in actual military service" within the meaning of the Wills Act, 1837, and has been recognised by the War Department as constituting a valid will.

WAR OFFICE.

H. E. Spalding

Date *24th March 1914*

for the Assistant Financial Secretary.

E/215-923.

B

18.2.7

Sgt. J. Byrne

1/ R.D.F.

P10861

(17)

Army Form B. 243.

FORM OF WILL, No. 1.

To be used by a soldier desirous of leaving the whole of his effects to one person.

(a) The names of the soldier to be written in full.

I, (a) Joseph Byrne

No. 6452 of the B. Coy

Regiment of Roy. Dub. Fus^{rs}

do hereby revoke all former Wills by me made, and declare this to be my last Will.

(b) Insert "friend," or if a relative, in what degree.

After payment of my just debts and Funeral Expenses, I give to my (b) Sister

(c) The name in full.

(c) Elizabeth Byrne

(d) Insert the address if known, or other description.

(d) 30, Strand Street

(e) If to a female, add the words [for her sole and separate use, her Receipt alone being a sufficient discharge.]

absolutely (e) For her sole and separate use her Receipt alone being sufficient

The Executor (or if more than one be appointed then one of them) should be in Great Britain or Ireland, and, if possible, in London, and the address of each should be clearly written.

the whole of my Estate and Effects, and everything that I can by law give or dispose of, and I appoint

Ch. James & Sut
Medwick my Executor

Executor of this my Will.

J. Byrne

8/215-923.

18.2.7

B

Sgt. J. Byrne

1/ R.D.F.

P10861

4/215923/1

(18)

In Witness whereof, I have hereunto set my hand

this _____ day of _____ A. D. 19 _____

(f) Soldier to sign here, or, if he cannot write, to make his mark.

0 _____

Signed and acknowledged by the said _____

the same having been previously read over to him as and for his *last Will* in the presence of us, present at the same time, who, in his presence, at his request and in the presence of each other, have hereunto subscribed our names as Witnesses.

(h) Witnesses to sign here.

(i) Add addresses in full.

(h) _____

(i) _____

(h) _____

(i) _____

Declaration of the Medical Officer.

I declare that I was present at the execution of this Will, and that _____