APPLICATION FOR INSANITY INQUEST

CIRCUIT COURT OF

Adams

County, Indiana:

Your informant respectfully represents that one Merian Tonner now residing in said county, is insane and a fit subject for custody and treatment in a State Hospital for Insane, as he verily believes,

and he therefore asks that necessary steps be taken to examine into her

condition, as the law provides in such cases. Your in-

formant further states that to his best knowledge and belief, the legal settlement of said Morian Tonnor

is

in Indiana; that said

came to Indiana

(Dute)

from

and became a resident of This person's places of residence for three years prior to coming to Indiana were

County

That his present address is Derne, Indiana In making this petition, I do hereby certify that I am a Relative

of said

"erian Tonner

; that I am a legal resident of

(Relative or Friend) Adams

County.

and that my address is Bluffton, Indiana

In case of emergency, notify Sam H. Gerber

6 on 19-Craigville Telephone

Telegraph station

Bluffton, Indiana

PERSONAL HISTORY

Of Merian Tonner

Born (Month)

(Day)

(Year)

Place 1860

Indiana

(Name and Address of relative or friend)

Colomhite

Sex Fem.

Married

Single Yes

Divorced

Separated

IF A WOMAN: Is she pregnant?

No

Number of children borne

Present age of youngest

Has she passed menopause?

Birthplace of father

Switzerland

Birthplace of mother

Widowed

Switzerland

If person is of foreign birth, give date of entry into the United States

Port of entry

Steamship line

Steamship

If of foreign birth, is person naturalized?

Education: None

Reads only

Reads and writes

Common school

High school

College

Religion Pros.

Occupation

Housekeeper

Where last

employed and how long?

In home of parents & brother. Brother

Estate: Value None

Nature

Guardian: Name

Depressed?

Joel Baumgartner

Bluffton, Indiana R#4. Address

HISTORY OF INSANITY

How long have you known this person?

Have you known this person intimately? yes.

When was the first sign of insanity observed by you? about 1942. What was the first sign of insanity observed by you?

Incoherent- does not respond when we talk to her.

Was the present attack gradual or sudden in its onset? State what leads you to believe this person is insane

Gradually Will not eat at times. Feels she is not at home.

What moral deficiencies have been shown? None

What was the mental and moral disposition in health? Fair Number of previous attacks of mental disorder? Has this person been a patient in any hospital for insane? No

Where, when and how long?

Has this person suffered serious physical injury? No

If so, give particulars

Has this person suffered any serious illness?

State when and of what nature

Has this person suffered any great mental shock or strain? Has this person required feeding, seclusion or restraint? Yes

Explain fully

Has this person been addicted to any drugs? No

Yes

(Answer yes or no.) Is person paralytic? Homicidal? No Has person ever suffered from syphilis? No

Violent? No Suicidal? No

Explain fully

No

Some Destructive?

Excited? No Is there any physical defect or deformity? Stiffness Positive? of hips

Has there been a Wasserman test? Does person indulge or has person indulged in any venereal excess? No Negative? Is person epileptic?

Was person feeble-minded in childhood? No

FAMILY HISTORY

Give name and address of following relatives. (If dead, state cause of death and age at death.)

	NAME	ADDRESS	IF DEAD	
			Cause	Age at Death
Father	Jacob Tonner		Dropsy	85
Mother (Malden Name)	Elizabeth Adams		?	66
Father's father	Unknown			175
Father's mother	"			
Mother's father	"			
Mother's mother	"			
Brother	Jacob Tonner Joseph Tonner Isaac Tonner John Tonner		Dropsy Sinility "Uremic Poi	77 76 75 soning
ister	Elizabeth Baumgartner		Following operation for Gall Stone 54.	

Which of person's parents, grandparents, brothers, sisters, uncles or aunts, if any (give name) ever had the following diseases:

Insanity

No

Epilepsy

Spasms

Fainting spells

Nervous prostration

Hysteria

Feeble-mindedness

Tuberculosis

Syphilis

Was either of the person's parents or grandparents intemperate in the use of alcohol? No

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? No

The statement of D. D. Jones

(Seal)

M. D., the attending physician, is filed herewith and made a part hereof.

The undersigned citizen of said county, upon oath, declares that the foregoing allegation, personal history, family history and history of persons's insanity, are true to the best of his knowledge and belief.

JOEL N. BAUMGARTNER

Subscribed and sworn to before me this

day of

Nov.

19 44.

19 44.

CLYDE O. TROUTNER, Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, D. D. Jones M. D., of Berne in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on 18" day of the 19 44 I did carefully and personally examine Oct. Merian Tonner and believe her to be suffering from mental disease, and I am of the opinion that she is a proper person for admission to a State Hospital. I have observed the following facts regarding her mental and physical condition: Talks irrational all times. Refuses to eat at times. Does not seem to recognize any thing or her surroundings.

I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this

by myself, or by another physician, to my positive knowledge within 60 days of this date.

Date Nov. 2"

194

day of Nov.

Merian Tonner

D. D. JONES

M, D.

(Seal)

CLYDE O. TROUTNER, CLERK Notany Public

VACCINATION This is to certify that the said

has been vaccinated for smallpox

D. D. JONES

M, D.

STATEMENT OF MEDICAL EXAMINER

I, Amos Reusser M. D., of Berne in the County of Adams Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanquinity or marriage Merian Tonner of said County, who is alleged to be insane and whom I have carefully and personally examined this day of 19 44 : that I am of the opinion that ill and is a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that 3he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Sits and stares a great share of the time-talks unintelligently and scolds for no apparent reason-does not answer simple questions-seems to be in fair physical condition for her age.

I have also received the following information from others relative to the patient's condition: filthy-wets herself-soils the bed.

I certify that, in my opinion, said "erian Tonner is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

> AMOS REUSSER M, D.

Subscribed and sworn to before me this 8"

day of Nov. 19 44

(Seal)

STATEMENT OF MEDICAL EXAMINER

in the County of Adams M. D., of Barne R. G. Zimmerman Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage,

of said County, who is alleged to be insane, and whom I have carefully and personally Merian Tonner

; that I am of the opinion that 19 44 day of Nov. she is 711 mentally examined this

a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that ill and is

mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and s he is

behavior of patient.) Sits and stares a great share of the time-talks unintelligently and scolds for no apparent reason-does not answer simple questions-seems to be in fair physical condition for her age.

I have also received the following information from others relative to the patient's condition: She is sometimes violentsometimes tears her clothing off-sometimes strikes at people without cause.

I certify that, in my opinion, said Meriam Tonner is not the probable potential parent of mentally incompetent or socially inadqueate offspring likewise afflicted.

> M, D. R. G. ZIMMERMAN

Subscribed and sworn to before me this 8"

application, I J. Fred Fruchte

day of

Nov.

19 44.

(Seal)

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Merian Tonner

State Hospital: Richmond to the

Merian Tonner who filed application for the commitment of Joel N. Baumgartner

Merian Tonner State Hospital, alleging therein that said Richmond to the

legal settlement in the State of Indiana, and is insanc. And

her County and has resident of Adams

having read such application and heard such other evidence as was deemed necessary to a full investigation of the facts stated in such Indiana, Judge of the Circuit Court of the County of Adams

do hereby find and determine that the said Merian Tonner

insane and is State Hospital; and

Richmond in need of hospital care, and do hereby order h er committed to the admission, confinement and detention for care and treatment in said hospital

this shall be sufficient warrant and authority for her she shall be restored to health, or removed or discharged according to law. And the clerk of this court is hereby directed to until State Hospital for the admission of the said

apply forthwith to the superintendent of the Richmond

and to transmit with said application to said superintendent for his information, copies of all Merian Tonner statements and certificates submitted, and to certify thereto under seal of this court.

> Adams Judge of the

Circuit "Court

is a

STATE OF INDIANA

SS: Clerk of the Circuit Court, and ex-officio Clerk of the Superior Court of said county, do hereby certify that the foregoing is a true copy of the application, including statement

State Hospital; to the Richmond

and the statements of the two medical examiners appointed by the court to examine said person, and the court's order of commitment in said matter. 1944.

13" day of Nov. In witness whereof, I hereunto set my hand and fix the seal of said court, this

[SEAL]

Clerk

ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent State Hospital together with application for h admission as a patient in said hospital . an answer was received as follows: and afterwards, to wit: On the day of STATE HOSPITAL 19

To the Clerk of the

Court,

County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of with application for the admission of said person into this Hospital, is hereby respectfully acknowledged. According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the application is

M. D.

Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of

to the

State Hospital, as a patient was referred to the Judge of County. Indiana, and being fully advised he made an order directing that

Court of be conveyed to said hospital, either by a relative or relatives, or a friend or friends, if they so desire; and if they, or any of them, do not so desire, by a suitable attendant, or by the County Sheriff, together with assistants and

a female attendant, if the patient be a female, as required by law and that due return be made of the complete execution of this order.

Court. Witness my hand and the seal of

County, this Clerk

day of P.O. Address of Patient

St.

19

Indiana.

SUPERINTENDENT'S RECEIPT

STATE HOSPITAL

RECEIVED, this

day of

A. D. 19

the patient named in the above order of court

M. D.

Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND

and committing

to the

, and served by conveying the within named

State Hospital, 19

as shown by the Superintendent's receipt hereon endorsed this

day of

ORDER OF DISCHARGE

STATE HOSPITAL

Indiana

19

To the Clerk of the

Court.

County, Indiana:

According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the proper authority has this day dis-

charged

of

County, Indiana, heretofore an inmate of this

Hospital; and you are hereby respectfully requested to cause

removal to said County, agreeable to said Act.

PROVIDED, That said removal has not otherwise been accomplished, as herein noted.

N. B.

Very respectfully,

M. D.

Medical Superintendent

ORDER FOR PATIENT'S RETURN

STATE OF INDIANA,

COUNTY, ss:

To the Sheriff of

County, Greeting:

a patient in the State Hospital, from this County, be removed from said Hospital. You are therefore hereby commanded forthwith to remove said patient and return

to

Township, in this County.

Court, this

day of

WITNESS, my hand and the seal of the

Clerk

A. D. 19

SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN

CAME TO HAND Township, in said County. , and duly served same by removing said patient to

County

This

19

Sheriff