

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE <sup>CIRCUIT</sup> ~~SUPERIOR~~ COURT OF Adams County, Indiana:

Your informant respectfully represents that one William Rich 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 this condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said William Rich is in Indiana; that said

from <sup>(Date)</sup> *and became a resident of Adams County Indiana, from birth.* This person's places of residence for three years prior to coming to Indiana were

That his present address is R#1 Monroe, Indiana *In making this petition, I do hereby certify that I am a* <sup>(Date)</sup> *William Rich* <sup>(Relative or Friend)</sup> *Wife* of said *; that I am a legal resident of Adams County,*

and that my address is R#1 Monroe, Indiana *In case of emergency, notify* Mrs. William Rich *Telephone* Berne 2012 *Telegraph station* R#1 Monroe, Indiana <sup>(Name and Address of relative or friend)</sup>

PERSONAL HISTORY

Of William Rich  
 Born (Month) Jan. (Day) 11 (Year) 1895 Place Adams Co., Indiana  
 Color white Sex M. Married yes Single Widowed Divorced Separated  
 IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest  
 Has she passed menopause?  
 Birthplace of father Birthplace of mother  
 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 yes Common school yes  
 High school College Religion Reformed Occupation Farmer Where last  
 employed and how long? Self  
 Estate: Value \$12,000.00 Nature Real Estate - 120 Acres, farm & 1 property  
 Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 30 years *Have you known this person intimately? yes*  
 When was the first sign of insanity observed by you? About 4 weeks ago  
 What was the first sign of insanity observed by you? Exaggerated, imagines things, nervous  
 Was the present attack gradual or sudden in its onset? Sudden  
 State what leads you to believe this person is insane For above reasons, has become violent, won't eat, couldn't be trusted to do any work.  
 What moral deficiencies have been shown? None  
 What was the mental and moral disposition in health? Good  
 Number of previous attacks of mental disorder? 3 *Where, when and how long? Richmond- 1924- about*  
 Has this person been a patient in any hospital for insane? Yes *If so, give particulars*  
 7 wks.\* 1931-about 3 mos.\* 1936- about 6 mos..  
 Has this person suffered serious physical injury? No.  
 Has this person suffered any serious illness? Yes *State when and of what nature* Scarlet Fever & mumps-1921  
 also flu.  
 Has this person suffered any great mental shock or strain? No.  
 Has this person required feeding, seclusion or restraint? Yes *Explain fully* Kept under influence of sedatives  
 at Adams Co. Hospital  
 Has this person been addicted to any drugs? No. *Explain fully*  
 (Answer yes or no.) Is person paralytic? No. Violent? Yes Destructive? No Excited? Yes  
 Depressed? No Homicidal? No Suicidal? No *Is there any physical defect or deformity? No*  
 Has person ever suffered from syphilis? No *Positive?*  
 Negative? Yes *Has there been a Wasserman test? Yes*  
 Is person epileptic? No *Does person indulge or has person indulged in any venereal excess? No*  
*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	Nicholas Rich		Cancer	67
Mother (Maiden Name)	Elizabeth Bailey		Heart	68
Father's father	Joseph Rich		Complications	76
Father's mother	Anna Moser		Dropsy	68
Mother's father	Daniel Bailey		Heart	74
Mother's mother	Marion Leininger		"	62
Brother	None			
Sister	Ida Nussbaum Edna Rich Beer	R#1 Monroe, Indiana	T. B.	27

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

Insanity Epilepsy  
 Spasms Fainting spells  
 Nervous prostration Hysteria  
 Feeble-mindedness Tuberculosis Edna Rich Beer- Sister  
 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 Myron L. Habegger 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 her knowledge and belief.

Subscribed and sworn to before me this 22<sup>nd</sup> day of January 1945 Mrs. William Rich  
 (Seal) CLYDE O. TROUTNER, Clerk  
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Myron L. Habegger 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 the 22<sup>nd</sup> day of January 1945 I did carefully and personally examine William Rich and believe him to be suffering from mental disease, and I am of the opinion that he is a proper person for admission to a State Hospital. I have observed the following facts regarding his mental and physical condition: Maniac Depressive psychosis

I certify that, in my opinion, said William Rich is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

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

Subscribed and sworn to before me this 22<sup>nd</sup> day of January 1945 MYRON L. HABEGGER M. D.  
 (Seal) CLYDE O. TROUTNER, Clerk  
Notary Public

VACCINATION

This is to certify that the said William Rich has been vaccinated for smallpox  
 by myself, or by another physician, to my positive knowledge within 60 days of this date.  
 Date 1/22 1945 MYRON L. HABEGGER M. D.

STATEMENT OF MEDICAL EXAMINER

I, C. C. Rayl M. D., of Decatur 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 consanguinity or marriage to William Rich of said County, who is alleged to be insane and whom I have carefully and personally examined this 23 day of January 1945: that I am of the opinion that he is mentally ill and is a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) He can't carry on a conversation- is noisy-imagines things that do not exist Breaks up furniture. Violent at times easily becoming dangerous to others.

I have also received the following information from others relative to the patient's condition: History of previous Insanity. I certify that, in my opinion, said Wm. Rich is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

C. C. RAYL

M. D.

Subscribed and sworn to before me this 23<sup>rd</sup>

day of January

19 45

CLYDE O. TROUTNER, Clerk

STATEMENT OF MEDICAL EXAMINER

I, R. G. Zimmerman M. D., of Lerne 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 consanguinity or marriage, to William Rich of said County, who is alleged to be insane, and whom I have carefully and personally examined this 23 day of January 19 45 ; that I am of the opinion that he is mentally ill and is a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Normal Physically but talks incoherently - will not remain clothed threatens people about him and breaks to small bits dishes, etc..

I have also received the following information from others relative to the patient's condition: That he curses the jailer and threatens to strike him for no reason and breaks the dishes used in feeding him.

I certify that, in my opinion, said Wm. Rich is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

R. G. ZIMMERMAN

M. D.

Subscribed and sworn to before me this 23<sup>rd</sup>

day of January

19 45

(Seal)

CLYDE O. TROUTNER, Clerk

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of William Rich to the Richmond State Hospital: Comes now Mrs. Wm. Rich who filed application for the commitment of Wm. Rich to the Richmond State Hospital, alleging therein that said William Rich is a resident of Adams County and has his legal settlement in the State of Indiana, and is insane. And having read such application and heard such other evidence as was deemed necessary to a full investigation of the facts stated in such application, I J. Fred Fruchte Judge of the Circuit Superior Court of the County of Adams, Indiana, do hereby find and determine that the said William Rich is insane and is in need of hospital care, and do hereby order him committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for his admission, confinement and detention for care and treatment in said hospital until he shall be restored to health, or removed or discharged according to law. And the clerk of this court is hereby directed to apply forthwith to the superintendent of the Richmond State Hospital for the admission of the said William Rich and to transmit with said application to said superintendent for his information, copies of all statements and certificates submitted, and to certify thereto under seal of this court.

J. FRED FRUCHTE  
Judge of the Adams

Circuit Court  
Superior

STATE OF INDIANA

Adams

COUNTY

SS:

I, Clyde O. Troutner

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 of the attending physician, for the commitment of William Rich to the Richmond State Hospital; 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.

In witness whereof, I hereunto set my hand and fix the seal of said court, this 23<sup>rd</sup> day of January 1945

1945

CLYDE O. TROUTNER,

Clerk

[SEAL]

## ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent  
 and afterwards, to wit: On the 26 day of January 19 45, an answer was received as follows:

Richmond STATE HOSPITAL Jan. 25 19 45.

To the Clerk of the Adams Circuit Court, Adams County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of William Rich 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 hereby accepted, etc

PAUL D. WILLIAMS M. D.  
 Medical Superintendent

## ORDER OF COURT

The receipt of the acceptance of the application for the admission of William Rich to the Richmond State Hospital, as a patient was referred to the Judge of Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that 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 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.

Witness my hand and the seal of Adams Circuit Court, Adams County, this 26 day of January 19 45.

P. O. Address of Patient St. CLYDE O. TROUTNER Clerk Indiana.

## SUPERINTENDENT'S RECEIPT

RECEIVED, this 26th day of January A. D. 19 45 the patient named in the above order of court

Richmond STATE HOSPITAL

PAUL D. WILLIAMS M. D.  
 Medical Superintendent

## RETURN ON COMMITMENT

CAME TO HAND January 26th 19 45, and served by conveying the within named William Rich and committing him to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 26th day of January 19 45

LEO T. GILLIG, Sheriff  
 of Adams County, Ind.

Sheriff Fees \$11.84

## ORDER OF DISCHARGE

To the Clerk of the Court, Indiana County, Indiana:

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

WHEREAS, the proper authority has directed that 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.

WITNESS, my hand and the seal of the

Court, this

day of

A. D. 19

Clerk

## SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN

CAME TO HAND Township, in said County.

19, and duly served same by removing said patient to

This

19

Sheriff

County