

#16773

## APPLICATION FOR INSANITY INQUEST

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

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

from **birth** and became a resident of **Adams** County (Date)  
 at **birth** This person's places of residence for three years prior to coming to Indiana were

That his present <sup>(Date)</sup> address is **Decatur, Indiana R#1**  
 In making this petition, I do hereby certify that I am a

**August Peck**; that I am a legal resident of **Adams** County, Indiana of said **wife** (Relative or Friend)

and that my address is **Decatur, Indiana R#1**

In case of emergency, notify **Gladys Peck**

Telephone **Preble**

(Name and Address of relative or friend)

Telegraph station

## PERSONAL HISTORY

Of **August Peck**

Born (Month) **June** (Day) **5** (Year) **1890** Place **Adams Co.**

Color **white** Sex **male** Married **yes** Single **no** Widowed **no** Divorced **no** Separated **no**

IF A WOMAN: Is she pregnant?

Number of children borne

Present age of youngest

Has she passed menopause?

Birthplace of father **Europe**

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

Common school

High school

College

Religion **Reformed**

Occupation

**Farming**

Where last

employed and how long?

**Farms for himself**

Estate: Value

Nature **100 acre farm**

Guardian: Name

Address

## HISTORY OF INSANITY

How long have you known this person? **12 years**

Have you known this person intimately? **yes**

When was the first sign of insanity observed by you? **Jan. 19, 1942**

What was the first sign of insanity observed by you? **Talkative - unreasonable in his conversation & ideas.**

Doesn't sleep

Was the present attack gradual or sudden in its onset?

**Gradual**

State what leads you to believe this person is insane continually.

**For reasons stated above. Talks about technical research**

What moral deficiencies have been shown?

**none**

What was the mental and moral disposition in health? **good**

Number of previous attacks of mental disorder? **four (4)**

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? **no**

State when and of what nature

Has this person suffered any great mental shock or strain? **no**

Has this person required feeding, seclusion or restraint? **no**

Explain fully

Has this person been addicted to any drugs? **no**

Explain fully

(Answer yes or no.) Is person paralytic? **no**

Violent? **no**

Destructive? **no**

Excited? **no**

Depressed? **no**

Homicidal? **no**

Suicidal? **no**

Is there any physical defect or deformity? **no**

Has person ever suffered from syphilis? **no**

Has there been a Wasserman test? **no**

Positive?

Negative?

Does person indulge or has person indulged in any venereal excess? **no**

Is person epileptic? **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	Fred Peck			
Mother (Maiden Name)	Katherine Speice		Heart Trouble	
Father's father	Don't know		Diabetes	
Father's mother	" "			
Mother's father	" "			
Mother's mother	" "			
Brother	Otto Peck	Decatur, Indiana RR		
Sister	Mollie Schlickmann	Decatur, Indiana		
	Kate Krutzmann	Decatur, Indiana RR		
	Amelia Kuntz		Suicide	

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

Insanity	Sister - Amelia Kuntz	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 **Floyd L. Grandstaff** 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.

Subscribed and sworn to before me this 27 day of January

MRS. GLADYS PECK  
19 42  
CLYDE O. TROUTNER  
County Clerk

**STATEMENT OF ATTENDING PHYSICIAN**

I, **Floyd L. Grandstaff** M. D., of **Decatur** in the County of **Adams** Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 27 day of **January** 19 42 I did carefully and personally examine **August Peck** 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:

General physical condition good, except for varicose of both legs, and a high blood sugar. Mentally confused, peculiar ideas and unable to carry on a conversation.

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

Subscribed and sworn to before me this 27<sup>th</sup> day of January

FLOYD L. GRANDSTAFF M. D.  
19 42  
CLYDE O. TROUTNER, Clerk

**VACCINATION**

This is to certify that the said **August Peck** has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.  
Date **May 5** 19 45

**James M. Burk** 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 **August Peck** of said County, who is alleged to be insane and whom I have carefully and personally examined this 28 day of **January** 1942; 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.) **Physical condition good. He has delusions - he is always figuring out ways to via radio waves. He plays on barrels - he talks of things with no reason nor sence. He is not coherent.**



I have also received the following information from others relative to the patient's condition:  
Elation at times. At times depressed. worried.

Subscribed and sworn to before me this 30 day of January 1942  
C. C. RAYL M. D.  
CLYDE O. TROUTNER, Clerk  
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STATEMENT OF MEDICAL EXAMINER

I, G. J. Kohne 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 August Peck of said County, who is alleged to be insane, and whom I have carefully and personally  
examined this 28 day of January 19 42 ; 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.) (1) Illusion & delusions particularly in regards to sound. (2) Incoherent  
in his talk in regards to formula he has invented.

I have also received the following information from others relative to the patient's condition:  
Plays on barrles - elated then depressed. Not the normal, usual, interest in farming.

Subscribed and sworn to before me this 30 day of January 19 42  
G. J. KOHNE M. D.  
CLYDE O. TROUTNER, CLERK  
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JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of August Peck  
to the Richmond State Hospital:  
Comes now Mrs. Gladys Peck who filed application for the commitment of August Peck  
to the Richmond State Hospital, alleging therein that said August Peck 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 Court of the County of Adams Indiana,  
do hereby find and determine that the said August Peck is insane and is  
in need of hospital care, and do hereby order h him committed to the Richmond State Hospital; and  
this shall be sufficient warrant and authority for h is 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  
August Peck 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

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 August Peck 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 commit-  
ment in said matter.

In witness whereof, I hereunto set my hand and fix the seal of said court, this 4 day of May 19 45  
[SEAL] CLYDE O. TROUTNER Clerk

Attention Superintendent:



ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent Richmond State Hospital together with application for his admission as a patient in said hospital and afterwards, to wit: On the 10th, 15, 16, 17, day of May 1945, an answer was received as follows:

STATE HOSPITAL May 9 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 August Peck 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 provided a full supply of clothing as listed on the accompanying clothing requisition is brought with the patient, and a person who is able to give a complete history accompanies the patient. PAUL D. WILLIAMS M.D. Medical Superintendent

The Patient will be admitted May 11, 15, 16, 17.. ORDER OF COURT

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

Witness my hand and the seal of Adams Circuit Court 11th day of May 1945

Adams County, this CLYDE O. TROUTNER Clerk Indiana.

P. O. Address of Patient

St.

SUPERINTENDENT'S RECEIPT

RICHMOND STATE HOSPITAL

RECEIVED, this 12th. day of May A. D. 1945 the patient named in the above order of court

PAUL D. WILLIAMS M.D. Medical Superintendent PAULINE KLEPPER Supt's Secretary.

RETURN ON COMMITMENT

CAME TO HAND August Peck May 12 and committing him to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 12th day of May 19 45, and served by conveying the within named day of May 19 45/

SHERIFF FEES \$11.84.

LEO T. GILLIG, SHERIFF OF ADAMS COUNTY, INDIANA

ORDER OF DISCHARGE

STATE HOSPITAL

Indiana 19

To the Clerk of the Court, County, Indiana:

STATE OF INDIANA

RICHMOND STATE HOSPITAL

RICHMOND, IND., January 29, 1947

TO THE CLERK OF Adams County CIRCUIT COURT:

THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1933

THAT August Peck, A PATIENT OF THIS HOSPITAL, HAS BEEN DISCHARGED

THIS 29th DAY OF January 19 47. IN MY OPINION, SAID PATIENT

(STRIKE OUT LINES THAT DO NOT APPLY)

IS SUFFICIENTLY RECOVERED TO BE RELEASED.

HE RECOVERED TO BE RELEASED

HE RECOVERED TO BE RELEASED

SAID PATIENT WAS COMMITTED TO THIS HOSPITAL May 4th, 1945 BY THE

CIRCUIT COURT OF Adams County COUNTY. HIS ADDRESS AT THAT TIME BEING GIVEN

AS R.R.#1 Decatur, Indiana

(FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER)

1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL January 24, 1946

TO Mrs. Gladys Peck

AND IS NOW RESIDING AT R.R.#1, Decatur, Indiana

HE RECEIVED TO BE RELEASED

HE RECEIVED TO BE RELEASED

SEAL OF HOSPITAL

O.R. Lynch M.D. SUPERINTENDENT

SUBSCRIBED AND SWORN TO BEFORE ME THIS 29th DAY OF January 1947

Herward C. Stuck NOTARY PUBLIC

MY COMMISSION EXPIRES November 20th, 19 49

authority has this day discretofore an inmate of this

M. D. Medical Superintendent

move said patient and return

day of Clerk

County