

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SUPERIOR~~ ^{CIRCUIT} COURT OF **Adams** County, Indiana:

Your informant respectfully represents that one **Francis M. Buckey** 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 **Francis M. Buckey**

is in Indiana; that said **Francis M. Buckey** came to Indiana **1869** (Date) from **Darke Co., Ohio** and became a resident of **Adams** County **1869** (Date). This person's places of residence for three years prior to coming to Indiana were

Darke Co., Ohio (Date) His present address is **Geneva, Indiana**. In making this petition, I do hereby certify that I am a **Son** of said

Francis M. Buckey; that I am a legal resident of **Adams** County, (Relative or Friend)

and that my address is **Geneva, Indiana**

In case of emergency, notify **Gilbert L. Buckey**

Telephone **Geneva Hatchery** Telegraph station **Decatur, Indiana** (Name and Address of relative or friend)

PERSONAL HISTORY

Of **Francis M. Buckey**

Born (Month) **Jan.** (Day) **17** (Year) **1859** Place **Darke Col., Ohio**
 Color **white** Sex **male** 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 **Germany** Birthplace of mother **Don't know.**

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

High school College Religion **Protestant** Occupation **On welfare relief** Where last

employed and how long?

Estate: Value **\$900.00** Nature **House and lot in Geneva.**

Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? **51 years** Have you known this person intimately? **yes**

When was the first sign of insanity observed by you? **5 or 6 weeks ago.**

What was the first sign of insanity observed by you? **Wanted to kill certain people and also other peculiarities in his actions.**

Was the present attack gradual or sudden in its onset? **Gradual**

State what leads you to believe this person is insane **For above reasons**

What moral deficiencies have been shown? **none**

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

Number of previous attacks of mental disorder? **none**

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? **yes** Explain fully **At times has to be fed and**

also restrained

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

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

Depressed? **no** Homicidal? **yes** 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**

I have also received the following information from others relative to the patient's condition:

DR. C. R. PRICE M. D.

Subscribed and sworn to before me this 18 day of April

1945

(Seal) MY commission expires Sept. 18, 1947

E. R. REICHELDEFFER Notary Public

STATEMENT OF MEDICAL EXAMINER

I, D. D. Jones 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 consanguinity or marriage, to Francis M. Buckey of said County, who is alleged to be insane, and whom I have carefully and personally examined this 19 day of April 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.) Seems apprehensive and restless all the time constantly on the move. At times violent temper is exhibited. Well advanced senile dementia.

I have also received the following information from others relative to the patient's condition: Restless and must have sedatives at times.

D. D. JONES M. D.

Subscribed and sworn to before me this 19 day of April

19 45

(Seal) My commission expires 7/27/48.

AGNES D. MUNRO Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Francis M. Buckey to the Richmond State Hospital: Comes now Gilbert L. Buckey who filed application for the commitment of Francis M. Buckey to the Richmond State Hospital, alleging therein that said Francis M. Buckey 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 Francis M. Buckey 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 Francis M. Buckey 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

(Seal)

STATE OF INDIANA

Adams COUNTY } SS: I, Clyde O. Troutner 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 Francis M. Buckey 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 21 day of April 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 State Hospital together with application for h admission as a patient in said hospital day of 19 , an answer was received as follows:

To the Clerk of the Court, STATE HOSPITAL 19 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 State Hospital, as a patient was referred to the Judge of to the Court of County, Indiana, and being fully advised he made an order directing that 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 Court, County, this day of 19 St. Indiana. Clerk P. O. Address of Patient

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 19 , and served by conveying the within named State Hospital, as shown by the Superintendent's receipt hereon endorsed this day of 19

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 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 Clerk

A. D. 19

SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN

CAME TO HAND 19 , and duly served same by removing said patient to Township, in said County.

This 19 Sheriff County