

## APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Louis Weber 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 Louis Weber is in Indiana; that said Louis Weber came to Indiana at birth (Date) and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were

That his present <sup>(Page)</sup> address is R#1 Hoagland, Indiana  
 In making this petition, I do hereby certify that I am a Son of said Louis Weber; that I am a legal resident of Adams County,

and that my address is R#1 Hoagland, Indiana  
 In case of emergency, notify Otto Weber, R#1 Hoagland, Indiana (Name and Address of relative or friend)  
 Telephone Hoagland Telegraph station Decatur, Indiana

### PERSONAL HISTORY

Of Louis Weber  
 Born (Month) Dec. (Day) 10 (Year) 1867 Place Allen Co., Indiana  
 Color white Sex male Married Single Widowed Divorced Separated Separated  
 IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest Present age of youngest  
 Has she passed menopause? Birthplace of mother don't know  
 Birthplace of father don't know Port of entry Port of entry  
 If person is of foreign birth, give date of entry into the United States Steamship line Steamship  
 If of foreign birth, is person naturalized? Education: None Reads only Reads and writes yes Common school Common school  
 High school College Religion Protestant Occupation none Where last Where last  
 employed and how long? Estate: Value Nature has life estate 80 acre farm  
 Guardian: Name Address

### HISTORY OF INSANITY

How long have you known this person? 47 years Have you known this person intimately? yes  
 When was the first sign of insanity observed by you? about a year ago  
 What was the first sign of insanity observed by you? Couldn't be relied upon to do small tasks, forgets what is told him.  
 Was the present attack gradual or sudden in its onset? Gradual  
 State what leads you to believe this person is insane stated Doesn't know what he is doing - for reasons above  
 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? has yes If so, give particulars Had operation on leg about 3 years ago  
 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? yes Explain fully uses  
 (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				
Mother (Maiden Name)				
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	William Weber Fred Weber George Weber Henry Weber	R#2 Decatur, Indiana Nebrasks	Stroke *****	65 75
Sister	Lena Werling Minnie Biberich Mary Fark	Ft. Wayne, Indiana " " " " " "		

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
- 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 Roland Reppert 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 21 day of April

OTTO D. WEBER  
19 45

CLYDE O. TROUTNER  
County Clerk

(Seal)

STATEMENT OF ATTENDING PHYSICIAN

I, Roland Reppert M. D., of Decatur, Indiana in the County of Adams  
Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 19 day of April 19 45 I did carefully and personally examine Louis Weber 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:

He has arteriosclerosis and as a result his mental state is very unstable. He becomes violent and is uncontrollable

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

Subscribed and sworn to before me this 21 day of April

19 45

ROLAND REPERT M. D.  
CLYDE O. TROUTNER, CLERK  
\*\*\*\*\*

[Seal]

VACCINATION

This is to certify that the said by myself, or by another physician, to my positive knowledge within 60 days of this date.  
Date 19

has been vaccinated for smallpox

M. D.

STATEMENT OF MEDICAL EXAMINER

I, James M. Burk 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 Louis Weber of said County, who is alleged to be insane and whom I have carefully and personally examined this 23 day of April 19 45 : that I am of the opinion that he is not mentally ill and is not a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that he is not mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Mild arteriosclerotic senility, at time of examination was oriented, rational, calm and stable. Has had a malignancy probably osteogenic sarcoma of right knee, very painful, and this was made worse by tasks "assigned" to this 79 year old sick man.

I have also received the following information from others relative to the patient's condition:  
He is incontinent of bowels and bladder in past few weeks.

Subscribed and sworn to before me this 24 day of April 1945  
JAMES M. BURK M. D.

CLYDE O. TROUTNER, CLERK

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 Louis Weber of said County, who is alleged to be insane, and whom I have carefully and personally examined this 23 day of April 19 45 ; that I am of the opinion that he is not mentally ill and is not a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that he is not mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) patient exhibited no signes of delusions, illusions or hallucinations, has a mild arteriosclerosis, probably accounts for his confused memory at times plus a neo-plasm of at. knee which became painful after he worked in the field.

I have also received the following information from others relative to the patient's condition:  
Has never showed any violence at any times has incontinence of bowels, bladder at present time.

Subscribed and sworn to before me this 24 day of April 1945  
G. J. KOHNE M. D.

CLYDE O. TROUTNER, CLERK

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Louis Weber to the Richmond State Hospital:  
Comes now Otto D. Weber who filed application for the commitment of Louis Weber to the Richmond State Hospital, alleging therein that said Louis Weber 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 Louis Weber is not insane and is not in need of hospital care, and do hereby order him not 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 State Hospital for the admission of the said 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 }  
COUNTY } SS: I, 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 to the 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 day of 19 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 and afterwards, to wit: On the day of 19 , an answer was received as follows:

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 Court of State Hospital, as a patient was referred to the Judge 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 Clerk P. O. Address of Patient St. 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 19 , and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this day of State Hospital, 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 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