

# APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one **LeRoy Baumgartner** 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 **LeRoy Baumgartner**

is in Indiana; that said **LeRoy Baumgartner** came to Indiana at birth <sup>(Date)</sup> and became a resident of **Adams** County. This person's places of residence for three years prior to coming to Indiana were from **10/24/1927** <sup>(Date)</sup>

That his present address is **RR1 Monroe, Indiana**. In making this petition, I do hereby certify that I am a **Relative (Father)** <sup>(Relative or Friend)</sup> of said

**LeRoy Baumgartner**; that I am a legal resident of **Adams** County,

and that my address is **RR1 Monroe, Indiana**

In case of emergency, notify **Emil Baumgartner R#1 Monroe, Indiana** <sup>(Name and Address of relative or friend)</sup>

Telephone **none** Telegraph station **Decatur, Indiana**

## PERSONAL HISTORY

Of **LeRoy Baumgartner**

Born (Month) **October** (Day) **24** (Year) **1927** Place **Adams County, Indiana French Twp..**

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

IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest

Has she passed menopause?

Birthplace of father **Adams County, Indiana** Birthplace of mother **Elk Rapids, Michigan**

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 **8th gr.**

High school College Religion **Protestant** Occupation Where last

employed and how long? **Worked on R.R. as section hand for about 13 months.**

Estate: Value **no estate** Nature

Guardian: Name **Father** Address **RR#1, Monroe, Indiana**

## HISTORY OF INSANITY

How long have you known this person? **Since Birth** Have you known this person intimately? **yes**

When was the first sign of insanity observed by you? **July 2 or 3rd, 1945.**

What was the first sign of insanity observed by you? **Afraid that some one was going to kill him.**

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

State what leads you to believe this person is insane **Cannot be quieted down and will not listen.**

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 **Does not want to eat, and**

threatens to kill people, is in county Jail at present.

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? **yes** 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**

## 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	Emil Baumgartner	R#1 Monroe, Indiana		
Mother (Maiden Name)	Ida Lash	" " "		
Father's father	Benj. Baumgartner	dead	Diabetis	60
Father's mother	Mary "	"	Heart Trouble	76
Mother's father	Willis Lash	Huntington, Indiana		
Mother's mother	Anna "	" "		
Brother	Harry Baumgartner	Monroe, Indiana R#1		
	Wilford "	" "		
	Robert "	" "		
	Emil Jr. "	" "		
Sister	Mary "	" "		
	Vivian "	" "		
	Flossie "	" "		
	Bernice "	" "		

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

Insanity	William Baumgartner (Died at East-Haven about 1918)	Epilepsy	no
Spasms	no	Fainting spells	no
Nervous prostration	no	Hysteria	no
Feeble-mindedness	no	Tuberculosis	no
Syphilis	no		

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 **Amos Reuser** 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 9 day of July  
(Seal)EMIL BAUMGARTNER  
1945  
CLYDE O. TROUTNER  
Notary Public  
County Clerk

## STATEMENT OF ATTENDING PHYSICIAN

I, **Amos Reusser** 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 9 day of July 19 45 I did carefully and personally examine **LeRoy Baumgartner** 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: **Imagines that he is capable of filling some responsible position does not sleep - incorrigible- wanders away from home through fields and woods.**

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

Subscribed and sworn to before me this 9 day of July  
(Seal)AMOS REUSSER M. D.  
1945  
CLYDE O. TROUTNER, Clerk  
~~Notary Public~~

## 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, **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 **Le Roy Baumgartner** of said County, who is alleged to be insane and whom I have carefully and personally examined this 13 day of July 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.) **Frail Physique- movements are of an explosive type - quick actions.**

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

At times, threatening, etc.. home and in jail. Restless apprehensive, trying doors,

Subscribed and sworn to before me this 16 day of July 19 45 D. D. JONES M. D.

CLYDE O. TROUTNER Clerk \*\*\*\*\*

(Seal)

STATEMENT OF MEDICAL EXAMINER

I, G. J. Kohne M. D., of Decatur, Indiana 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 LeRoy Baumgartner of said County, who is alleged to be insane, and whom I have carefully and personally examined this 14 day of July 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.) Continuous, excited stream of talk sometimes lacking in truth and having a mild paranoid inclination, in that he believes certain people havenit in for him and would like to see him hurt.

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

Subscribed and sworn to before me this 16th. day of July 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 LeRoy Baumgartner to the Richmond State Hospital: Comes now Amos Reusser who filed application for the commitment of LeRoy Baumgartner to the Richmond State Hospital, alleging therein that said LeRoy Baumgartner 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 LeRoy Baumgartner is insane and is in need of hospital care, and do hereby order h im 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 LeRoy Baumgartner 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 LeRoy Baumgartner 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 July 1945 [SEAL] CLYDE O. TROUTNER 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 Richmond State Hospital together with application for his admission as a patient in said hospital and afterwards, to wit: On the 25 day of July 19 45, an answer was received as follows:

Richmond STATE HOSPITAL 1945

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 Le Roy Baumgartner 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 July 27, 28 ORDER OF COURT  
31 August 1, 2..

The receipt of the acceptance of the application for the admission of LeRoy Baumgartner 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 LeRoy Baumgartner 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, Adams County, this 28th. day of July 19 45 CLYDE O. TROUTNER Clerk  
P. O. Address of Patient St. Indiana.

SUPERINTENDENT'S RECEIPT

STATE HOSPITAL

RECEIVED, this 28th. day of July A. D. 19 45 the patient named in the above order of court

PAUL D. WILLIAMS, M. D. M. D. Medical Superintendent  
EMMA B. SHOWALTER, Record Clerk

RETURN ON COMMITMENT

CAME TO HAND July 28 19 45, and served by conveying the within named LeRoy Baumgartner and committing him to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 28th. day of July- 19 45

Shf. Fees \$18.75

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

Mileage - 154 mi. 12.42

clothes shortage 6.37  
18.75

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