

#11632

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~CIRCUIT~~ ^{CIRCUIT} COURT OF

Adams A.

County, Indiana:

Your informant respectfully represents that one **Emma A. Buffenbarger** 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 her condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said **Emma A. Buffenbarger** is in Indiana; that said **Emma A. Buffenbarger** came to Indiana has always resided

~~in~~ in Indiana
4/15/45

and became a resident of **Adams** County
This person's places of residence for three years prior to coming to Indiana were

That her present address is 1009 Winchester St. Decatur, Indiana.

In making this petition, I do hereby certify that I am a step-daughter

Emma A. Buffenbarger

; that I am a legal resident of

Adams Co., Decatur, Indiana,

of said

County,

and that my address is 1009 Winchester St., Decatur, Indiana

In case of emergency, notify **Henery Buffenbarger**

Telephone **Anthony 2384**

(Name and Address of relative or friend)
Telegraph station **Ft. Wayne, Indiana**

PERSONAL HISTORY

Of **Emma A. Buffenbarger**

Born (Month) **Dec.** (Day) **4** (Year) **1896** Place **Ft. Wayne**

Color **White** Sex **Female** Married Single Widowed Divorced Separated

IF A WOMAN: Is she pregnant? **no** Number of children borne **nine** Present age of youngest **five**

Has she passed menopause? **no**

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

Common school

High school

College

Religion **Luthern**

Occupation **house wife**

Where last

employed and how long?

Estate: Value **none**

Nature

Guardian: Name

Address

HISTORY OF INSANITY

How long have you known this person? **27 yrs.**

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

When was the first sign of insanity observed by you? **4 years**

What was the first sign of insanity observed by you? **She thought she saw people under table & beds. Her son is in Army & she thinks she sees him in the trees**

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

State what leads you to believe this person is insane **She cannot walk right. She will not talk. She sits & stares. Wrings her hands.**

What moral deficiencies have been shown? **She pulls legs up around chin & does not keep clothes down.**

What was the mental and moral disposition in health? **very good, normal.**

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? **Two sons in the Army**

Has this person required feeding, seclusion or restraint?

Explain fully **She can feed herself but it must**

be put on her plate. She chokes when eating. She cannot be left alone.

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? **yes** 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? **yes**

Positive?

Negative?

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

Is person epileptic? **no**

Was person feeble-minded in childhood?

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	Wm. Busching	Ft. Wayne	insanity	55
Mother (Maiden Name)	Marie Lewmann	Liberty 1030 Ft. Wayne		
Father's father	Swearing	Germany	dead	--
Father's mother				
Mother's father	Lewmann	Germany	"	
Mother's mother	Hagerman	Germany	"	
Brother	Wm. Busching	Ft. Wayne	pneumonia	38
	Erwin Busching	1030 Liberty Ft. Wayne		
Sister	Alma Bailey	R#6 Ft. Wayne		
	Mary Wilson	1030 Liberty Ft. Wayne		
	Frieda Adams		Tuberculosis	27
	Charlotte Schnedler	Concordia College Ft. Wayne.		

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

Insanity Father Epilepsy
 Spasms Fainting spells
 Nervous prostration Hysteria
 Feeble-mindedness Tuberculosis 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 Dr. D. D. Jones 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 h knowledge and belief.

BESSIE A. CHILCOTE

Subscribed and sworn to before me this 15 day of June

19 46
CLYDE O. TROUTNER Co. Clerk
***** County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, D. D. Jones M. D., of Berne, 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 11th day of June 19 46 I did carefully and personally examine Mrs. Emma Buffenbarger and believe her to be suffering from mental disease, and I am of the opinion that she is a proper person for admission to a State Hospital. I have observed the following facts regarding her mental and physical condition: Mental: Does not seem to understand or realize what is being said to her. Oblivious at times to her surroundings. Physical condition is very poor.

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

Subscribed and sworn to before me this 15 day of June
(Seal)D. D. JONES M. D.
19 46
CLYDE O. TOUNTER,
***** Co. Clerk

VACCINATION

This is to certify that the said Mrs. Emma Buffenbarger has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 6-15 19 46

D. D. JONES M. D.

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 Emma Buffenbarger of said County, who is alleged to be insane and whom I have carefully and personally examined this 18 day of June 19 46; 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) Marked mental retardation very slow & apathetic - speaks to you only after a long pause.
(2) Muscular dystrophy below waist.

I have also received the following information from others relative to the patient's condition: Incontinence of bowels & urine. Obeys after a command like a child of 4 Or 5 years of age.

I Certify that, in my opinion, said Emma Buffenbarger is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

G. J. KOHNE M. D.

Subscribed and sworn to before me this 18 day of June 19 46

(Seal)

CLYDE O. TROUTNER, Co Clerk

STATEMENT OF MEDICAL EXAMINER

I, Roland Reppert 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 Emma Buffenbarger of said County, who is alleged to be insane, and whom I have carefully and personally examined this 18 day of June 19 46 ; that I am of the opinion that she 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. Loss of muscle coordination from the waist down.
2. Mentally dull. Does not appear to understand what is said to her.

I have also received the following information from others relative to the patient's condition: Her behavior is that of a child. Incontinence etc., which requires constant attention. Duration since birth of a child 4 years ago. I certify that, in my opinion, said Emma Buffenbarger is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

ROLAND REPPERT M. D.

Subscribed and sworn to before me this 18 day of June 19 46

(Seal)

CLYDE O. TROUTNER, Clerk

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Emma A. Buffenbarger to the Richmond State Hospital: Comes now Bessie A. Chilcote who filed application for the commitment of Emma A. Buffenbarger to the Richmond State Hospital, alleging therein that said Emma A. Buffenbarger is a resident of Adams County and has her 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 Emma A. Buffenbarger is insane and is in need of hospital care, and do hereby order her committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for her admission, confinement and detention for care and treatment in said hospital until she 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 Emma A. Buffenbarger 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 Emma A. Buffenbarger 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 24 day of June 19 46

[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 h admission as a patient in said hospital
 and afterwards, to wit: On the day of June 19 46, an answer was received as follows:

STATE HOSPITAL 6-25-46 19

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 Emma Buffenbarger 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

O. R. LYNCH M. D.
 O. R. Lynch Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Emma Buffenbarger 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 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 I 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 27 day of June 19 46 CLYDE O. TROUTNER, Clerk
 P. O. Address of Patient St. Indiana.

SUPERINTENDENT'S RECEIPT

RECEIVED, this 28th. day of June A. D. 19 46 the patient named in the above order of court

O. R. LYNCH, M. D.
 PER: E. B. S. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND June 28th., and committing her to the 19 46, and served by conveying the within named Emma Buffenbarger as shown by the Superintendent's receipt hercon endorsed this 28th. day of June 19 46 Richmond State Hospital.

Sheriff's Fees \$16.84

Mileage \$11.84
 Lady asst. \$ 5.00
 \$16.84

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

ORDER OF DISCHARGE

Richmond STATE HOSPITAL
 Richmond, Indiana July 15 19 46
 To the Clerk of the Adams Court, Adams County, Indiana:

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

O. R. LYNCH, 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 19, and duly served same by removing said patient to Township, in said County.

This

19

Sheriff

County