

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Clarence L. Snyder 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 Clarence L. Snyder is in Indiana; that said Clarence L. Snyder came to Indiana May 1, 1913 by birth and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were at birth (Date) Always in Adams Co. Ind.

In making this petition, I do hereby certify that I am a his brother Clarence L. Snyder; that I am a legal resident of Decatur, Ind. and that my address is 610 Washington St., Decatur, Ind.

In case of emergency, notify Raymond H. Snyder 610 Washington St., Decatur, Ind. Telephone 8744 Telegraph station Decatur, Ind.

PERSONAL HISTORY

Of Clarence Lamoile Snyder
Born (Month) May (Day) 1 (Year) 1913 Place Adams County, Ind.
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 Indiana Birthplace of mother Indiana
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 yes
High school yes College Religion protestant Occupation Inspector at G. E. Where last employed and how long? Decatur G. E. four years
Estate: Value personal property Nature household & car
Guardian: Name none Address

HISTORY OF INSANITY

How long have you known this person? All my life Have you known this person intimately? yes
When was the first sign of insanity observed by you? a week ago
What was the first sign of insanity observed by you? he was sleepless, afraid he was followed, afraid some calamity is overtaking him, says that God let him down, had to be forced to eat
Was the present attack gradual or sudden in its onset? rather sudden
State what leads you to believe this person is insane Afraid to open his eyes for fear of something dire is going to happen
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? never
Has this person suffered serious physical injury? yes, sickness If so, give particulars he had mumps with metastasis
Has this person suffered any serious illness? as above State when and of what nature mumps with metastasis
Has this person suffered any great mental shock or strain? yes - In April of 1946, his wife give birth to a freak child
Has this person required feeding, seclusion or restraint? yes Explain fully has to coaxed to eat.
Has this person been addicted to any drugs? no Explain fully none
(Answer yes or no.) Is person paralytic? no Violent? no Destructive? no Excited? yes
Depressed? yes Homicidal? no Suicidal? yes 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	Charles C. Snyder	New Corydon, Ind.		
Mother (Maiden Name)	Annie E. Neiman	New Corydon, Ind.		
Father's father	Harry Snyder	Geneva, Ind.	old age	84
Father's mother	Mary A. Snyder	Geneva, Ind.	TB	69
Mother's father	Henry Neiman	Detroit, Mich.	Dropsy	76
Mother's mother	Mary Neiman	Detroit, Mich.	Heart trouble	63
Brother	Ralph W. Snyder	Geneva, Ind.		
	Ernest E. Snyder	Crestline, Ohio		
	Raymond H. Snyder	Decatur, Ind.		
	Indianola Clase	Decatur, Ind.		
Sister	Nina Miller	Decatur, Ind.		
	Edith McClain	Greenville, Ohio		

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

Insanity	none	Epilepsy	none
Spasms	none	Fainting spells	none
Nervous prostration	none	Hysteria	none
Feeble-mindedness	none	Tuberculosis	Grandmother Snyder
Syphilis	none		

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 Reusser 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 17 day of July,

RAYMOND H. SNYDER
19 46CLYDE O. TROUTNER
Notary Public or 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 16 day of July 1946 I did carefully and personally examine Clarence L. Snyder 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 imagines that he is lost afraid some calamity is overtaking him, is sleepless, does not eat.

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

Subscribed and sworn to before me this 17 day of July

AMOS REUSSER
19 46CLYDE O. TROUTNER, CLERK
Notary Public

VACCINATION

This is to certify that the said Clarence L. Snyder has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date July 17 19 46 AMOS REUSSER M. D.

STATEMENT OF MEDICAL EXAMINER

I, Richard K. Parrish 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 Clarence L. Snyder of said County, who is alleged to be insane and whom I have carefully and personally examined this 17 day of July 1946; 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.) Depression, anxiety, anorixia, abruptions, delusions, compulsions, insomnia, and possibly suicidal. Patient fairly well oriented, but flight of ideas present. He is aware that something is the matter with his mind.

I have also received the following information from others relative to the patient's condition:
Mumps, oribits 2.3 wks ago. Wife gave birth to monstrosity. Heretofore patient has been in good mental health.

RICHARD K. PARRISH

M. D.

Subscribed and sworn to before me this 19 day of July
(Seal)

19 46

CLYDE O. TROUTNER, Clerk
Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Harold F. Zwick 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 Clarence L. Snyder of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 25th day of July 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.) The patient when examined was lucid - well oriented as to time & place and with a good understanding of his mental contion. He has occasional lapses in which he still has delusions & illusions mainly in relation current events and his place in them. He feels that he is much improved and that he will continue to do so. He is willing to go to the hospital if this is necessary

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

The patient's wife stated that the patient has improved remarkably in the past few days. He sleeps well and is very illusions but can be convinced of their falsity. It is my opinion that further improvement can be expected at home, but if a relapse occurs, he should be committed to a state hospital

H. F. ZWICK

M. D.

Subscribed and sworn to before me this 26 day of July

19 46

MAXINE TROUTNER
Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of

to the State Hospital:
Comes now who filed application for the commitment of
to the State Hospital, alleging therein that said is a
resident of County and has 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 Judge of the Circuit Superior Court of the County of Indiana,
do hereby find and determine that the said is insane and is
in need of hospital care, and do hereby order h committed to the State Hospital; and
this shall be sufficient warrant and authority for h 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.

Judge of the

Circuit Court
Superior

STATE OF INDIANA

COUNTY } SS:
I,

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 commit-
ment 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