

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one **Weldon LeRoy Zehr** 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 **Weldon LeRoy Zehr**

is in Indiana; that said **Weldon LeRoy Zehr** came to Indiana at birth and became a resident of **Adams** County from **January 24, 1909** (Date) This person's places of residence for three years prior to coming to Indiana were

In making this petition, I do hereby certify that ~~we are~~ ^{we are} **Weldon LeRoy Zehr** ; that ~~he is~~ ^{we are} legal resident of **Allen** County, Indiana

and that his address is **New Haven, Indiana, R#2**

In case of emergency, notify **Hilda Zehr, Decatur, Indiana.**

Telephone _____ Telegraph station **Decatur, Indiana.**

PERSONAL HISTORY

Of **Weldon LeRoy Zehr**

Born (Month) **January** (Day) **24** (Year) **1909** Place **Adams Co., Ind.**
Color **wh** Sex **M.** Married **yes** Single **no** Widowed **no** Divorced **no** Separated **no**

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

Has she passed menopause? _____

Birthplace of father **Adams Co., Ind.** Birthplace of mother **Adams Co., Ind.**

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 **yes**

High school **2** years. College **Business** / Religion **Protestant** Occupation **Farming - Was Insurance Agent** Where last employed and how long? **Was Mgr. of Feed Mill**

Estate: Value **\$8000.00** Nature **Real Est. & Per. Prop.**

Guardian: Name _____ Address _____

HISTORY OF INSANITY

How long have you known this person? **Lifetime** Have you known this person intimately? **yes**
When was the first sign of insanity observed by you? **About 1 year ago**

What was the first sign of insanity observed by you? **At feed mill - cried a bout partnership business not working out.**

Was the present attack gradual or sudden in its onset? **gradual**
State what leads you to believe this person is insane **He is not amiable like he used to be, thinks everyone is trying to pull something on him, thinks everyone is against him.**

What moral deficiencies have been shown? _____

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

Number of previous attacks of mental disorder? _____

Has this person been a patient in any hospital for insane? **no** Where, when and how long? _____

Has this person suffered serious physical injury? **12 years of age. If so, give particulars** **Powder Burn in right eye. He worried continuously about going completely blind.**

Has this person suffered any serious illness? **no** State when and of what nature _____

Has this person suffered any great mental shock or strain? **Loss of money which was invested in Feed Mill and about money lost in insurance.** Explain fully **But he is being watched continuously**
Has this person required feeding, seclusion or restraint? **no**

because of a threat he made to "Kill his partner in Business".
Has this person been addicted to any drugs? **No** Explain fully _____

(Answer yes or no.) Is person paralytic? **No** Violent? **some** Destructive? **some** Excited? **very**
Depressed? **some** Homicidal? **Threatened** Suicidal? **no** Is there any physical defect or deformity? **Blind in right eye**
Has person ever suffered from syphilis? **no** Has there been a Wasserman test? **no** Positive? **right eye**
Negative? **no** 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	Amos B. Zehr	Ft. Wayne, Ind.		
Mother (Maiden Name)	Emma C. Bearon	Ft. Wayne, Ind.		
Father's father	George Zehr		Senility	92
Father's mother	Mrs. George Zehr		Dropsy	76
Mother's father	George Bearon		T. B. of Bone	58
Mother's mother	Mrs. George Bearon		Epilepsy	40
Brother	Lester L. Zehr Norman E. Zehr	New Haven, Ind. New Haven, Ind.		
Sister	Neva Zehr Elliot	Ft. Wayne, Ind.		

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

Insanity 1 Aunt & 1 Uncle - Sarah Beitler, Chris Zehr Epilepsy Grandmother - Mrs. George Bearon
 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 G. J. Kohne 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 24 day of July
(Seal)LESTER F. ZEHR
NORMAN E. ZEHR
19 46
CLYDE O. TROUTNER, Clerk
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, G. J. Kohne M. D., of Decatur, Ind. in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 24 day of July 19 46 I did carefully and personally examine Weldon L. Zehr and believe he 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:
 very agitated mental condition. Has paranoid tendencies & has threatened harm to one person (brother-in-law.)

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

Subscribed and sworn to before me this 24 day of July
(Seal)G. J. KOHNE M. D.
19 46
CLYDE O. TROUTNER, Co. 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, 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 Weldon LeRoy Zehr of said County, who is alleged to be insane and whom I have carefully and personally examined this 25 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.) Physically well developed & fairly well nourished, very talkative. Has definite

paranoid tendencies with ruled threats of harm to brother-in-law, with whom he had difficulty in previous business association. Feels strangely that he is right in everything and that those who don't fall wholeheartedly in with him are his enemies.

I have also received the following information from others relative to the patient's condition: There is a basis for some of patients dislike for brother-in-law. Has been working quite hard for past month and has become worse during that time- worry over heavy financial responsibility. Had an attack similar to this previously from which he was recovering

Subscribed and sworn to before me this 26 day of July 19 46 HAROLD F. ZWICK M. D. (Seal) My commission expires May 23, 1950. Maxine Troutner Notary Public

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 Weldon LeRoy Zehr of said County, who is alleged to be insane, and whom I have carefully and personally examined this 27 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.) Appears physically well altho he has lost weight recently and appears quite agitated and nervous. Talks volubly about many subjects, skipping from one to another. States that he has "everything figured out", that he is in the right and is taking the law in his own hands, etc.

I have also received the following information from others relative to the patient's condition: Has had frequent violent spells and has attempted violence several times. At times highly elated and talkative, then depressed, morose. Has had great financial worry; threatened to kill ex partner.

Subscribed and sworn to before me this 30 day of July 19 46 JAMES M. BURK M. D. (SEAL). CLYDE O. TROUTNER, CLERK Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Weldon LeRoy Zehr to the Richmond State Hospital: Comes now Lester L. Zehr who filed application for the commitment of Weldon LeRoy Zehr to the Eastern Indiana State Hospital, alleging therein that said Weldon LeRoy Zehr 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 Henry B. Heller Judge of the Pro Tem Circuit Court of the County of Adams Indiana, do hereby find and determine that the said Weldon LeRoy Zehr is insane and is in need of hospital care, and do hereby order h is committed to the Eastern Indiana 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 Eastern Indiana State Hospital for the admission of the said Weldon LeRoy Zehr 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 commitment in said matter.

In witness whereof, I herunto 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 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 day of 19 , and served by conveying the within named State Hospital, as shown by the Superintendent's receipt hercon 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 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