

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Sarah Schlegel 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 Sarah Schlegel

is in Indiana; that said Sarah Schlegel came to Indiana 2/28/1862 from birth and became a resident of Adams County 2/28/1862. This person's places of residence for three years prior to coming to Indiana were

In making this petition, I do hereby certify that I am a friend of said Sarah Schlegel; that I am a legal resident of Adams County, and that my address is 334 N. 9th., St., Decatur, Indiana

In case of emergency, notify Mildred Bauer 126 N. Jackson, Lima, Ohio Telephone 7729 Lima, Ohio Telegraph station Lima, Ohio

PERSONAL HISTORY

Of Sarah Schlegel

Born (Month) Feb. (Day) 28 (Year) 1862 Place Decatur, Ind.

Color White Sex Fem. Married 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 Reading, Pa. Birthplace of mother Reading, Pa.

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 Occupation Housework Where last employed and how long?

Estate: Value \$50.00 Nature Household goods

Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 38 yrs. Have you known this person intimately? 38 yrs.
When was the first sign of insanity observed by you? 1946
What was the first sign of insanity observed by you? She would ask the neighbors aid and while they were helping would go in a mad tantrum. Has continued getting worse. Refuse to let relatives or neighbors aid or care for her.
Was the present attack gradual or sudden in its onset? Her condition has continued getting worse.
State what leads you to believe this person is insane Her actions. She screams and preaches, and other actions.

What moral deficiencies have been shown? none

What was the mental and moral disposition in health? very moral
Number of previous attacks of mental disorder? always more or less
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? no Explain fully

Has this person been addicted to any drugs? no Explain fully

(Answer yes or no.) Is person paralytic? no Violent? at times Destructive? yes Excited? yes
Depressed? Homicidal? yes Suicidal? yes Is there any physical defect or deformity? deafness
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	Benevol Schlegel		stroke	64
Mother (Maiden Name)	Alamanda Weider		epilepsy	62
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	William Schlegel	1045 E. Wayne St., Lima, Ohio		
Sister	Lina Light	1045 E. Wayne St., Lima, Ohio		

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

Insanity	Epilepsy	mother
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 **Richard K. Parrish** 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 January

(Seal)

19 47
CLYDE O. TROUTNER, Clerk
 Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, **Richard K. Parrish** M. D., of **Decatur** in the County of **Adams**, Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 15 day of January 19 47 I did carefully and personally examine **Sarah Schlegel** 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: **Introversion, Anti-social, unable to care for self properly, refuses medical aid, deaf, insomnia, diaz, senile dementia**

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

Subscribed and sworn to before me this 21 day of January

(Seal)

RICHARD K. PARRISH M. D.
 19 47
CLYDE O. TROUTNER, CLERK
 Notary Public

VACCINATION

This is to certify that the said **S. E. Smith** has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.

Date

19

M. D.

STATEMENT OF MEDICAL EXAMINER

I, **W. E. Smith** 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 **Sarah Schlegel** of said County, who is alleged to be insane and whom I have carefully and personally examined this 21 day of January 19 47; 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 she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) **In poor physical condition, probably from lack of proper food and care. Is very irascible and appears fearful of what may happen to her. She is very deaf and hard to understand.**

I have also received the following information from others relative to the patient's condition: Is very threatening in her attitude toward her relatives and neighbors and threatens to commit suicide.

Subscribed and sworn to before me this 22 day of January 19 47.

W. E. SMITH M. D.

(Seal)

CLYDE O. TROUTNER, Clerk Notary Public

STATEMENT OF MEDICAL EXAMINER

I, H. 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 Sarah Schlegel of said County, who is alleged to be insane, and whom I have carefully and personally examined this 21st. day of January 19 47; 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.) Rather poor physical condition probably due both to senility and lack of proper food and sleep. Very inoscible, incooperative, and repitative. Quite suspicious of things and people about her. Quite deaf but speaks rather well in spite of this.

I have also received the following information from others relative to the patient's condition: Paranoid ideas especially in relation to neighbors who have always helped her - insists that her brother sleeps in her bed while she sets up and guards him - religious complex at times.

Subscribed and sworn to before me this 22 day of January 19 47.

H. F. ZWICK M. D.

(Seal).

CLYDE O. TROUTNER, CLERK Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Sarah Schlegel

to the Richmond State Hospital:

Comes now Edward E. Hower who filed application for the commitment of Sarah Schlegel to the Richmond State Hospital, alleging therein that said Sarah Schlegel 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 Superior Court of the County of Adams, Indiana, do hereby find and determine that the said Sarah Schlegel 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 Sarah Schlegel 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 Sarah Schlegel 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 23 day of January 19 47

[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 and afterwards, to wit: On the State Hospital together with application for h admission as a patient in said hospital 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 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