

#17792

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Helena Pearl Schnepf 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 Helena Pearl Schnepf

is in Indiana; that said Helena Pearl Schnepf came to Indiana life from Adams County and became a resident of Adams County (Date) 1921 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 Husband of said Helena Pearl Schnepf; that I am a legal resident of Adams County,

and that my address is 903 Winchester

In case of emergency, notify Oliver Schnepf

Telephone _____ Telegraph station _____ (Name and Address of relative or friend)

PERSONAL HISTORY

Of Helena Pearl Schnepf

Born (Month) Nov. (Day) 11 (Year) 1894 Place Clay County

Color W. Sex F. Married Yes Single Widowed Divorced Separated

IF A WOMAN: Is she pregnant? No Number of children borne 4 Present age of youngest 20

Has she passed menopause? yes

Birthplace of father Unknown Birthplace of mother Clay County, Ind.

If person is of foreign birth, give date of entry into the United States None Port of entry

Steamship line _____ Steamship _____

If of foreign birth, is person naturalized?

Education: None Reads only _____ Reads and writes _____ Common school x

High school _____ College _____ Religion _____ Occupation Housewife Where last

employed and how long?

Estate: Value Interest in Real Estate _____ Nature Home

Guardian: Name None Address _____

HISTORY OF INSANITY

How long have you known this person? Twenty-Eight Have you known this person intimately? Twenty-Seven

When was the first sign of insanity observed by you? Two years ago

What was the first sign of insanity observed by you? yes

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

State what leads you to believe this person is insane on her. Attempted to commit suicide. Accused people of lying

What moral deficiencies have been shown? none

What was the mental and moral disposition in health? poor

Number of previous attacks of mental disorder? many

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? two operations State when and of what nature about a year ago

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

Depressed? yes Homicidal? no

Has person ever suffered from syphilis? no

Negative?

Is person epileptic? no

Violent? At times Destructive? yes

Suicidal? yes Is there any physical defect or deformity? none

Has there been a Wasserman test? no Positive?

Does person indulge or has person indulged in any venereal excess? 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.)

Table with columns: NAME, ADDRESS, IF DEAD (Cause, Age at Death). Rows include Father (Isaac Bridgwater), Mother (Unknown), Father's father, Father's mother, Mother's father, Mother's mother, Brother (Charles Bridgwater), and Sister (Mary Houk).

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

Insanity Unknown Epilepsy
Spasms Fainting spells
Nervous prostration Hysteria
Feeble-mindedness Tuberculosis
Syphilitic

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 W. E. Smith 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 person's insanity, are true to the best of his knowledge and belief.

Subscribed and sworn to before me this 17th day of March (Seal)

OLIVER SCHNEPP
18 47
CLYDE C. FROUTNER
County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, W. E. Smith M. D., of Deatur in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 17th day of March 18 47 I did carefully and personally examine Helena Pearl Schnepf 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: She has delusions of persecution, is suspicious of her family and neighbors, threatens to commit suicide.

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

Subscribed and sworn to before me this 17 day of March (Seal)

W. E. SMITH M. D.
18 47
CLYDE C. FROUTNER Clerk

VACCINATION

This is to certify that the said Helena Pearl Schnepf has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date. Date: Mar. 24, 1847.

W. E. SMITH M. D.

STATEMENT OF MEDICAL EXAMINER

I, O. C. Rayl M. D., of Deatur 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 Helena Pearl Schnepf of said County, who is alleged to be insane and whom I have carefully and personally examined this 18 day of March 18 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.) Patient refused to be examined and got mad and chased us out. Her forces and manner were not that of a sane person.

I have also received the following information from others relative to the patient's condition: From two physicians and her relatives, I learn that her whole character has changed, that she is quarrellsome and suspicious of her friends - that she has tried to commit suicide twice.

Subscribed and sworn to before me this 22 day of March

C.C. RAYL M. D. 19 47 CLYDE O. TROUTNER, Clerk

(Seal)

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 Helena Pearl Schnepf of said County, who is alleged to be insane, and whom I have carefully and personally examined this 19 day of March 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.) Patient refused to discuss her condition, became quite angry and agitated and ordered us from the house. She was quite suspicious. Her reactions were those of a paranoid mentality

I have also received the following information from others relative to the patient's condition: She is very suspicious- accuses her husband of telling stories about her to others so they will dislike her - quarrellsome and cant get along with other members of her family. Has twice attempted suicide but was thwarted by others.

Subscribed and sworn to before me this 22 day of March (Seal)

H. F. ZWICK M. D. 19 47 CLYDE O. TROUTNER, Clerk

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Helena Pearl Schnepf to the Richmond State Hospital: Comes now Oliver Schnepf who filed application for the commitment of Helena Pearl Schnepf to the Richmond State Hospital, alleging therein that said Helena Pearl Schnepf 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 Helena Pearl Schnepf 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 Helena Pearl Schnepf 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 Helena Pearl Schnepf 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 March 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 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 St. Indiana. Clerk P. O. Address of Patient

SUPERINTENDENT'S RECEIPT

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 State Hospital, as shown by the Superintendent's receipt hereon 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