

# APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE <sup>CIRCUIT</sup> ~~SUPERIOR~~ COURT OF Adams County, Indiana:

Your informant respectfully represents that one Minnie Kallenberger 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 Minnie Kallenberger is in Indiana; that said Minnie Kallenberger came to Indiana from Birth Adams County (Date) \_\_\_\_\_ 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) \_\_\_\_\_

In making this petition, I do hereby certify that I am a Husband of said Minnie Kallenberger; that I am a legal resident of Adams County, and that my address is 425 Johns St., Decatur, Indiana. In case of emergency, notify Wesley Kallenberger, Decatur, Indiana. Telephone \_\_\_\_\_ Telegraph station \_\_\_\_\_ (Name and Address of relative or friend)

## PERSONAL HISTORY

Of Minnie Kallenberger  
 Born (Month) August (Day) 27 (Year) 1906 Place Adams County, Indiana  
 Color White Sex Female Married Yes Single No Widowed No Divorced No Separated No  
 IF A WOMAN: Is she pregnant? No Number of children borne 3 Present age of youngest 7 mo.  
 Has she passed menopause? No  
 Birthplace of father Adams County, Indiana Birthplace of mother Adams County, 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 Lutheran Occupation Housewife Where last employed and how long? ---  
 Estate: Value None Nature ---  
 Guardian: Name None Address ---

## HISTORY OF INSANITY

How long have you known this person? 12 years Have you known this person intimately? Yes  
 When was the first sign of insanity observed by you? Dec., 1942.  
 What was the first sign of insanity observed by you? Nervousness--wasn't content to stay at her home because of the noise.  
 Was the present attack gradual or sudden in its onset? Sudden  
 State what leads you to believe this person is insane Takes no nourishment--can't be reasoned with--screams  
 What moral deficiencies have been shown? None  
 What was the mental and moral disposition in health? Excellent  
 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? No  
 Has this person required feeding, seclusion or restraint? Yes Explain fully At one time became violent and had to be restrained.  
 Has this person been addicted to any drugs? No Explain fully ---  
 (Answer yes or no.) Is person paralytic? No Violent? Yes Destructive? Yes Excited? Yes  
 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? 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	W. F. Johnson	R. # 2 Berne, Indiana		
Mother (Maiden Name)	Lena Myers	- -	Complications Bronchial Trouble	62
Father's father	James Johnson	- -		73
Father's mother	Christina Byers	- -	Heart Trouble	57
Mother's father	Henry Myers	- -	Complications	63
Mother's mother	Barbara Shrank	- -	Lung Fever	53
Brother	Ivan Johnson	Chattanooga, Ohio		
Sister	Dora Saucman	So. Bend, Indiana		
	Lula Wise	Rochester, Indiana		

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

Insanity - - Epilepsy - -  
 Spasms - - Fainting spells - -  
 Nervous prostration - - Hysteria - -  
 Feeble-mindedness - - Tuberculosis - -  
 Syphilis Uncle-Fred Myers

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 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 his knowledge and belief.

Subscribed and sworn to before me this 10<sup>th</sup> day of February WESLEY KALLENBERGER 19 43.

(SEAL)

CLYDE O. TROUTNER Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, D. D. Jones M. D., of Berne, 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 10 day of Feb. 19 43 I did carefully and personally examine Minnie Kallenberger 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: Delusions of persecution-Refuses to eat or drink. Religion mania lost-Pays no attention to children.

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

Subscribed and sworn to before me this 10<sup>th</sup> day of Feb. D. D. JONES M. D. 19 43.  
 (SEAL) CLYDE O. TROUTNER, Clerk

VACCINATION  
 Minnie Kallenberger

This is to certify that the said Minnie Kallenberger has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.  
 Date Feb. 10th 19 43. D. D. JONES M. D.

STATEMENT OF MEDICAL EXAMINER

I, Myron L. Habegger M. D., of Berne, Ind. 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 Minnie Kallenberger of said County, who is alleged to be insane and whom I have carefully and personally examined this 11 day of Feb. 19 43 : 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.) Feeling of persecution--refuses to eat or drink at times. Melancholia; does not care for children.

I have also received the following information from others relative to the patient's condition: Screams and becomes violent at times. Has to be restrained. Patient has been nervous for long time but has been more so during past few months since birth of baby.

I certify that, in my opinion, said Minnie Kallenberger is the probable potentialparent of mentally incompetent or socially inadequate offspring likewise afflicted.

MYRON L. HABEGGER M. D.

Subscribed and sworn to before me this 11" day of February 19 43.

(SEAL) CLYDE O. TROUTNER =====

STATEMENT OF MEDICAL EXAMINER

I, Amos Reusser M. D., of Berne, Ind. 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 Minnie Kallenberger of said County, who is alleged to be insane, and whom I have carefully and personally examined this 11 day of Feb. 19 43 ; 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.) Very quiet at time of examination. Pulse 120 per M-has fear of something impending--refuses food for fear of being poisoned.

I have also received the following information from others relative to the patient's condition: Complained of sensation of uterus dropping out--of brain swashing around--sleepless-talkative alternating quiet-Threatened to cut her throat--Cataleptic.

I certify that, in my opinion, said Minnie Kallenberger is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

AMOS REUSSER M. D.

Subscribed and sworn to before me this 11 day of February 1943.

(SEAL) CLYDE O. TROUTNER, Clerk =====

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Minnie Kallenberger to the Richmond State Hospital: Comes now Wesley Kallenberger who filed application for the commitment of Minnie Kallenberger to the Richmond State Hospital, alleging therein that said Minnie Kallenberger 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 Minnie Kallenberger 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 Minnie Kallenberger 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 Superior 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 Minnie Kallenberger 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 15" day of February 19 43

[SEAL] CLYDE O. TROUTNER Clerk

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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 Richmond 17<sup>th</sup> day of February 1943, an answer was received as follows:

Richmond STATE HOSPITAL Feb. 16 1943

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 Minnie Kallenberger 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 accepted. Patient will be admitted February 17, 18, 19, 20, or 23, 1943.

Paul D. Williams M. D. Medical Superintendent

(Above patient deceased on Feb. 16, 1943)

ORDER OF COURT

The receipt of the acceptance of the application for the admission of State Hospital, as a patient was referred to the Judge of 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 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, Indiana, Clerk P. O. Address of Patient 19 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 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 Township, in said County, 19, and duly served same by removing said patient to

This 19 Sheriff County