

# APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one LeRoy Riffle 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 LeRoy Riffle is Adams Co in Indiana; that said LeRoy Riffle came to Indiana from Adams County, Indiana (Date) and became a resident of Adams County, Indiana (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 I am a Wife (Relative or Friend) of said Adams County, Indiana; that I am a legal resident of Adams County, Indiana and that my address is 104 E. Grant St. Decatur, Indiana

In case of emergency, notify Mrs. LeRoy Riffle, Decatur, Indiana (Name and Address of relative or friend) Telephone Decatur, Ind. Telegraph station

## PERSONAL HISTORY

Of LeRoy Riffle  
Born (Month) July 1, (Day) 1903 (Year) Adams County Place  
Color Wh. Sex male Married X 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 Common school X  
High school College Religion Occupation Laborer Where last  
employed and how long? Ashbaucher Tin Shop Decatur, Indiana  
Estate: Value none Nature  
Guardian: Name none Address

## HISTORY OF INSANITY

How long have you known this person? Life Have you known this person intimately? Yes  
When was the first sign of insanity observed by you? two years  
What was the first sign of insanity observed by you? Became violent  
Was the present attack gradual or sudden in its onset? Gradual  
State what leads you to believe this person is insane His actions when he became irresponsible and violent.  
Patient beleived himself insane.  
What moral deficiencies have been shown? none  
What was the mental and moral disposition in health? all right  
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? yes If so, give particulars Fracture at base skull  
Has this person suffered any serious illness? no State when and of what nature  
Fracture at base of skull  
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? Violent? X Destructive? Excited?  
Depressed? X Homicidal? Suicidal? Is there any physical defect or deformity?  
Has person ever suffered from syphilis? Has there been a Wasserman test? Positive?  
Negative? Does person indulge or has person indulged in any venereal excess? no  
Is person epileptic? 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	Simon Riffle		old age	93
Mother (Maiden Name)	Lilly Riffle	killed in accident		47
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother				
Sister	Mrs. Fred Miller	Willshire Ohio		

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

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 **John C. Carroll** 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 **16** day of **April** 19 **47**

**Clyde O. Troutner**

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, **John C. Carroll** 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 **16** day of **April** 19 **47** I did carefully and personally examine **LeRoy Riffle** 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 states he has hallucinations at night. th nks people ate coming after him. hears sing ng and talking when he is alone. States he wishes to be committed for treatment.

I further certify that patient is free from any contagious disease and from vermin. **John C. Carroll** M. D.

Subscribed and sworn to before me this **16** day of **April** 19 **47**

**Clyde O. Troutner**

Notary Public

VACCINATION

This is to certify that the said **LeRoy Riffle** has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date. **4-16-47**

Date **19** **John C. Carroll** M. D.

STATEMENT OF MEDICAL EXAMINER

I, **Richard K. Parrish** M. D., of **Decatur, Indiana** 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 **LeRoy Riffle** of said County, who is alleged to be insane and whom I have carefully and personally examined this **16** day of **April** 19 **47**; 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.) **Hallucinations, pavn nortuius, has periods of amnesia, insomnia and anorexia, crying spells, Patient feels certain that his mind is affected & has a rather keen insight to his conditio Very nervous. Had a nervous breakdown 5 years, ago.**

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

Subscribed and sworn to before me this 16 day of April 19 47

M. D.

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 LeRoy Riffle of said County, who is alleged to be insane, and whom I have carefully and personally examined this 16th day of April 19 47 ; 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.) Patient desires treatment-complains of hallucinations. Aeditary and visual at night, expecially. In past two weeks has been troubled insomnia and anorixia, cannot concentrate on his work. Amnasia at times. Well oriented now as to time place & person. "orked at Easthaven for a year & feels that taking the cure would help him.

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

Nervous and shakey, talks to other people not in the not in the room especially at night. He talked of killing one of the men with whom he works. has been drinking considerable & this may play a part.

H.F.Zwick

M. D.

Subscribed and sworn to before me this 16 day of April 19 47

Clyde O. Troutner

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of LeRoy Riffle

to the Richmond State Hospital:

Comes now Minerva Riffle who filed application for the commitment of to the Richmond State Hospital, alleging therein that said 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 J. Fred Fruchte Judge of the Circuit Superior Court of the County of Adams Indiana, do hereby find and determine that the said LeRoy Riffle is insane and is in need of hospital care, and do hereby order h committed to the Richmond 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 Richmond 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.

J. FRED FRUCHTE Judge of the Adams

Circuit Court Superior

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 LeRoy Riffle 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 17 day of April 19 47

19 47

[SEAL]

Clerk

Clyde O. Troutner

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 admission as a patient in said hospital and afterwards, to wit: On the day of 19 , an answer was received as follows:

To the Clerk of the Court, STATE HOSPITAL 19 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 State Hospital, as a patient was referred to the Judge of to the Court 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 STATE HOSPITAL 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

STATE OF INDIANA RICHMOND STATE HOSPITAL RICHMOND, IND., July 30, 19 48 TO THE CLERK OF Adams County CIRCUIT COURT: THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1933 THAT LeRoy Riffle, A PATIENT OF THIS HOSPITAL, HAS BEEN DISCHARGED THIS 30th DAY OF July 19 48. IN MY OPINION, SAID PATIENT (STRIKE OUT LINES THAT DO NOT APPLY) IS SUFFICIENTLY RECOVERED TO BE RELEASED. IS REGISTERED TO MENTAL HEALTH. IS INSURABLE AND NO HARMFULS AND SHOULD BE REMOVED TO MAKE ROOM FOR OTHER CASES. SAID PATIENT WAS COMMITTED TO THIS HOSPITAL April 17, 19 47 BY THE CIRCUIT COURT OF Adams COUNTY, IN is ADDRESS AT THAT TIME BEING GIVEN AS 104 East Grant St., Decatur, Indiana (FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER) 1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL January 29, 19 48 TO Mrs. Minerva Riffle, 1043 Grant St., Decatur, Indiana AND IS NOW RESIDING AT 1043 Grant St., Decatur, Indiana EX YOUR ARE RESPECTFULLY REQUESTED TO CAUSE SAID PATIENT TO BE REMOVED FROM THE HOSPITAL TO YOUR COUNTY. SEAL OF HOSPITAL Medical Superintendent Alfred W. Snedeker, M.D., July 19 48 SUBSCRIBED AND SWORN TO BEFORE ME THIS 30th DAY OF July 19 48 Herman C. Stuck NOTARY PUBLIC MY COMMISSION EXPIRES November 20, 19 49

To the Hospital was this day discharged inmate of this

STATE Superintendent M. D.

State Hospital Superintendent and return day of Clerk

CAME TO HAND 19 , and duly served same by removing said patient to This 19 Sheriff County