

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one John Chinski 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 John Chinski is in Indiana; that said John Chinski came to Indiana Mch. 1, 1917 from Pennsylvania and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were (Date)

In making this petition, I do hereby certify that I am a Friend of said John Chinski; that I am a legal resident of Adams County, and that my address is Decatur, Ind. R..R.6

In case of emergency, notify Frank A. Kitson R.R.6 Decatur, Indiana Telephone 5973 Telegraph station Decatur, (Name and Address of relative or friend)

PERSONAL HISTORY

Of John Chinski, Born (Month) March (Day) 14 (Year) 1871 Place Color wh Sex M 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 Poland Birthplace of mother Poland If person is of foreign birth, give date of entry into the United States Steamship line Steamship If of foreign birth, is person naturalized? no Education: None Reads only fair Reads and writes Common school High school College Religion Occupation laborer Where last employed and how long? Central Sugar Co. 10yrs. Estate: Value Nature Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 14 yrs Have you known this person intimately? yes When was the first sign of insanity observed by you? 1946 What was the first sign of insanity observed by you? Restless, destructive Was the present attack gradual or sudden in its onset? Gradual State what leads you to believe this person is insane His action has made it necessary to confine him in his room. What moral deficiencies have been shown? What was the mental and moral disposition in health? Number of previous attacks of mental disorder? Has this person been a patient in any hospital for insane? Where, when and how long? Has this person suffered serious physical injury? If so, give particulars Has this person suffered any serious illness? State when and of what nature Has this person suffered any great mental shock or strain? Has this person required feeding, seclusion or restraint? Explain fully Has this person been addicted to any drugs? Explain fully (Answer yes or no.) Is person paralytic? Violent? Destructive? Excited? Depressed? 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? Is person epileptic? Was person feeble-minded in childhood?

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				
Mother (Maiden Name)				
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother				
Sister				

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 not know

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? do not know

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.

Frank A. Kitson

Subscribed and sworn to before me this 26 day of May

19 47 Clyde O. Troutner

Notary Public or County Clerk

(SEAL)

STATEMENT OF ATTENDING PHYSICIAN

I, D.D. Jones M. D., of Berne, Indiana, in the County of Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 22nd day of May 19 47 I did carefully and personally examine John Chinske 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:

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

D.D. Jones M. D.

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

Notary Public

VACCINATION

This is to certify that the said John Chinske has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date. Date 16 June 19 47

D.D. Jones M. D.

STATEMENT OF MEDICAL EXAMINER

I, H. F. Zwick 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 John Chinske of said County, who is alleged to be insane and whom I have carefully and personally examined this 28 day of May 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.)

Fairly well developed and norished, chebbing of fingers, Is faily well oriented as to time and place at some time. must be kept in a room by himself because he will not use toilet facilities

I have also received the following information from others relative to the patient's condition: Usually disoriented destructive, tears off bedding clothing, etc. must be confined to his room because of destructiveness and because he will not use toilet facilities.

H. F. Zwick M.D.

Subscribed and sworn to before me this 2 day of June

19 47

Clyde O. Troutner, Clerk Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Roland Reppert 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 John Chinske of said County, who is alleged to be insane, and whom I have carefully and personally examined this 28 day of May 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.) Physically he is fairly well developed, and nourished, he is fairly well oriented as to his present place, vague upon questioning about side affairs, has lost all sense of cleanliness.

I have also received the following information from others relative to the patient's condition: He became destructive at times, tears the bedding clothing etc, and must be kept in his room because of this, has been disoriented for some time.

Roland Reppert M.D.

M.D.

Subscribed and sworn to before me this 9 day of June

19 47

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of John Chinske to the Richmond State Hospital: Comes now Frank A. Kitson who filed application for the commitment of to the Richmond State Hospital, alleging therein that said John Chinske is a resident of Adams County and has 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 John Chinske 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 his 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 Superior Court

STATE OF INDIANA

Adams COUNTY } SS:

I, Clyde O. Troutner 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 John Chinske 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 16 day of June- 1947 19

[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 _____ 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 _____ 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

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

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