

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Rebecca Ann Uhrick 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 Rebecca Ann Uhrick is in Indiana; that said

from (Date) and became a resident of Adams County 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 (Relative or Friend) of said Rebecca Ann Uhrick; that I am a legal resident of Adams County, and that my address is Decatur, Indiana

In case of emergency, notify Frank Kitson, Rr6 Decatur Ind. (Name and Address of relative or friend) Telephone 5973 Decatur, Ind. Telegraph station

PERSONAL HISTORY

Of Rebecca Ann Uhrick
 Born (Month) Feb. 14 (Day) (Year) 1870 Place Monroe, Ind.
 Color Sex Married Single Widowed Divorced Separated
 IF A WOMAN: Is she pregnant? Number of children borne 2 Present age of youngest 52
 Has she passed menopause?
 Birthplace of father Birthplace of mother
 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 Protestant Occupation Housewife Where last employed and how long? In own home until 1941
 Estate: Value Nature
 Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 4 years Have you known this person intimately? yes
 When was the first sign of insanity observed by you? 1 yr. ago
 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 her actions have made it necessary to confine her to her room.
 What moral deficiencies have been shown?
 What was the mental and moral disposition in health? Below average mentally
 Number of previous attacks of mental disorder? gradual onset
 Has this person been a patient in any hospital for insane? no Where, when and how long?
 Has this person suffered serious physical injury? none to my knowledge If so, give particulars
 Has this person suffered any serious illness? none State when and of what nature
 Has this person suffered any great mental shock or strain? husband died Jan. 1941
 Has this person required feeding, seclusion or restraint? seclusion Explain fully kept in separate room.
 Has this person been addicted to any drugs? no Explain fully
 (Answer yes or no.) Is person paralytic? no Violent? no Destructive? yes Excited? yes
 Depressed? yes Homicidal? no Suicidal? no Is there any physical defect or deformity? no
 Has person ever suffered from syphilis? Negative? Has there been a Wasserman test? Positive?
 Is person epileptic? Does person indulge or has person indulged in any venereal excess? 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	Alex Brandyberry			
Mother (Maiden Name)				
Father's father	Jane Everhart			
Father's mother	John Brandyberry Rebecca Johnston			
Mother's father	Joseph Johnston			
Mother's mother				
Brother	William Brandyberry John Brandberry			
Sister	Alice Springer Isabella Uhrick			

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?

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics?

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 26 day of May 19 47
Clyde O. Troutner Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, D.D. Jones M. D., of Berne in the County of Adams 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 Rebecca Ann Uhrick and believe her 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 her mental and physical condition:
Greatly emaciated, weak, unable to fee herself. refuses to use toilet facilities, and seem

uncncious when t e kidneys act on her bowels mave, It is with the greatest difficulty that clothes are kept on her.
I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 26 day of May 47 19 D.D. Jones M. D.
Clyde O. Troutner Notary Public

VACCINATION

This is to certify that the said Rebecca Ann Uhrick by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 16 of 19 47

has been vaccinated for smallpor
D.D. Jones M. D.

STATEMENT OF MEDICAL EXAMINER

I, H.F. Zwick M. D., of Decatur, 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 Rebecca Ann Uhrick 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 and behavior of patient.) Patient is rather emaciated, uncooperative, disoriented as to time and place usually does not answer questions and when she does, the answer is entirely irrelevant.

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

Will not keep on clothing will not use toilet facilities, has had to be confined to her room for a year. wonders aimlessly about

M. D.

Subscribed and sworn to before me this 2 day of May 19 47

Clyde O. Troutner
Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Roland Reppert 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 Rebecca Ann Uhrick 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.) This patient is very disoriented can not answer any questions correctly, will not leave her clothes on and will not use toilet facilities, she is rather emaciated.

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

she has been disoriented for sometime till tear off her clothes, will not use toilet facilities destructive to what ever she can get a hold of.

M. D.

Subscribed and sworn to before me this 9 day of June 19 47

Clyde O. Troutner
Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Rebecca Ann Uhrick to the Richmond State Hospital:
Comes now Frank Kitsen who filed application for the commitment of Rebecca Ann Uhrick to the Richmond State Hospital, alleging therein that said Rebecca Ann Uhrick 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 Rebecca Ann Uhrick 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 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

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 Rebecca Ann Uhrick 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 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 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

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