

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ^{CIRCUIT} ~~SUPERIOR~~ COURT OF

Adams

County, Indiana:

Your informant respectfully represents that one John Knavel 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 Knavel

is in Indiana; that said John Knavel came to Indiana 8-2-1868 (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 John Knavel relative (Relative or Friend) of said Adams County, and that my address is S. 11th St. Decatur; that I am a legal resident of Adams County,

In case of emergency, notify _____

Telephone _____

(Name and Address of relative or friend)
Telegraph station Decatur

PERSONAL HISTORY

Of John Knavel

Born (Month) Aug (Day) 2 (Year) 1868 Place Adams Co.
Color wh Sex m Married _____ Single _____ Widowed x Divorced _____ Separated _____

IF A WOMAN: Is she pregnant? _____ Number of children borne _____ Present age of youngest _____

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 _____ Occupation Timber Cutter Where last _____

employed and how long? W.P.A. during the administrations

Estate: Value _____ Nature _____

Guardian: Name _____ Address _____

HISTORY OF INSANITY

How long have you known this person? All my life Have you known this person intimately? yes

When was the first sign of insanity observed by you? 1938

What was the first sign of insanity observed by you? Stubberness and often wanders away

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

State what leads you to believe this person is insane _____

What moral deficiencies have been shown? Refuses to wear clothes

What was the mental and moral disposition in health? his mental moral condition was good

Number of previous attacks of mental disorder? _____

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 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? no

Has this person required feeding, seclusion or restraint? _____ Explain fully Requires seclusion & restraint

Has this person been addicted to any drugs? no 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	Henry Knavel	Deceased		
Mother (Maiden Name)	Sarah Jnae Brandyberry	"		
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?
Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics?

The statement of James M. Burk 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 h knowledge and belief.

Subscribed and sworn to before me this 26 day of August 19 47
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, J.M. Burk M. D., of Decatur in the County of Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 23 day of Aug. 19 47 I did carefully and personally examine and believe h 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:
Tears off clothes, refuse to wear any. (2) mentally feeble, soils self continually, Semile dementia

I further certify that patient is free from any contagious disease and from vermin.
Subscribed and sworn to before me this 25 day of Aug. 19 47
James M. Burk M. D.
Notary Public

VACCINATION

This is to certify that the said John Knavel has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date Aug. 23, 1947 19 J.M. Burk M. D.

STATEMENT OF MEDICAL EXAMINER

I, Roland Reppert 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 John Knavel of said County, who is alleged to be insane and whom I have carefully and personally examined this 7 day of Aug. 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.)
He presents a case of senile dementia, arteriosclerotic in origin, he is disorientated as to time, place, etc, "e does not appear to be inroletn excepting that he will not wear clothing.
He has lost all sense of personal Hygene.

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

Roland Reppert M. D.

Subscribed and sworn to before me this 27 day of Aug. 19 47

Notary Public

STATEMENT OF MEDICAL EXAMINER

I, G. J. Kohne M. D., of Adams in the County of 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 Knavel of said County, who is alleged to be insane, and whom I have carefully and personally examined this 27 day of Aug. 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 not mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.)

Systems and behavior are not unlike this of arteriosclerosis or senile dementia; he is disoriented and will not keep his clothes on, also void, & defecated over floor not aware of his age or place of confinement

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

G. J. Kohne M. D.

Subscribed and sworn to before me this 27 day of Aug. 19 47

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of John Knavel to the Richmond State Hospital

Comes now May M. Knavel 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 John Knavel is insane and is in need of hospital care, and do hereby order h committed to the 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 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 John Knavel 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 4 day of Sept. 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 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 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. be conveyed to said hospital, either by a relative or relatives, or a friend or friends, if assistants and

Witness my hand and the seal of Court, County, this Clerk
 day of 19 St. Indiana.
 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 State Hospital, as shown by the Superintendent's receipt hereon endorsed this day of 19

ORDER OF DISCHARGE

STATE HOSPITAL

To the Clerk of the Court, Indiana 19 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