

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Ruth I. Conway 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 Ruth I. Conway is in Indiana; that said

from [blank] and became a resident of March 13, 1925 [blank] County. This person's places of residence for three years prior to coming to Indiana were [blank] (Date)

In making this petition, I do hereby certify that I am a Foster Father of said Ruth I. Conway; that I am a legal resident of Adams County, and that my address is 255 Clark St. Berne, Indiana

In case of emergency, notify E. W. Baumgartner Telephone 4 or 279 Telegraph station Berne (Name and Address of relative or friend)

PERSONAL HISTORY

Of Ruth I. Conway
Born (Month) March 1, (Day) 1, (Year) 1920 (Year) Place Feller, Indiana
Color Wh. Sex F. Married No. Single yes Widowed Divorced Separated
IF A WOMAN: Is she pregnant? no Number of children borne Present age of youngest
Has she passed menopause?
Birthplace of father Vigo Co. Ind. Birthplace of mother Vigo Co. Ind.
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 Where last employed and how long?
Estate: Value none Nature
Guardian: Name C.F. Habegger Address Clark St. Berne

HISTORY OF INSANITY

How long have you known this person? March 13, 1925 Have you known this person intimately? yes
When was the first sign of insanity observed by you?
What was the first sign of insanity observed by you? 1940
Was the present attack gradual or sudden in its onset?
State what leads you to believe this person is insane Talks irrationally, mumbles and mutters unintelligently, threatens self destruction, generally emotionally, juvenile.,
What moral deficiencies have been shown? none
What was the mental and moral disposition in health? Has not been well since adolescence hard to judge.
Number of previous attacks of mental disorder? Where, when and how long?
Has this person been a patient in any hospital for insane?
Has this person suffered serious physical injury? minor brain concussion If so, give particulars while entering a taxi cab, she bumped her head when driver started car before she had entered
Has this person suffered any serious illness? yes State when and of what nature scarlet fever, several major operations for adhesions, ovarie cypts, infected absceses, bladder removed.
Has this person suffered any great mental shock or strain? nearly any day an average strain is too much for her
Has this person required feeding, seclusion or restraint? yes Explain fully except sleeping pd, which she thought she needed to enable her to sleep.
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? can not convert food to energy
Has person ever suffered from syphilis? Negative? Has there been a Wasserman test? Positive?
Does person indulge or has person indulged in any venereal excess? 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	Howard E. Conway		typhoid	22
Mother (Maiden Name)	Nina V. Johnson		cancer	50
Father's father	Not known			
Father's mother				
Mother's father				
Mother's mother				
Brother				
Sister	Mrs Loretta Scalft	New Paltz N.Y.		
	Mrs Maxine Nordhorn.	Petersburg, Ind.		

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 Dr. M. L. Habegger 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 Sept. 19 47

Notary Public or County Clerk

B. Eurey

STATEMENT OF ATTENDING PHYSICIAN

I, Myron L. Habegger 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 16 day of Sept. 19 47 I did carefully and personally examine Ruth I. Conway 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 his mental and physical condition: Very incooperative, refuses to eat, threatens self destruction becomes violent at times.

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

Subscribed and sworn to before me this 16 day of Sept 19 47 Dr. Myron L. Habegger M. D.

Notary Public

VACCINATION

This is to certify that the said Ruth I. Conway by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 9/16/47 19

has been vaccinated for smallpox

Dr. M.L. Habegger M. D.

STATEMENT OF MEDICAL EXAMINER

I, Amos Reusser M. D., of Berne 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 of said County, who is alleged to be insane and whom I have carefully and personally examined this 19 day of Sept. 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.) Cries continuously says she wants to die, has no hope for the future, refuses to eat, wants interavenous foods, wants to go the the hospital for that purpose.

I have also received the following information from others relative to the patient's condition: she was always peculiar, I have know her since childhood.

Subscribed and sworn to before me this 19 day of Sept.

DR. Amos Reusser M. D. 19 47

Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Norman E. Beavers M. D., of Adams Berne, Ind. 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 of said County, who is alleged to be insane, and whom I have carefully and personally examined this 19 day of Sept. 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.) Deminished psychomotor activity, irrational & incoherent at times, impaired judgment and insight, uncooperative acts, self depression, suicidal idea, refusal to eat, and frequent mooning with out physical pain,

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

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

Dr. Norman E. Beaver M. D.

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Ruth I. Conway

to the Richmond State Hospital:

Comes now E.T. Habegger who filed application for the commitment of Ruth I. Conway to the Richmond State Hospital, alleging therein that said is a resident of 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 Earl B. Adams Judge of the Circuit Superior Court of the County of Adams Indiana, do hereby find and determine that the said Ruth I. Conway 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 er 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.

Earl B. Adams Judge of the 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 Ruth I. Conway to the 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 23 day of Sept. 19 47 Clyde O. Troutner Clerk

[SEAL]

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
end 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
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 Clerk
P. O. Address of Patient 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 19 , and served by conveying the within named
as shown by the Superintendent's receipt hereon endorsed this to the State Hospital,
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 dis-
charged 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 19 , and duly served same by removing said patient to
Township, in said County.

This

19

Sheriff

County