

# APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Verle Loretta Troutner 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 h er condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said Verle Loretta Troutner is in Indiana; that said Verle Loretta Troutner came to Indiana Oct. 30, 1905 (Date) from Born here (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 We are Brothers (Relative or Friend) of said \_\_\_\_\_; that I am a legal resident of Adams County \_\_\_\_\_ County, and that my address is Decatur, Indiana

In case of emergency, notify Clyde O. Troutner (Name and Address of relative or friend) Telephone 1166 Telegraph station \_\_\_\_\_

## PERSONAL HISTORY

Of Verle Loretta Troutner  
 Born (Month) October 30, (Day) (Year) 1905 Place Adams County, Indiana  
 Color Wh. Sex F. Married Single  Widowed Divorced Separated  
 IF A WOMAN: Is she pregnant? \_\_\_\_\_ Number of children borne \_\_\_\_\_ Present age of youngest \_\_\_\_\_  
 Has she passed menopause? NO  
 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 4th grade Reads only Reads and writes yes Common school \_\_\_\_\_  
 High school \_\_\_\_\_ College \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Where last employed and how long? \_\_\_\_\_  
 Estate: Value \_\_\_\_\_ Nature \_\_\_\_\_  
 Guardian: Name \_\_\_\_\_ 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? unreasonable, wants to leave home  
 What was the first sign of insanity observed by you? \_\_\_\_\_  
 Was the present attack gradual or sudden in its onset? gradual  
 State what leads you to believe this person is insane above reason  
 What moral deficiencies have been shown? none  
 What was the mental and moral disposition in health? fair abnormal  
 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? yes If so, give particulars spinal injury age 10yrs.  
 Has this person suffered any serious illness? St. Vitas Dance State when and of what nature \_\_\_\_\_  
 Has this person suffered any great mental shock or strain? yes, death of sister, brothers and father  
 Has this person required feeding, seclusion or restraint? yes 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	Charles P. Troutner	deceased	Hypertension	59
Mother (Maiden Name)	Mary Troutner	Pleasant Mills, Ind	Living	
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	Merle	Deceased	Injury	16 yrs
	Hubert	"	Pneumonia	16 mo.
	Gerald	"	Peritonitis	10 yrs.
	Dorothy	"	Pneumonia	14 "
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 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 7 day of Nov. 19 47

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 7 day of Nov. 1947 I did carefully and personally examine Verle L. Troutner 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 her mental and physical condition:  
Talks incoherent at times, must be restrained at times becomes very violent when in the least aggravated.

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 7 day of Nov 19 47

Notary Public

## VACCINATION

This is to certify that the said Verle L. Troutner has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.  
Date 19

John Carroll M. D.

## STATEMENT OF MEDICAL EXAMINER

I, J. Carroll 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 Verle L. Troutner of said County, who is alleged to be insane and whom I have carefully and personally examined this 8 day of Nov 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.)

I have also received the following information from others relative to the patient's condition:  
Argumentative, talks incoherently has attempted to run away from home.  
flies into senseless rages

John Carroll

M. D.

Subscribed and sworn to before me this

9<sup>th</sup> day of Nov. 19 47

19 47

Notary Public

STATEMENT OF MEDICAL EXAMINER

I, **W.E. Smith** M.D., of **Adams** in the County of **Adams**, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to **Verle L. Troutner** of said County, who is alleged to be insane, and whom I have carefully and personally examined this **9** day of Nov. **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.)

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

Has some spinal curvation, some Hallucinations, talks incoherently when questioned

WE Smith

M. D.

Subscribed and sworn to before me this

9 day of Nov. 19 47

19 47

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of **Verle L. Troutner**

to the **Richmond** State Hospital:

Comes now **Loren Troutner, Hobert Troutner, and Clyde O. Troutner** who filed application for the commitment of **Verle L. Troutner** to the **Richmond** State Hospital, alleging therein that said **Verle L. Troutner** 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 **Earl B. Adams** Judge of the **Circuit Superior** Court of the County of **Adams** Indiana,

do hereby find and determine that the said **Verle L. Troutner** is insane and is 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.

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 **Verle L. Troutner** to the **Richmond** State Hospital; of the attending physician, for the commitment of 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

12 day of Nov. 47 19

47 19

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 admission as a patient in said hospital and afterwards, to wit: On the 15 day of November 1947, an answer was received as follows:

STATE HOSPITAL Nov. 14 1947

To the Clerk of the Adams Circuit Court, Adams County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Verle Loretta Troutner 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

Alfred W. Snedeker M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Verle Loretta Troutner to the Richmond Court of Adams County, Indiana, as a patient was referred to the Judge of State Hospital, 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 one 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 Adams Court, Adams County, this 15 day of November 1947 P. O. Address of Patient St. Indiana. Clerk

SUPERINTENDENT'S RECEIPT

RECEIVED, this 18 day of November A. D. 1947 the patient named in the above order of court STATE HOSPITAL ALFRED W. SNEDEKER M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND November 18, 1947, and served by conveying the within named Verle Loretta Troutner and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 18 day of November 1947 HERMAN BOWMAN, Sheriff

ORDER OF DISCHARGE

To the Clerk of the Adams Circuit Court, Adams County, Indiana: November 29, 1948 According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the proper authority has this day discharged Verle Loretta Troutner of Adams County, Indiana, heretofore an inmate of this Hospital; and you are hereby respectfully requested to cause her removal to said County, agreeable to said Act.

PROVIDED, That said removal has not otherwise been accomplished, as herein noted.

N. B.

Very respectfully,

ALFRED W. SNEDEKER 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 This 19 Sheriff County

[Extract from an Act Regulating Insanity Inquests, etc. Approved April 14, 1881.]  
SECTION 19. "It shall be the duty of the Superintendent of the Indiana Hospital for the Insane to supply, through the proper authority, at the expense of the State, to the Clerks of the Circuit Courts of the State, such proper and uniform blank forms as, according to the provisions of this act, are necessary in the making out of the various statements and certificates herein required, and only such authorized forms shall be used."

IN THE MATTER OF THE INSANITY OF

Verle Loretta Troutner of Adams County.  
PROCEEDINGS TO RECOMMIT TO A HOSPITAL FOR THE INSANE.

THE STATE OF INDIANA, COUNTY OF Adams SCT:  
Personally appeared before me, Clerk of the Circuit Court of said County,  
Doctor \_\_\_\_\_, a respectable practicing physician of said County,  
who, being duly sworn, declares that he knows Verle Loretta Troutner, of  
said County; that said Verle Loretta Troutner has been adjudged insane;  
that she was an inmate of Richmond State Hospital from  
the 18 day of November, A. D. 1947 to the 29  
day of November, A. D. 1948; that she is now insane and a  
proper subject for treatment in the Hospital for the Insane, as appears from the following  
symptoms personally observed, namely:

*Is becoming rather violent & threatening,  
is entirely unresponsive and not in-  
terested in any or a coherent  
conversations*

and from the following symptoms described by others, namely:

*Practically the same as above.*



*H. E. Smith* M. D.

Subscribed and sworn to before me, this 8 day  
of November, A. D. 1952

*Edward J. Gabry*, Clerk.

THE STATE OF INDIANA, COUNTY OF \_\_\_\_\_, SCT:

I certify that on the 12 day of November, A. D. 1947

Verle Loretta Troutner, of said County, now a resident of  
Adams, was adjudged insane, as appears of record in this office.

WITNESS my hand and the seal of the Adams Circuit Court,

(L. S.) this 8 day of November, A. D. 1952.

*Edward J. Gabry*, Clerk.

*Received 11-11-52  
Auntie 11-12-52*

State Hospital, from this County, be removed from said Hospital. You are therefore hereby commanded for return to the patient and return

to \_\_\_\_\_ Township, in this County.

WITNESS, my hand and the seal of the

Court, this

day of

A. D. 19

Clerk

Superintendent  
of Hospital  
as follows:

1947

Troutner

M. D.  
Superintendent

The Judge of  
the Court, if  
his friends, if  
assistants and  
County, this  
Clerk

HOSPITAL

Order of court

M. D.  
Superintendent

within named  
State Hospital,  
1947

HOSPITAL

1948

this day dis-  
tribute of this

M. D.  
Superintendent

STA