

# APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE **CIRCUIT SUPERIOR** COURT OF **Adams** County, Indiana:

Your informant respectfully represents that one **Horace G. Edwards** 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 **Horace G. Edwards** is in Indiana; that said **Horace G. Edwards** came to Indiana **1865** from **Guernsey Co., Ohio** and became a resident of **Adams** County, Indiana **September, 1865**. This person's places of residence for three years prior to coming to Indiana were **Guernsey Co., Ohio**.

In making this petition, I do hereby certify that I am a **Friend** of said **Horace G. Edwards**; that I am a legal resident of **Adams** County, and that my address is **Adams Street, Decatur, Indiana**.

In case of emergency, notify **Paul W. Edwards** Telephone **1085** Telegraph station **Decatur, Indiana**

## PERSONAL HISTORY

Of **Horace G. Edwards**  
Born (Month) **August** (Day) **24** (Year) **1863** Place **Guernsey Co. Ohio**  
Color **Wn.** Sex **M** Married **yes** Single **yes** Widowed **yes** Divorced **no** Separated **no**  
IF A WOMAN: Is she pregnant? **no** Number of children borne **no** Present age of youngest **no**  
Has she passed menopause? **no**  
Birthplace of father **no** Birthplace of mother **no**  
If person is of foreign birth, give date of entry into the United States **no** Port of entry **no**  
Steamship line **no** Steamship **no**  
If of foreign birth, is person naturalized? **no**  
Education: None **no** Reads only **no** Reads and writes **yes** Common school **yes**  
High school **no** College **no** Religion **no** Occupation **Laborer** Where last employed and how long? **Irish, Syndell Mill, not regularly**  
Estate: Value **\$9000.00** Nature **Farm**  
Guardian: Name **no** Address **no**

## HISTORY OF INSANITY

How long have you known this person? **1 year** Have you known this person intimately? **yes**  
When was the first sign of insanity observed by you? **Seven or eight years**  
What was the first sign of insanity observed by you? **Forgetfulness**  
Was the present attack gradual or sudden in its onset? **Gradual**  
State what leads you to believe this person is insane **no**  
What moral deficiencies have been shown? **no**  
What was the mental and moral disposition in health? **Good**  
Number of previous attacks of mental disorder? **None**  
Has this person been a patient in any hospital for insane? **No** Where, when and how long? **no**  
Has this person suffered serious physical injury? **No** If so, give particulars **no**  
Has this person suffered any serious illness? **No** State when and of what nature **no**  
Has this person suffered any great mental shock or strain? **No**  
Has this person required feeding, seclusion or restraint? **No** Explain fully **no**  
Has this person been addicted to any drugs? **No** Explain fully **no**  
(Answer yes or no.) Is person paralytic? **no** Violent? **no** Destructive? **no** Excited? **no**  
Depressed? **yes** Homicidal? **no** Suicidal? **no** Is there any physical defect or deformity? **no**  
Has person ever suffered from syphilis? **No** Has there been a Wasserman test? **no** Positive? **no**  
Negative? **no** Does person indulge or has person indulged in any venereal excess? **no**  
Is person epileptic? **No** Was person feeble-minded in childhood? **No**



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

Subscribed and sworn to before me this 3 day of June 1948 W. E. SMITH M. D. EDWARD F. JABERG, CLERK Notary Public

STATEMENT OF MEDICAL EXAMINER

I, JOHN C. 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 Horace G. Edwards of said County, who is alleged to be insane, and whom I have carefully and personally examined this 4 day of June 19 48 ; 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.) Almost complete lack of memory for recent events, good memory for past events. Is careless about personal habits. Worries constantly about the possession of his farm. A typical case of senile dementia. Has arteriosclerotic heart disease.

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

Subscribed and sworn to before me this 7 day of June 19 48 JOHN C. CARROLL M. D. EDWARD F. JABERG, CLERK Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Horace G. Edwards to the Richmond State Hospital: Comes now Paul Edwards who filed application for the commitment of Horace G. Edwards to the Richmond State Hospital, alleging therein that said Horace G. Edwards 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 Court of the County of Adams Indiana, do hereby find and determine that the said Horace G. Edwards 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 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 Horace G. Edwards 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 Adams Circuit Court

STATE OF INDIANA

Adams COUNTY } SS: I, Edward F. Jaberg 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 Horace G. Edwards 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 48 EDWARD F. JABERG 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  
Richmond State Hospital together with application for h admission as a patient in said hospital  
and afterwards, to wit: On the 28 day of June 1948, an answer was received as follows:

RICHMOND

STATE HOSPITAL

19

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 Horace G. Edwards 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 SNEDEKER M. D.  
Medical Superintendent

## ORDER OF COURT

The receipt of the acceptance of the application for the admission of Horace G. Edwards to the Richmond State Hospital, as a patient was referred to the Judge of Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that Horace G. Edwards 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 Adams Circuit Court, Adams County, this 28 day of June 1948 St. EDWARD F. JAEGERG Clerk  
P. O. Address of Patient Indiana.

## SUPERINTENDENT'S RECEIPT

RICHMOND

STATE HOSPITAL

RECEIVED, this 29 day of June A. D. 19 48 the patient named in the above order of court

ALFRED SNEDEKER M. D.  
Medical Superintendent

## RETURN ON COMMITMENT

CAME TO HAND June 28 19 48, and served by conveying the within named Horace G. Edwards and committing him to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 29 day of June 1948  
\$ 13.04 HERMAN BOWMAN, SHERIFF

## 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 19, and duly served same by removing said patient to Township, in said County.

This

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Sheriff

County