Positive?

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE CIRCUIT COURT OF County, Indiana: Your informant respectfully represents that one Horace G. Edwards now residing in said county, is insune and a fit subject for custody and treatment in a State Hospital for Insune, as he verily believes, and he therefore asks that necessary steps be taken to examine into h 1s 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 in Indiana; that said Horace G. Edwards came to Indiana 1865 from Guernsey Co., Ohio (Detr) and became a resident of Adams This person's places of residence for three years prior to coming to Indiana were September, 1865 Guernsey Co., Onlo In making this petition, I do hereby certify that I am a **वर्ग** अकार्त (Relative or Priced) Horace G. Edwards ; that I am a legal resident of Adams County, and that my address is ladams Street, Decatur, Indiana Paul W. Edwards In case of emergency, notify (Name and Address of relative or triend) Telephone 1085 Telegraph station Decatur, Indiana PERSONAL HISTORY Of. Horace G. Edwards Born (Month) August (Day) 24 (Year) 1863 Place Guerns y Co. Chio Color Wh. Sex M Married Single yes Widowed yes Divorced Separated IF A WOMAN: Is she prequant? 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 yes High school College Religion Occupation Laborer Where last employed and how long? Jr cl, Tracell - 110 Mill, not replacely Estate: Value Nature \$9000.00 Farm Guardian: Name Address 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? Seveniorieight years What was the first sign of insanity observed by you? Forgetfulness ----- at alent Was the present attack gradual or sudden in its onset? Gradual State what leads you to believe this person is insome What moral deficiencies have been shown? Mone 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? Where, when and how long? No Has this person suffered serious physical injury? No If so, give particulars Has this person suffered any serious illness? 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? Explain fully No Has this person been addicted to any drugs? Explain fully Excited? Destructive? (Answer yes or no.) Is person paralytic? Fielent? Is there any physical defect or deformity? Depressed! Swicidall yes Homicidal?

Has there been a Wasserman test?

Was person feeble-minded in childhood? No

Does person indulge or has person indulged in any venereal excess?

Has person ever suffered from syphilis? No

NO

Negativel

Is person epilepticf

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 Deat
Father	Lewis Edwards		Senility	
Mother (Maiden Name)	Elizabeth Wellson		Senility	
ather's father				
'ather's mother				
Iother's father				
other's mother				
rother				
ster				

Which of person's parents, grandparents, brothers, sisters, uncles or aunts, if any (give name) ever had the following diseases:

Insanity None

Spasms

None

Nervous prostration

Feeble-mindedness

Epilepsy None

Fainting spells None

Hysteria None

Tuberculosis A Brother

Syphilis None

Was either of the person's parents or grandparents intemperate in the use of alcohol? No

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

The statement of

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

None

knowledge and belief.

Subscribed and sworn to before me this

1L

day of

June

PAUL V. EDWARDS

19 48

EDWARD F. JABERG, CLERK Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

in the County of Adams Decatur M. D., of C. C. Rayl I, Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on 19 48 I did carefully and personally examine Horace G. Edwards the 28 day of May he is a proper person for admission to a to be suffering from mental disease, and I am of the opinion that and believe h im State Hospital. I have observed the following facts regarding h is mental and physical condition: Arterio Schroses in general, complete change in personality, loss of memory

unable to answer correctly simple questions I further certify that patient is free from any contagious disease and from vermin.

C. C. RAYL

M.D.

Subscribed and sworn to before me this

day of June 1948 EDWARD F. JAPERG, CLERK

has been vaccinated for smallpox

Notary Public

VACCINATION

This is to certify that the said Horace G. Edwards by myself, or by another physician, to my positive knowledge within 60 days of this date. 19 48 Date 6-1-

C. C. RAYL

M.D.

STATEMENT OF MEDICAL EXAMINER

in the County of Adams M. D., of Decatur Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage of said County, who is alleged to be insane and whom I have carefully and personally to Horace G. Edwards 19 48 : that I am of the opinion that a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that examined this mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance ill and is Physical condition fair for a man of his age. Mental condition poorhe is and behavior of patient.)

cannot remember most recent accurences, feels that people are trying to cheat him out of his property - is untidy and careless in his habits.

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

Subscribed and sworn to before me this

day of June W. E. SMITH

M, D,

1948

EDWARD F. JABERG, CLERK Netary Public

STATEMENT OF MEDICAL EXAMINER

M. D., of JOHN C. CARROLL 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 consumminity or marriage, of said County, who is alleged to be insane, and whom I have carefully and personally Horace G. Edwards 19 48 ; that I am of the opinion that examined this day of June he is mentally a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that ill and is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and he is

Almost complete lack of memory for recent events, good memory for past behavior of patient.) Is careless about personal habits. Worries constantly about the possession of his

A typical case of senile dementia. Has arterusilun heart disease.

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

State Hospital:

JOHN C. CARROLL

M, D,

Subscribed and sworn to before me this

day of

June

19 48

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of

Horace G. Edwards

to the Richmond

Comes now

Paul Edwards

who filed application for the commitment of

Horace G. Edwards

to the

resident of

until

Richmond

Adams

do hereby find and determine that the said

in need of hospital care, and do hereby order h

County and has

State Hospital, alleging therein that said Horace G. Edwards

legal settlement in the State of Indiana, and is insane. And

is a

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

Indiana,

Horace G. Edwards

Richmond

insanc and is

State Hospital; and

this shall be sufficient warrant and authority for h

committed to the

admission, confinement and detention for care and treatment in said hospital 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 Horace G. Edwards statements and certificates submitted, and to certify thereto under seal of this court.

STATE OF INDIANA

SS:

Clerk of the Circuit Court, and ex-officio Edward F. Jaberg Adams Clerk of the Superior Court of said county, do hereby certify that the foregoing is a true copy of the application, including statement

Richmond Horace G. Edwards to the 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 16 day of

19 48

Clerk

[SEAL]

EDWARD F. JAPERG

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 Richmond and afterwards, to wit: On the 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 State Hospital, as a patient was referred to the Judge of Richmond to the County, Indiana, and being fully advised he made an order directing that Adams Circuit Court of Adams be conveyed to said hospital, either by a relative or relatives, or a friend or friends, if Horace G. Edwards 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. Court, County, this Witness my hand and the seal of Adams Adams Circuit Clerk EDWARD F. JAEERG 1948 June Indiana. St. P.O. Address of Patient

SUPERINTENDENT'S RECEIPT

RICHMOND

STATE HOSPITAL

RECEIVED, this

day of

June

A. D. 19 48 the patient named in the above order of court

M. D. ALFRED SNEDEKER Medical Superintendent

RETURN ON COMMITMENT

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

\$ 13.04

HERMAN BOWMAN,

ORDER OF DISCHARGE

STATE HOSPITAL

Indiana

removal to said County, agreeable to said Act.

19

To the Clerk of the

charged

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-

Hospital; and you are hereby respectfully requested to cause

of

County, Indiana, heretofore an inmate of this

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:

Sheriff

a patient in the WHEREAS, the proper authority has directed that 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.

Court, this

day of

WITNESS, my hand and the seal of the

Clerk

A. D. 19

SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN

CAME TO HAND Township, in said County.

, and duly served same by removing said patient to 19

This

County