# APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE CIRCUIT COURT OF

Adams

County, Indiana:

Your informant respectfully represents that one Gene Gay now residing in said county, is insome and a fit subject for custody and treatment in a State Hospital for Insome, as he verily believes,

and he therefore asks that necessary steps be taken to examine into h condition, as the law provides in such cases. Your in-

formant further states that to his best knowledge and belief, the legal settlement of said Gene Gay

is

in Indiana; that said Gene Gay

came to Indiana July 22, 1927

and became a resident of Adams

from

July 22, 1927

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

Father

of said

Gene Gay

; that I am a legal resident of

(Relative or Friend) Adams

County,

R: R. 4 Decatur, Indiana and that my address is

In case of emergency, notify

Harvey Gay

R. R. 4 Decatur, Indiana

(Name and Address of relative or friend)

None Telephone

Telegraph station Decatur

PERSONAL HISTORY

Gene Gay

Born (Month)

July

Sex M

(Day) 22

(Year) 1927 Place Decatur, Indiana

Single yes

Widowed

Divorced

Separated

Color Wh IF A WOMAN: Is she pregnant?

Number of children borne

Present age of youngest

Has she passed menopause?

Birthplace of father

Adams Co., Indiana

Married

Birthplace of mother

Adams Co., Indiana

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 Section R. R. (temporary) Where last

employed and how long?

Estate: Value

None

Nature

Guardian: Name

Address

HISTORY OF INSANITY

How long have you known this person?

Year

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?

Wants to kill

Was the present attack gradual or sudden in its onset?

State what leads you to believe this person is insane

Both, usually sudden Wanting to kill, cannot be pleased.

What moral deficiencies have been shown?

destruction

What was the mental and moral disposition in health? Number of previous attacks of mental disorder? Has this person been a patient in any hospital for insane? No

good

Last 3 months - one to two a week Where, when and how long?

If so, give particulars Fall on a fence post, also

Has this person suffered serious physical injury? Yes?

hit with ball bat

Has this person suffered any serious illness? None

State when and of what nature

Has this person suffered any great mental shock or strain? Has this person required feeding, seclusion or restraint?

None None

Explain fully

Has this person been addicted to any drugs? None

Explain fully

Excited? Yes

Yes Violent?

Destructive? Y's Is there any physical defect or deformity? None Positive?

(Answer yes or no.) Is person paralytic? No Depressed? Doesn't car Homicidal? Has person ever suffered from syphilis?

Suicidal? Has there been a Wasserman test? No

Negative? Is person epileptic? Does person indulge or has person indulged in any venereal excess? No 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	Harvey Gay	R. R. 4 Decatur		
Mother (Maiden Name)	Drake	n n n n		100
Father's father	George Gay		Old Age	82
Father's mother	Jane Chronister		Old Age	75
Mother's father	John Drake		Old Age	78
Mother's mother	Carolina Myers		Old Age	70
Brother	Doyle Gay	Cold water, Mich.		
Sister	Marjorie Helen Lucile	North Manchester, Ind. Decatur, Indiana Decatur, Indiana		

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 None

Feeble-mindedness None Epilepsy None

Fainting spells None

Hysteria None

Tuberculosis None

Syphilis None

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

Date

W. E. Smith

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

day of

June

HARVEY GAY

19 48 EDWARD F. JABERG, CLERK Notary Public or County Clerk

### STATEMENT OF ATTENDING PHYSICIAN

W.E. Smith

M. D., of Decatur, Indiana

in the County of Adams

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 Gene Gay

and believe h im 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 h 1m mental and physical condition: Apparently lacking in some endocrines, over-heavy, sullen, morose, very

in conversation, very tempremental

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

W.E. SMITH

M.D.

Subscribed and sworn to before me this

day of

June

19 48 EDWARD F. JABERG, CLERK

Notary Public

#### VACCINATION

This is to certify that the said by myself, or by another physician, to my positive knowledge within 60 days of this date. Gene Gay 19 June 2, 1948

has been vaccinated for smallpox W.E. Smith

M.D.

# STATEMENT OF MEDICAL EXAMINER

in the County of Adams M. D., of Decatur, Indiana Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanquinity or marriage of said County, who is alleged to be insane and whom I have carefully and personally 19 48 : that I am of the opinion that Gene Gay 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 Physically strong and healthy. Talks frankly and intelligently when parents ill and is he is and behavior of patient.)

not present but becomes voilent and threatens to do them bodily harm when he sees parents. Is very unstable in that he has not held any job very long, is temperemental, but can probably recover with treatment.

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

Assaulted parents, threatened to kill them. Locked room at home, tore bedding apart cut door and woodwork with knife, deposited filth in closet, refused to allow room to be cleaned. Is at times very careless of person, becomes morose and sullen with periods of violence. JAMES N. BURK, M.D. Subscribed and sworn to before me this day of July EDWARD F. JABERG, CLERK

STATEMENT OF MEDICAL EXAMINER

M. D., of Decatur, Indiana in the County of G.J. KOHNE 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 Gene Gay ; that I am of the opinion that 19 48 he is mentally examined this day of July 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 Apparently is docile and answers questions intelligently; this is reverse behavior of patient.) when parents are present and appears excited and threatens them harm.

I have also received the following information from others relative to the patient's condition: Threatened parents and frequently quarreled with father and attacks him.

Locks himself in room and was destructive to furniture and woodwork.

G.J.KOHNE

Notary Public

M, D.

Subscribed and sworn to before me this

day of

July

19 48

### JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Gene Gay

to the Richmond State Hospital:

Harvey Gay Comes now

Richmond

State Hospital, alleging therein that said

GeneGay

15 0

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

to the

until

Earl B. Adams

Judge of the Circuit Court of the County of

who filed application for the commitment of Gene Gay

Indiana.

do hereby find and determine that the said in need of hospital care, and do hereby order h

Gene Gay committed to the

Richmond

insane and is State Hospital; and

admission, confinement and detention for care and treatment in said hospital this shall be sufficient warrant and authority for h is 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.

STATE OF INDIANA

SS:

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 Edward F. Jaberg

Richmond to the 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

July day of

19 49

EDWARD F. JAPERG

Clerk

[SEAL]

Townsh

MY COMMISSION EXPIRES Nevember 9th,

	ACCEPTANCE OF APPLICATION	
Transci	ripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Sup State Hospital together with application for handwission as a patient in t	serintendent
and afterward	is, to wit: On the 13 day of July 19 43, an answer was received	said hospital d as follows:
	STATE HOSPITAL July 13	19 48
To the Clerk of		
with applicatio	ceipt of a transcript of the proceedings in the matter of the inquest as to the insanity of on for the admission of said person into this Hospital, is hereby respectfully acknowledged.  Ing to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the application is	
		M.D.
	ORDER OF COURT	uperintendent
to the	eipt of the acceptance of the application for the admission of Easthaven State Hospital, as a patient was referred to	o the Judge of
a female attende	be conveyed to said hospital, either by a relative or relatives, or a friend and if they, or any of them, do not so desire, by a suitable attendant, or by the County Sheriff, together with ant, if the patient be a female, as required by law and that due return be made of the complete execution of this or	l or friends, if assistants and
	my hand and the seal of Adams Circuit Court, Adams day of July 19 48 Edward F. Jabe	County, this
P.O. Address of	Patient R. R. #4 St. Indiana.	rg overs
	SUPERINTENDENT'S RECEIPT	
	QT A	TE HOSPITAL
RECEIV	ED, this 15 day of August A.D. 1948 the patient named in the above	e order of court
	ALFRED SNEDEKER Medica	M. D. I Superintendent
		1 Superincencent
	RETURN ON COMMITMENT	
CAME TO	OHAND July 14  19 48, and served by conveying the Gay  and committing him to the Richmond	ne within named State Hospital,
	Superintendent's receipt hereon endorsed this 15 day of July	19 48
	HERMAN BOWMAN, SHERIFF	
	AND THE RESIDENCE OF THE PARTY	
	FORM NO # 19143/2	SPITAL
	RICHMOND STATE HOSPITAL	9
	RICHMOND, IND., October 13th, 19 54.	,
o the C	TO THE CLERK OF Adams County CIRCUIT COURT:	
1	THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP, 263, ACTS 1933	day dis-
annad .	THAT GOTO GLY . A PATIENT OF THIS HOSPITAL HAS BEEN DISCHARGED	of this
arged		
ospita	THIS 13th DAY OF October, 19 54. IN MY OPINION, BAID PATIENT	
F	(STRIKE OUT LINES THAT DO NOT APPLY)  DEPUREDENTLY RECOVERED TO ARE RELEASED.	
N	IS RESTORED TO MENTAL HEALTH	
	JEUNER HANDE AND HAUMINER AND MHOLOGIC BEORD WIND TO BURE GOOM, KARA REELAT-EASE	
	BAID PATIENT WAS COMMITTED TO THIS HOSPITAL July 13th, 19 48 BY THE	M. D.
		M. D.
	BAID PATIENT WAS COMMITTED TO THIS HOSPITAL July 13th, 19 48 BY THE	M. D.
FATE	SAID PATIENT WAS COMMITTED TO THIS HOSPITAL July 13th, 19 48 BY THE CIRCUIT COURT OF Adams COUNTY, H 18 ADDRESS AT THAT TIME BEING GIVEN	M. D.
CATE	CIRCUIT COURT OF Adams COUNTY, H 18 ADDRESS AT THAT TIME BEING GIVEN  AB R.R. # 4, Deca tur, Indiana  (FILL OUT "I" OR "2" AND STRIKE OUT THE OTHER)	M. D.
P	CIRCUIT COURT OF Adams COUNTY, H is address at that time being given as R.R. # 4, Decatur, Indiana  (FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER)  1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL APTIL 11th,	M. D.
CATE Vate H	CIRCUIT COURT OF Adams COUNTY, H is address at that time being given as R.R. # 4, Decatur, Indiana  (FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER)  1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL April 11th,  1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL April 11th,  1. Said Patient Was Released From This Hospital Service Association.	M. D. tendent
P	CIRCUIT COURT OF Adams COUNTY, H is address at that time seing given as R.R. 4 4, Decatur, Indiana  (FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER)  1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL April 11th,  TO Miss Arms Withers, Executive Sec. Family Service Association.  AND IS NOW RESIDING AT Y. M. C. A. (In Richmond)  2. YOU ARE RESPECTFULLY REQUESTED TO CAUSE SAID PATIENT TO BE REMOVED FROM THE HOSPITAL TO YOUR COUNTY. AS PROVIDED IN SEC. 19, CHAP. 69, ACTS 1927.	M. D. tendent
P	CIRCUIT COURT OF Adams  COUNTY, H is address at that time being given as R.R. 4, Decatur, Indians  (FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER)  1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL April 11th,  TO Miss Armo Withers, Executive Sec. Family Service Association.  AND IS NOW RESIDING AT Y. M. C. A. (In Richmond)  2. YOU ARE RESPECTFULLY REQUESTED TO CAUSE SAID PATIENT TO BE REMOVED FROM THE HOSPITAL TO YOUR COUNTY, AS PROVIDED IN SEC. 19, CHAP. 59, ACTS 1927.  SEAL OF HOSPITAL	M. D. tendent
P	CIRCUIT COURT OF Adams  COUNTY, H is address at that time being given as R.R. 4, Decatur, Indiana  (FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER)  1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL APTIL 11th,  TO Miss Arms Withers, Executive Sec. Family Service Association.  AND IS NOW RESIDING AT Y. M. C. A. (In Richmond)  2. YOU ARE RESPECTFULLY REQUESTED TO CAUSE SAID PATIENT TO BE REMOVED FROM THE HOSPITAL TO YOUR COUNTY, AS PROVIDED IN SEC. 19, CHAP. 69, ACTS 1927.  SEAL OF	M. D. tendent

10 57 0

County

NOTARY PUBLIC