

APPLICATION FOR FINANCIAL ASSISTANCE

The undersigned hereby certifies that the above-named individual is a resident of the State of California and is a member of the State Bar of California. The undersigned further certifies that the individual named herein is a member of the State Bar of California and is a resident of the State of California. The undersigned further certifies that the individual named herein is a member of the State Bar of California and is a resident of the State of California.

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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	Peter Conter	Decatur, Ind.	Accident	73
Mother (Maiden Name)	Caroline Johns		Gen. break-down	44
Father's father	Henry Conter			
Father's mother	Mary Conter			
Mother's father	Michaels Johns			
Mother's mother	Christine Estersly			
Brother				
Sister	Christine Conter	Decatur, Indiana		

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

Insanity	No	Epilepsy	No
Spasms	No	Fainting spells	No
Nervous prostration	No	Hysteria	No
Feeble-mindedness	No	Tuberculosis	No
Syphilis	No		

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? No

The statement of Dr. 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 his knowledge and belief.

Subscribed and sworn to before me this 2 day of December

CHRISTINE CONTER

19 48
EDWARD F. JABERG
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, W. E. Smith M. D., of Decatur in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 2nd day of December 19 48 I did carefully and personally examine Agnes E. Conter 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 her mental and physical condition: General weakness of mentality with loss of memory. Inability to carry on conservation. General weakness and hallucinations.

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

Subscribed and sworn to before me this 3 day of December

W. E. SMITH M. D.
19 48
EDWARD F. JABERG
Notary Public

VACCINATION

This is to certify that the said Agnes E. Conter by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date Dec. 2 19 48

has been vaccinated for smallpox
W. E. SMITH M. D.

STATEMENT OF MEDICAL EXAMINER

I, H. F. Zwick 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 Agnes E. Conter of said County, who is alleged to be insane and whom I have carefully and personally examined this 6th day of December 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.) Physically rather weak and rather uncooperative - Speaks very little, but will not converse with physician. Wants to sleep - conscious of presence by squinting of eyes, etc.

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

Hallucinated and delusioned. Sleeps during the day and awake and delusioned at night. Not oriented as to time and place, poor memory, Seeks her pet cat at hospital, and keeps calling him.

Subscribed and sworn to before me this 6 day of December 19 48 H.F. ZWICK M. D.

EDWARD F. JABERG
Clerk Adams Circuit Court

STATEMENT OF MEDICAL EXAMINER

I, G. J. Kohne M. D., of Decatur, Ind. 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 Agnes E. Conter of said County, who is alleged to be insane, and whom I have carefully and personally examined this 6 day of December 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.) Semi-stuporous during day with nocturnal delusions and illusions and restless. A neur-degenerative affection resembling a lateral sclerosis.

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

At night she becomes restless and frequently found many blocks from her home looking for her cat which she imagines she sees.

Subscribed and sworn to before me this 6 day of December 19 48 G. J. KOHNE M. D.

EDWARD F. JABERG
Clerk Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Agnes E. Conter to the Richmond State Hospital:
Comes now Christine Conter who filed application for the commitment of Agnes E. Conter to the Richmond State Hospital, alleging therein that said Agnes E. Conter is a resident of Adams County and has her 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 Agnes E. Conter 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 Agnes E. Conter 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 Agnes E. Conter 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 14 day of December 19 48

[SEAL]

EDWARD F. JABERG
Clerk

ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent and 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 _____ State Hospital, as a patient was referred to the Judge of _____ Court of _____ County, Indiana, and being fully advised he made an order directing that _____ 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 _____ 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____
P. O. Address of Patient _____ St. _____ Indiana. _____ Clerk

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 _____ to the _____ 19____, and served by conveying the within named _____ as shown by the Superintendent's receipt hereon endorsed this _____ day of _____ State Hospital, _____ 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 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 _____ 19____ Sheriff _____ County