

#19364 1/2

# APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one **Maxine F. Werst** 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 her condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said **Maxine F. Werst**

is in Indiana; that said **Maxine F. Werst** came to Indiana **1-5-21** (Date) from Born here **1-5-21** (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 a **sister** (Relative or Friend) of said **Adams** County, ; that I am a legal resident of **Adams** County,

and that my address is **311 Oak St. Decatur, Indiana**

In case of emergency, notify **Luella or Ann Werst** (Name and Address of relative or friend)

Telephone **None** Telegraph station **Western Union, Decatur**

## PERSONAL HISTORY

Of **Maxine F. Werst**  
Born (Month) **January** (Day) **5** (Year) **1921** Place **Decatur, Indiana**  
Color **White** Sex **Female** Married  Single  Widowed  Divorced  Separated   
IF A WOMAN: Is she pregnant? **No** Number of children borne **Present age of youngest**  
Has she passed menopause? **No**  
Birthplace of father **Decatur, Indiana** Birthplace of mother **Auglaize Co., Ohio**  
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 **Partly**  
High school  College  Religion **Prot.** Occupation **None** Where last employed and how long?  
Estate: Value **None** Nature  
Guardian: Name Address

## HISTORY OF INSANITY

How long have you known this person? **28 years** Have you known this person intimately? **Yes**  
When was the first sign of insanity observed by you? **14 years**  
What was the first sign of insanity observed by you? **Attempted to run off, hearing of voices.**  
Was the present attack gradual or sudden in its onset? **Gradual**  
State what leads you to believe this person is insane **Attempt to run away, hearing of voices, mind on men constantly.**  
What moral deficiencies have been shown? **Believed sexually deficient. Extreme temper**  
What was the mental and moral disposition in health? **Fair**  
Number of previous attacks of mental disorder? **Has suffered for past fourteen years.** Where, when and how long?  
Has this person been a patient in any hospital for insane? **No**  
Has this person suffered serious physical injury? **None known** If so, give particulars  
Has this person suffered any serious illness? **None known** State when and of what nature  
Has this person suffered any great mental shock or strain? **Possibly, but none known**  
Has this person required feeding, seclusion or restraint? **Seclusion** Explain fully  
**and some restraint, because of tendency to run away.**  
Has this person been addicted to any drugs? **No** Explain fully  
(Answer yes or no.) Is person paralytic? **Possible** Violent? **At times** Destructive? **Somewhat** Excited? **Yes**  
Depressed? **Yes** Homicidal? **Yes** Suicidal? **Yes** Is there any physical defect or deformity? **Nervousness**  
Has person ever suffered from syphilis? **No** Has there been a Wasserman test? **Not known** Positive? **& Shaking**  
Negative? **Does person indulge or has person indulged in any venereal excess?** **Not known**  
Is person epileptic? **No** Was person feeble-minded in childhood? **Slow**

## 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	Rufus Werst		Kidney ailment	64
Mother (Maiden Name)	Hester Young		Pneumonia	45
Father's father	Charles Werst		Unknown	
Father's mother	Lydia Albright		Cancer	83
Mother's father	Job Young		Pneumonia	76
Mother's mother	Unknown		Paralysis	71
Brother	Joby Werst	R.R. 4 Decatur, Ind.		
	Oliver Werst	Winston Salem, N.C.		
Sister	George Werst	Pontiac, Michigan		
	Lula Hawley	Fort Wayne, Indiana		
	Ann Werst	Decatur, Indiana		
	Luella Werst	Decatur, Indiana		
	Betty Linkham	Decatur, Indiana		

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

Insanity	None Known	Epilepsy	None Known
Spasms	None Known	Fainting spells	None Known
Nervous prostration	None Known	Hysteria	None Known
Feeble-mindedness	None Known	Tuberculosis	None Known
Syphilis	None Known		

Was either of the person's parents or grandparents intemperate in the use of alcohol? Father

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? None Known

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 his knowledge and belief.

Subscribed and sworn to before me this 25 day of June 19 49  
 LUELLA P. WERST  
 EDWARD F. JABERG  
 Public or County Clerk

## STATEMENT OF ATTENDING PHYSICIAN

I, H.F. ZWICK, 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 24th day of June 19 49 I did carefully and personally examine Maxine F. Werst and believe her to be suffering from mental disease, and I am of the opinion that she is a proper person for admission to a State Hospital. I have observed the following facts regarding her mental and physical condition: Physical condition good except for obesity. Mentally retarded - Hallucinated, delusional. Sisters cannot control her - wanders about and troubles neighbors - sudden rages.

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

Subscribed and sworn to before me this 25 day of June 19 49  
 H.F. ZWICK M. D.  
 Notary Public

## VACCINATION

This is to certify that the said Maxine F. Werst, by myself, or by another physician, to my positive knowledge within 60 days of this date.  
 Date 25 June 19 49

has been vaccinated for smallpox  
 H. F. ZWICK M. D.

## STATEMENT OF MEDICAL EXAMINER

I, John B. Terveer, 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 Maxine F. Werst of said County, who is alleged to be insane and whom I have carefully and personally examined this 27th day of June 19 49; that I am of the opinion that she 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 she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Auditory, visual and olfactory hallucinations. She believes that men are after her and have sole intent to make her pregnant. At times rambles on incoherently - displays several habit gestures or "tics" - Shifts moods easily (i.e.) crying one moment, laughing the next.

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

Her sister states at times she has severe temper tantrums - has lost interest in radio and newspapers. Sleeps most of the time.

Subscribed and sworn to before me this 28 day of June 1949 JOHN E. TRUYER M. D.

EDWARD F. JABERG Notary Public 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 Maxine F. Werst of said County, who is alleged to be insane, and whom I have carefully and personally examined this 27 day of June 1949; 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.) Very well nourished - obese - complains of marked physical weakness. Has illusions and hallucinations - hears voices talking to her at night. Silly mannerisms usually when laughing. Has poor insight and concentrates poorly.

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

Hard to manage and control - wants to go outside to see the cars. Has temper spells.

Subscribed and sworn to before me this 28 day of June 1949 G. J. KOHNE M. D.

EDWARD F. JABERG Notary Public Clerk, Adams C. C.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Maxine F. Werst

to the Richmond State Hospital:

Comes now Luella P. Werst who filed application for the commitment of Maxine F. Werst

to the Richmond State Hospital, alleging therein that said Maxine F. Werst 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 Nyles F. Parrish Judge of the Circuit Court of the County of Adams Indiana,

do hereby find and determine that the said Maxine F. Werst is insane and is in need of hospital care, and do hereby order her committed to the Richmond State Hospital; and

this shall be sufficient warrant and authority for her admission, confinement and detention for care and treatment in said hospital until she 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

Maxine F. Werst 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.

NYLES F. PARRISH 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 Maxine F. Werst 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 29 day of June 1949 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 and afterwards, to wit: On the Richmond 3 day of July 19 49, an answer was received as follows:

RICHMOND STATE HOSPITAL July 2 19 49

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

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Maxine Werst 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 accepted

L.A. LAIRD M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Maxine Werst to the Richmond State Hospital, as a patient was referred to the Judge of Adams County, Indiana, 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 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 Circuit Court, Adams County, this 3 day of July 19 49 EDWARD F. JABERG Clerk P. O. Address of Patient St. Indiana.

SUPERINTENDENT'S RECEIPT

RICHMOND STATE HOSPITAL RECEIVED, this 7 day of July A. D. 19 49 the patient named in the above order of court

L.A. LAIRD M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND July 7 19 49, and served by conveying the within named Maxine Werst and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 7 day of July 19 49

\$ 12.08

HERMAN BOWMAN, SHERIFF

ORDER OF DISCHARGE

To the Clerk of the Circuit Court, Adams County, Indiana: According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the proper authority has this day discharged Maxine Werst 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. 2-29-52

N. B.

Very respectfully, Paul D. Williams, 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