

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ^{CIRCUIT} ~~SUPERIOR~~ COURT OF Adams County, Indiana:

Your informant respectfully represents that one Nona Bollenbacher 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 Nona Bollenbacher

is in Indiana; that said Nona Bollenbacher came to Indiana Aug. 16, 1903 (Date)
 from born in Adams Co. 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 the Husband of said
 Nona Bollenbacher; that I am a legal resident of Adams County,
 and that my address is Berne, Indiana

In case of emergency, notify Lawrence Bollenbacher (Name and Address of relative or friend)
 Telephone No Phone Telegraph station Berne

PERSONAL HISTORY

Of Nona Bollenbacher
 Born (Month) August (Day) 16 (Year) 1903 Place Berne
 Color White Sex F Married Yes Single - Widowed - Divorced - Separated -
 IF A WOMAN: Is she pregnant? No Number of children borne 2 Present age of youngest 10
 Has she passed menopause? No
 Birthplace of father Illinois Birthplace of mother 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 Yes Common school Yes
 High school - College - Religion Mennonite Occupation Housewife Where last
 employed and how long? In own home
 Estate: Value \$850.00 Nature Own home
 Guardian: Name Lawrence Bollenbacher Address Berne, Ind.

HISTORY OF INSANITY

How long have you known this person? Lifetime Have you known this person intimately? Yes
 When was the first sign of insanity observed by you? 1 year
 What was the first sign of insanity observed by you? very irritable; could not remember things, staggering walk
 Was the present attack gradual or sudden in its onset? Gradual
 State what leads you to believe this person is insane At present has feelings of being deceived and persecuted
 Mentally blank at times. Thinks everyone is after her money. Thinks all members of the family
 What moral deficiencies have been shown? eat too much. For no reason went to school house this week and
 None called children home. Unable to carry on a conversation at times
 What was the mental and moral disposition in health? Normal
 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? - -
 Has this person suffered serious physical injury? No If so, give particulars - -
 Has this person suffered any serious illness? No State when and of what nature - -
 Has this person suffered any great mental shock or strain? Yes-Father committed suicide three years ago
 Has this person required feeding, seclusion or restraint? Yes Explain fully Has to be watched constantly at present. Feeds herself. No restraint needed. Danger of falling when walking.
 Has this person been addicted to any drugs? No Explain fully - -
 (Answer yes or no.) Is person paralytic? - - Violent? - - Destructive? - - Excited? - -
 Depressed? - - Homicidal? - - Suicidal? - - Is there any physical defect or deformity? No
 Has person ever suffered from syphilis? No Has there been a Wasserman test? Yes Positive?
 Negative? Yes Does person indulge or has person indulged in any venereal excess? No
 Is person epileptic? 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	Adam Biberstein	Berne, Ind.	Suicide	59
Mother (Maiden Name)	Emma Augsburg	Berne, Ind.		
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	Lloyd Biberstein	Decatur, Ind.		
	Claude "	Berne, Ind.		
	Wilmer "	Geneva, Ind.		
	Alton "	Berne, Ind.		
	Elmer "	Berne, Ind.		
Sister	Verna Hendricks	Geneva, Ind.		
	Wilma Lehman	" "		
	Marie Alt	Berne, "		
	Evelyn Hoffman	Anderson "		
	Eileen Biberstein	Berne, Ind.		

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

Insanity	father	Epilepsy	- -
Spasms	- -	Fainting spells	- -
Nervous prostration	- -	Hysteria	- -
Feeble-mindedness	- -	Tuberculosis	- -

Syphilis Husband was Wasserman Pos. a few years ago

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 Myron L. Habegger 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.

LAWRENCE BOLLENBACHER

Subscribed and sworn to before me this 20th day of March 19 43.

(SEAL)

My comm. ex.
Sept. 20, 1944.

BRICE BAUSERMAN

Notary Public of County-Clock

STATEMENT OF ATTENDING PHYSICIAN

I, Myron L. Habegger M. D., of Berne, Ind. in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 19 day of March 19 43 I did carefully and personally examine Nona Bollenbacher 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:

Has feeling of being deceived by all friends and relatives. Has feeling of being persecuted. Mentally blank at times. Staggering walk at times. (has had for past 2 years and worse now)

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

MYRON L. HABEGGER M. D.

Subscribed and sworn to before me this 20th day of March 19 43.

(SEAL)

My comm. ex.
Sept. 20, 1944.

BRICE BAUSERMAN

Notary Public

VACCINATION

This is to certify that the said Nona Bollenbacher has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.

Date Mar. 20 19 43.

MYRON L. HABEGGER M. D.

STATEMENT OF MEDICAL EXAMINER

I, Amos Reusser M. D., of Berne 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 Nona Bollenbacher of said County, who is alleged to be insane and whom I have carefully and personally examined this 24 day of March 19 43; 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 he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Patient quiet--refuses to talk-Refuses to eat-Restless at night.

I have also received the following information from others relative to the patient's condition: Threatens to take her children and run away. Afraid that her husband will desert her. Tells her older daughter that she is not her child. Afraid to be alone-that someone is going to get her property.

AMOS REUSSER M. D.

Subscribed and sworn to before me this 26th day of March 19 43.

(SEAL) CLYDE O. TROUTNER, CLERK

STATEMENT OF MEDICAL EXAMINER

I, D. D. Jones M. D., of Berne, 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 Nona Bollenbacher of said County, who is alleged to be insane, and whom I have carefully and personally examined this 24 day of March 19 43; 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.) Physical condition apparently good. Uncommunicative--giving no heed to questions or requests. Very quiet.

I have also received the following information from others relative to the patient's condition: Delusions of persecution--some one wanting to get her money and children. Threatens to run away.

D. D. JONES M. D.

Subscribed and sworn to before me this 26th day of March 19 43.

(SEAL) CLYDE O. TROUTNER, CLERK

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Nona Bollenbacher to the Richmond State Hospital: Comes now Laurence Bollenbacher who filed application for the commitment of Nona Bollenbacher to the Richmond State Hospital, alleging therein that said Nona Bollenbacher 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 J. Fred Fruchte Judge of the Circuit Superior Court of the County of Adams Indiana, do hereby find and determine that the said Nona Bollenbacher 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 Nona Bollenbacher 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.

J. FRED FRUCHTE Judge of the Adams Circuit Court

STATE OF INDIANA

ADAMS COUNTY } SS: I, Clyde O. Troutner 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 Nona Bollenbacher 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 29th day of March 1943.

[SEAL] CLYDE O. TROUTNER 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 Richmond 1st day of April 19 43, an answer was received as follows:

Richmond STATE HOSPITAL March 31 19 43

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 Nona Bollenbacher 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 hereby accepted, provided a full supply of clothing as listed on the accompanying clothing requisition is brought with the patient. This patient will be admitted April 1, 2, 3, 6 or 7, 1943. Paul D. Williams M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of State Hospital, as a patient was referred to the Judge of Court 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 Court, Adams County, this day of April 19 1943. P. O. Address of Patient St. Indiana. Clerk

SUPERINTENDENT'S RECEIPT

Richmond STATE HOSPITAL

RECEIVED, this 2nd day of April A. D. 19 43 the patient named in the above order of court Sheriff's Fees \$11.84 Lady Assistant 5.00 Total \$16.84 PAUL D. WILLIAMS M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND April 2nd 19 43, and served by conveying the within named Nona Bollenbacher and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 2nd day of April 19 43. LEO. T. GILLIG Sheriff of Adams County, Ind.

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