# APPLICATION FOR INSANITY INQUEST 

TO THE JUDGE OF THE CTRCUIT COUREIOR OF

> Your informand respectfully represents that owe resiling in said cownty, is insume and a fit sw
and he therefore asks that mecessary sfeps be tokem to exomine into i Is condition, as the lave provides in such cases. Your ins
formuit further states that to dis best liwowledge and betief, the legol settlement of said August Feok

and that my address is
In case of energency, notify
Telephone
1056

$$
121 \text { N. Ninth St., Deoatur }
$$

Mrs. No111e Sch11 cicman

Telegraph station Western Union, Deoatum

## PERSONAL HISTORY

Of August Peck

| Born (Month) |  | June | (Day) | 5 | (Year) 1890 | Place | County, |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Color White | Sex | 20 | Married | x | Single | Widowed | Divorced | Separated |
| IF A WOMAN | Is sh | he preg |  |  | Number of chin | en borne |  | youngest |

Has she passed menopause?
Birthplace of father Burope Birthplace of mother
If person is of foreign birth, give date of entry into the United States
Steamship line
Steamship
If of foreign birth, is person naturalized?
Education: None
Reads only
Reads and writes x
Common school $x$
Highschool College Religion Reformed Oceupation Farmer Where last
employed and how long? Farms for himself
Estate: Value $\$ 7840$ - Assessed valuationNalure Keal and personal

## Guardian: Name

## Address

## HISTORY OF INSANITY

Have you known this person intimately?
June 19, 1849
Gradual
Aots childish, drives car slowly, then speeds up, Acts ohlil
How long have you known this person?
When was the first sign of insanity observed by you? What was the first sign of insanity observed by you?
Was the present attack gradual or sudden in its onset?
State what leads you to believe this person is insane threatened to use hammer to dispose of me
What moral deficiencies have been shown? None
What was the mental and moral disposition in health?
Number of previous attacks of mental disorder?
Number of previous attacks of mental disorder? Several Where, when and how long?
Has this person been a patient in any hospital for insane? Yes to head
head in a runaway acc 1 dent.
Has this person suffered any serious illness? None
Has this person suff ered any great mental shock or strain? Has this person required feeding, seclusion or restraint?

Good
to heac

Has this person been addicted to any drugs?

## FAMIL工 HISTORY

Gitre mane and aidiress of following relatives. (If dead, state casse of deoth ond age at death.)

|  | NAME | ADDREsS | IF dead |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | Cause | Age at Death |
| Futher | Fred Peok |  | Aponlexy | 79 |
| Mother (Masiden Name) | Catherine Sples |  | Dtabetes | 68 |
| Father's father | Tniknown |  |  |  |
| Father's mother | Onknown |  |  |  |
| Mother's father | W. Snies |  | 01d age | 98 |
| Mother's mother | Marcaret Strauss |  |  | 73 |
| Erother | Otto Feok | R. I. 1 Deoatur, Ind. |  |  |
| Sister | Nollie Schlickman Oatherine Kruetzman Arelia Kintz | 121 N. 9th Deostur, Ind. | Injury <br> Sutelde | 65 41 |

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

| Iusanity | Sister |
| :--- | :--- |
| Spasms | None |
| Nervous prostration | None |
| Feeble-mindedness | None |
| Syphilis | None |


| Epilepsy | None |
| :--- | :---: |
| Fainting spells | None |
| Hysteria | None |
| Tuberculosis | 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? No
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 $h$

Subscribed and sworn to before me this
23
day of
June
NOLLIE SCILICKNN


## STATEMENT OF ATTENDING PHYSICLAN

I, Arthur H. Girod
M. D., of
Deoatur, Indtans
in the County of
1, Adams


I further certify that patient is free from any contagious disease and from vermin.
Subscribed and sworn to before me this 24 th day of June

This is to certify that the said
by myself, arxhysanothooxphysiciank, to my positive knowledge within 60 days of this date.

## Date June 25

## STATEMENT OF MEDICAL EXAMINER

I, James M. Burk

## M. D., of Decatur

 Indiana, do hereby certify that I am duly lioensed to practice medicine in Indiana; that I am not related by consanquinity or marrageto to August Peck day of of said County, who is alleged to be this 25 June that I an of the opinion that he is mentally $\begin{array}{lll}\text { examined this day of } 25 \text { a proper person for detention, care and treat ment in a State. Mospital; and that I have formed my opinion that } \\ \text { ill } & 2949 \\ \text { a that I am of the }\end{array}$ he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance

Very irrational in conversation. Walks around restith hands while talletne.


## 1. John C. Carrol1

M.D., of Decatur

Indianar, do hereby certify that I om duly heensed to proctice mediciue in Indiama; that I com not related, by consonguiniz

## Aucast Peck

examined this 25 day of June

$$
\text { I9 } 49 \text {; that } I \text { am of the opinion that be is }
$$


behavior of patient.
Talks mith flight of ideas and frequent incoherency. No ins?un.
Very excitabla, emotional pistability. Appears to be in manio phase.

I have also reccived the following information from others relative to the patient's condition:
Becomes nolsy and unmanageable. Threatened to kill sister.

## JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of August Feck
to the Richmond State Hospital:
Comes now Nollie Schlickman who filed application for the commitment of August Peok
to the
Richmond
State Hospital, alleging therein that said
August Peck
resident of Adams County and has his 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 Jyles F. Parrish Judge of the Corcuit Courink Court of the County of Adams Indiana,
do hereby find and determine that the said August Feck in need of hospital care, and do hereby order $h$ im
committed to the

P1 chmond is
is
insane and is
State Hospital; and this shall be sufficient warrant and authority for $h$ is admission, confinement and detention for care and trealment 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 statementsust Peck 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.


## ACCEPTANCE OF APPLICATION



L.A. TATKD M.D.

ORDER OF COURT
The receigt of the acceptawce of the application for the admission of August Peok
to the
Richmond
State Hospital, as a patient woas referred to the Jwige af Ciroult Court of Adams County, Indiama, and bcing fulle edvived he made an order directine that they so desine; and if theg, or any of them, do not so desine, by a switable aitfondant, or by the Cownty Sherifl, together onith friend or friemts, if a female attendant, if the pationt be a fewale, as mepuired by law and that due roturn be made of the complete cuvecution of this orvien

> Witness my hand and the seal of

7 day of July
P, O, Address of Patient
Cirouit
1949
Court,
EDMARD F. JABERQ
SUPERINTENDENT'S RECEIPT
RICHMOND
SPATK HOSPITAL.
RECENVED, this
day of
July
A. D. 1949 the pationt wamed in the above enter of court
I.A. LATRD
M. D.

Merikal Superintemdent

## RETURN ON COMMTTMENT



## ORDER OF DISCHARGE

STATE HOSPTTAK.

$$
\begin{aligned}
& \text { Indiana } \\
& 12 \\
& \text { Court, } \\
& \text { County, Indiana: } \\
& \text { According to the proetisions of an Act Conccrwing Insanity Inquests, cte, approved March } 4 \text { th, 1927, the proper awthorviy has this day diss } \\
& \text { charged } \\
& \text { of } \\
& \text { Connty, Indiana, herctorere an inmate of this } \\
& \text { Hospital; and you are hereby respectfully requested to cause } \\
& \text { removal to said Compty, ngreeable to swid Act. }
\end{aligned}
$$

PROVIDED, That said removal has not otherwise been accomplished, as herein woted.
$N, B$.
Very respectiolly,

## ORDER FOR PATIENT'S RETURN

## STATE OF INDIANA,

## To the Sheriff of

WHEREAS, the proper authority has directed that State Hospital, from this County, be removed from said Hospital. You are therefore hereby commanded forthouith to pemepe said patient and retwow

Township, in this County.
WITNESS, my hand and the seal of the
Courl, this
diay of

## A. D. 19

Clent

## SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN

CAME TO HAND
Townahip, in said County,

19 , and duly served same by removing smid patient to

