

19218

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one **Mathilda Wehmeyer** 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 **Mathilda Wehmeyer** is in Indiana; that said **Mathilda Wehmeyer** came to Indiana **Sept. 27, 1878** (Date) from **Adams** County and became a resident of **Adams** County. This person's places of residence for three years prior to coming to Indiana were **Born here**

In making this petition, I do hereby certify that I am a **Mathilda Wehmeyer** daughter of said **Adams** County, Indiana; that I am a legal resident of **Adams** County, Indiana

and that my address is **319 Mercer Ave., Decatur, Indiana**

In case of emergency, notify **Helena Wehmeyer**

Telephone **930** Telegraph station **Decatur, Indiana** (Name and Address of relative or friend)

PERSONAL HISTORY

Of **Mathilda Wehmeyer**
Born (Month) **September** (Day) **27** (Year) **1875** Place **Fort Wayne, Indiana**
Color **White** Sex **Female** Married **Single** Widowed **x** Divorced **Separated**
IF A WOMAN: Is she pregnant? **No** Number of children borne **None** Present age of youngest
Has she passed menopause? **Yes**
Birthplace of father **Germany** Birthplace of mother **Germany**
If person is of foreign birth, give date of entry into the United States **Part of entry**
Steamship line **Steamship**
If of foreign birth, is person naturalized?
Education: **None** Reads only **Reads and writes** Common school
High school **Part** College **Religion** **Lutheran** Occupation **Housewife** Where last employed and how long?
Estate: Value **\$6000.00** Nature **Personal and Real Estate**
Guardian: Name **Address**

HISTORY OF INSANITY

How long have you known this person? **22 years** Have you known this person intimately? **Yes**
When was the first sign of insanity observed by you? **May 1948**
What was the first sign of insanity observed by you? **Founding on walls and tables, apparently thinking it was a plane, pinching and striking the driver of the car.**
Was the present attack gradual or sudden in its onset? **Gradual**
State what leads you to believe this person is insane **Physicians deem her insane.**
What moral deficiencies have been shown? **No**
What was the mental and moral disposition in health? **Very good**
Number of previous attacks of mental disorder? **None**
Has this person been a patient in any hospital for insane? **Yes** Where, when and how long? **Cincinnati Sanitarium since July 15, 1948.**
Has this person suffered serious physical injury? **No** If so, give particulars
Has this person suffered any serious illness? **Yes** State when and of what nature **Apparently has hardening of the arteries and has suffered strokes**
Has this person suffered any great mental shock or strain? **Yes, loss of money**
Has this person required feeding, seclusion or restraint? **No** Explain fully
Has this person been addicted to any drugs? **No** Explain fully
(Answer yes or no.) Is person paralytic? **No** Violent? To some extent **No** Destructive? **No** Excited? **Yes**
Depressed? **No** Homicidal? **No** Suicidal? **No** Is there any physical defect or deformity? **No**
Has person ever suffered from syphilis? **No** Has there been a Wasserman test? **No** Positive?
Negative? **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	Wm. Noellering		Old age	80
Mother (Maiden Name)	Anna Hambrook		Old age	78
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	Unknown			
Sister	Clara Miller	Port Wayne, Indiana		
	Unknown			

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

Insanity	None	Epilepsy	None
Spasms	None	Fainting spells	None
Nervous prostration	None	Hysteria	None
Feeble-mindedness	None	Tuberculosis	None
Syphilis	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 Dr. H. F. Zwick 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 17 day of September 1948
 HELENA WEHMEYER
 EDWARD F. JABERG
 Notary 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 15th day of July 1948 I did carefully and personally examine Mathilda Wehmeyer 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:
 Exaggerated fear of financial insecurity, constant pinching, striking, and railing against daughter, Essatio and purposeless movements.

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

Subscribed and sworn to before me this 20 day of September 1948
 H. F. ZWICK M. D.
 EDWARD F. JABERG
 Notary Public
 Clerk Adams Cir. Court

VACCINATION

This is to certify that the said Mathilda Wehmeyer has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
 Date 19 M. D.

STATEMENT OF MEDICAL EXAMINER

I, Douglas A. Johnston M. D., of Cincinnati, Ohio in the County of Hamilton Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to Mathilda Wehmeyer of said County, who is alleged to be insane and whom I have carefully and personally examined this 4 day of October 1948; 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.) Very unreasonable, quarrelsome & argumentative. Aggression in behavior and becomes unmanageable - feels her possessions are stolen. Has attacked nurses & patients (Now in Cincinnati Sanitorium since July 15, 1948 - combative tendencies, blind rt. eye exophthalmus R Strabismus R dirrgina Dry skin B.P. 100 (Stroke 3 yrs. ago) (Another stroke 1 yr. ago) 110 Disoriented at times, memory defects. Becomes confused and makes many unreasonable demands

I have also received the following information from others relative to the patient's condition:
Sent to Lutheran Hospital, Fort Wayne, Indiana, in July 1948, but they could not manage her because of mental state. Attacks daughter frequently and badly bruised her. Paranoid ideas against daughter.

Subscribed and sworn to before me this 4 day of October 1948 D. A. JOHNSTON M.D.

My Commission Expires 11-8-50
STATEMENT OF MEDICAL EXAMINER

ELLIOT OTTE
Notary Public
Hamilton Co., Ohio

Ohio I, Wildord N. Wright M.D., of Cincinnati, Ohio in the County of Hamilton
do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage,
to Mathilda Wehmeyer of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 4 day of October 1948; 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.) Well nourished up and about able to dress self B.P. 169 Hyperficial
vessels show same. History two slight strokes, last one about one year ago, since that
time has slowly developed a mental state. She is confused at times and periods
for past three months at home has become to family, resisted at times and difficult
to handle. She will have periods in which she is combative, and strikes and kicks her
daughter.

I have also received the following information from others relative to the patient's condition:
Has been in the Cincinnati Sanitarium since July 15, 1948. Her conduct is one of restlessness
periods of confusion, and irritability with ideas people steal her husband's
property. Would be unable to be cared for at home.

Subscribed and sworn to before me this 4 day of October 1948 W.N. WRIGHT M.D.
Resident Psychiatrist Cin. Sanitarium

My commission expires 11-8-50
JUDGE'S ORDER OF COMMITMENT

ELLIOT OTTE
Notary Public
Hamilton Co., Ohio

In the matter of the application for the commitment of Mathilda Wehmeyer
to the Richmond State Hospital:
Comes now Helena Wehmeyer who filed application for the commitment of Mathilda Wehmeyer
to the Richmond State Hospital, alleging therein that said Mathilda Wehmeyer 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 Court of the County of Adams Indiana,
do hereby find and determine that the said Mathilda Wehmeyer 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
Mathilda Wehmeyer 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 Mathilda Wehmeyer 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 commit-
ment in said matter.

In witness whereof, I hereunto set my hand and fix the seal of said court, this 13th day of October 1948
[SEAL] EDWARD F. JABERG Clerk

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ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent
Richmond State Hospital together with application for h admission as a patient in said hospital
and afterwards, to wit: On the 5th day of August 19 49 , an answer was received as follows:

RICHMOND STATE HOSPITAL August 2 1949

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

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Mathilda Wehmayer
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, etc.

LESLIE A. LAIRD M. D.
Acting Medical Superintendent

ORDER OF COURT

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

SUPERINTENDENT'S RECEIPT

RICHMOND STATE HOSPITAL

RECEIVED, this 17th day of August A. D. 19 49 the patient named in the above order of court

LESLIE A. LAIRD M. D.
Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND August 14, 19 49 , and served by conveying the within named
Mathilda Wehmayer and committing her to the Richmond State Hospital,
as shown by the Superintendent's receipt hereon endorsed this 17th day of August 19 49

HERMAN BOWMAN, SHERIFF

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 dis-
charged 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