

# APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE <sup>CIRCUIT</sup> ~~SUPERIOR~~ COURT OF Adams County, Indiana:

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

is in Indiana; that said Leroy Riffle came to Indiana July 1, 1905 (Date) from (born here) and became a resident of Adams County July 1, 1905 (Date) This person's places of residence for three years prior to coming to Indiana were

That his present address is 104 E. Grant St., Decatur, Ind. In making this petition, I do hereby certify that I am a (wife) relative of said Leroy Riffle; that I am a legal resident of Decatur, Indiana County, and that my address is 104 E. Grant St., Decatur, Ind.

In case of emergency, notify Mrs. Minerva Riffle (Name and Address of relative or friend) Telephone Western Union, Decatur, Ind. Telegraph station

## PERSONAL HISTORY

Of Leroy Riffle  
 Born (Month) July (Day) 1 (Year) 1905 Place Adams Co., Ind.  
 Color        Sex        Married V Single        Widowed        Divorced        Separated         
 IF A WOMAN: Is she pregnant?        Number of children borne        Present age of youngest         
 Has she passed menopause?         
 Birthplace of father Adams Co., Ind Birthplace of mother Oklahoma  
 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 V Common school V  
 High school        College        Religion None Occupation Laborer Where last employed and how long?         
 Estate: Value none Nature         
 Guardian: Name None Address       

## HISTORY OF INSANITY

How long have you known this person? 16 yrs Have you known this person intimately? yes  
 When was the first sign of insanity observed by you? Has been patient previously. Since Jan. 11, 1950.  
 What was the first sign of insanity observed by you? Extreme Nervousness  
 Was the present attack gradual or sudden in its onset? Gradual  
 State what leads you to believe this person is insane Hallucinations, as to people being present who are not. Extreme nervousness and excitability.  
 What moral deficiencies have been shown? None  
 What was the mental and moral disposition in health? Good  
 Number of previous attacks of mental disorder? Several  
 Has this person been a patient in any hospital for insane? yes Where, when and how long? Richmond State Hospital  
From Apr. 17, 1947 - Jan. 29, 1948 Discharged 7 - 30 - '48  
 Has this person suffered serious physical injury?        If so, give particulars Fractured Skull while living on a farm about eight years ago.  
 Has this person suffered any serious illness? none to my knowledge. State when and of what nature         
 Has this person suffered any great mental shock or strain? Yes, Mother & Grandfather killed in tornado, brother committed suicide.  
 Has this person required feeding, seclusion or restraint? No Explain fully Still manages to feed self but from appearances will not be able to do so long.  
 Has this person been addicted to any drugs?        Explain fully Not to my knowledge  
 (Answer yes or no.) Is person paralytic? No Violent? Somewhat Destructive? No Excited?         
 Depressed? Yes Homicidal? No Suicidal? No Is there any physical defect or deformity? Bleeding piles  
 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? Not to my knowledge.



## 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	Simon Riffle		Old Age	84
Mother (Maiden Name)	Lillian Ramseyer		Accidental	Unknown
Father's father	Unknown			
Father's mother	Unknown			
Mother's father	Unknown			
Mother's mother	Unknown			
Brother	Chancey Riffle		Suicide	45
Sister	Goldie Fuller	Oklahoma City, Okla		
Sister	Nancy Hinshaw	Pennville, Ind.		
Sister	Laura Morningstar	Geneva, Ind.		
Sister	Ada Riffle	Geneva, Ind.		
Sister	Minnie Miller	Willshire, Ohio		

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

Insanity	Not to my knowledge	Epilepsy	Not to my knowledge
Spasms	"	Fainting spells	"
Nervous prostration	"	Hysteria	"
Feeble-mindedness	"	Tuberculosis	"
Syphilis	"		

Was either of the person's parents or grandparents intemperate in the use of alcohol? Not to my knowledge

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? Not to my knowledge

The statement of Roland Reppert 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 her knowledge and belief.

MRS. MINERVA RIFFLE

Subscribed and sworn to before me this 14 day of January 19 50

(SEAL)

EDWARD F. JABERG

Notary Public Adams C.C.

## STATEMENT OF ATTENDING PHYSICIAN

I, Roland Reppert M. D., of Decatur, 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 17 day of January 19 50 I did carefully and personally examine Leroy Riffle and believe him 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 his mental and physical condition: He is bothered by hallucinations. Realizes his condition and says he is getting worse. Wants to return to Easthaven. Has been diagnosed previously at Easthaven as dementia praecox with paranoid tendencies.

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

Subscribed and sworn to before me this 17 day of January 19 50

ROLLAND REPPERT M. D.

EDWARD F. JABERG, Clerk Adams C.C. (SEAL)

Notary Public

## VACCINATION

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

Date 19

has been vaccinated for smallpox

M. D.

## 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 Leroy Riffle of said County, who is alleged to be insane and whom I have carefully and personally examined this 20 day of Jan. 19 50; 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.) Unkempt and careless of his attire and dress. Falls to concentrate - does not remember how old he is or his birthday. Has illusions and delusions - cannot sleep at night due to noises. Does not appear to have any paranoid tendencies.



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

Has been usually in jail. Does not talk and has been quarrelsome with other inmates of jail.

R. J. BURKE M.D.

Subscribed and sworn to before me this 20 day of January 1931

EDWARD F. JARROLD, Clerk Adams Co.,  
Adams Co., Ind.

STATEMENT OF MEDICAL EXAMINER

I, John C. Carroll 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 Larry Ruffle of said County, who is alleged to be insane, and whom I have carefully and personally  
examined this 20 day of January 1931; 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.)

Patient is vague, does not answer questions well, attempts to  
escape from jail thru impossible barriers. Has hallucinations and  
delusions, hears voices and people talking which prevent him from sleeping.  
Has paranoid but has schizophrenic tendencies.

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

Sheriff states that he has been usually, noisy and doesn't take care of personal details.

JOHN C. CARROLL M.D.

Subscribed and sworn to before me this 20th day of January 1931

EDWARD F. JARROLD, Clerk Adams Co.,  
Adams Co., Ind.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Larry Ruffle

to the Richmond State Hospital:

Comes now Minerva Ruffle who filed application for the commitment of Larry Ruffle

to the Richmond State Hospital, alleging therein that said Larry Ruffle is a

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 Wyles F. Parrish Judge of the Circuit Superior Court of the County of Adams Indiana,

do hereby find and determine that the said Larry Ruffle is insane and is  
in need of hospital care, and do hereby order he be committed to the Richmond State Hospital; and

this shall be sufficient warrant and authority for his 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

Larry Ruffle 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.

(SEAL)

WYLES F. PARRISH  
Date of this Adams County, Ind.

STATE OF INDIANA

Adams COUNTY } ss: Edward F. Jarrold 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 Larry Ruffle to the Richmond State Hospital;  
and the statements of the two medical examiners appointed by this 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 20th day of January 1931

(SEAL)

EDWARD F. JARROLD

(SEAL)



ACCELERANCE 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 25th day of January 19 50, an answer was received as follows:

RICHMOND STATE HOSPITAL January 25 1950

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 Leroy Riffle 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

PAUL D. WILLIAMS M. D. 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. P. O. Address of Patient

SUPERINTENDENT'S RECEIPT

RICHMOND STATE HOSPITAL

RECEIVED, this 26th day of January A. D. 19 50 the patient named in the above order of court

PAUL D. WILLIAMS M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND Leroy Riffle and committing him to the 1950 day of January 25th, and served by conveying the within named Richmond State Hospital, 19 50 as shown by the Superintendent's receipt hereon endorsed this

HERMAN H. BOWMAN, Sheriff

ORDER OF DISCHARGE

STATE OF INDIANA This is a Duplicate Copy. (10-31-52.) HOSPITAL

Form No \_\_\_\_\_

RICHMOND STATE HOSPITAL

RICHMOND, INDIANA March 1st, 19 52.

TO THE CLERK OF Adams CIRCUIT COURT:

THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1923

THAT Leroy Riffle A PATIENT AT THIS HOSPITAL, HAS BEEN DISCHARGED

THIS 1st DAY OF March 19 52. IN MY OPINION, SAID PATIENT

( STRIKE OUT LINES THAT DO NOT APPLY ) IS SUFFICIENTLY RECOVERED TO BE RELEASED. IS NEARLY OR COMPLETELY RECOVERED TO BE RELEASED. IS NEARLY OR COMPLETELY RECOVERED TO BE RELEASED.

SAID PATIENT WAS COMMITTED TO THIS HOSPITAL January 23rd, 19 50 BY THE Superintendent

CIRCUIT COURT OF Adams COUNTY. His address at that time being given

AS 104 East Grant Street, Decatur, Indiana

( FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER ) 1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL August 28th, 19 51

TO Mrs. Minerva Riffle, Wife

AND NOW IS RESIDING AT 104 East Grant Street, Decatur, Indiana

2. YOU ARE RESPECTFULLY REQUESTED TO CAUSE SAID PATIENT TO BE REMOVED FROM THE HOSPITAL TO YOUR COUNTY, AS PROVIDED IN SEC 19, CHAP. 69, ACTS 1927.

SEAL OF HOSPITAL

Signature of Paul D. Williams, M. D. SUPERINTENDENT

SUBSCRIBED AND SWORN TO BEFORE ME THIS 1st DAY OF March 19 52.

Signature of Notary Public

MY COMMISSION EXPIRES November 9th, 19 53.