

# APPLICATION FOR INSANITY INQUEST

# 17374

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

Your informant respectfully represents that one Bertha E. Debolt 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 Bertha E. Debolt is in Indiana; that said Bertha E. Debolt ~~was born in Indiana~~ was born in Indiana <sup>(Date)</sup> ~~on May 4, 1889~~ <sup>and became a resident of Adams County</sup> ~~May 4, 1889~~ <sup>This person's places of residence for three years prior to coming to Indiana were</sup> ~~(Date)~~

In making this petition, I do hereby certify that I am a sister and brother of said Bertha E. Debolt; that I am a legal resident of Adams County, and that my address is Berne, Indiana, R.R. 2. In case of emergency, notify Mary E. Adams and Rudolph Debolt Berne, Ind. R.R. 2 <sup>(Name and Address of relative or friend)</sup> Telephone Telegraph station Snyder's Station through Geneva, Ind

## PERSONAL HISTORY

Of Bertha E. Debolt  
Born (Month) May (Day) 4 (Year) 1889 Place Adams County  
Color White Sex Female Married No Single Yes Widowed No Divorced No Separated No  
IF A WOMAN: Is she pregnant? No Number of children borne None Present age of youngest  
Has she passed menopause? Yes  
Birthplace of father Adams County, Indiana Birthplace of mother Mercer 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 Yes  
High school No College No Religion Brethern church Occupation Housekeeper Where last employed and how long? \_\_\_\_\_  
Estate: Value Do not know Nature \_\_\_\_\_  
Guardian: Name None Address \_\_\_\_\_

## HISTORY OF INSANITY

How long have you known this person? All her life Have you known this person intimately? Yes  
When was the first sign of insanity observed by you? 20 years ago  
What was the first sign of insanity observed by you? Irrational statements and actions  
Was the present attack gradual or sudden in its onset? Gradual  
State what leads you to believe this person is insane She acts like a person of unsound mind.  
What moral deficiencies have been shown? She shows extreme cases of anger and at times extremely violent  
What was the mental and moral disposition in health? She was a good person before this condition developed  
Number of previous attacks of mental disorder? This has been continuous for at least 10 years.  
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? Yes State when and of what nature About the year 1923  
she had an operation for female trouble.  
Has this person suffered any great mental shock or strain? No  
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? At times Destructive? \_\_\_\_\_ 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	David S. Debolt		Old age	86
Mother (Maiden Name)	Mary E. Hardsog		Heart trouble	64
Father's father	Marion Debolt		Do not know	
Father's mother	Hanna Collins		Do not know	
Mother's father	John Hardsog		Do not know	
Mother's mother	Mary E. Kuhn		ulcers of stomach	
Brother	John F. Debolt Chancey E. Debolt Rudy F. Debolt William V. Debolt Homer W. Debolt	Lincoln Hotel, Ft. Wayne, Ind. 3023 Lafayette St., Ft. Wayne, Ind. R.R. 2 Berne, Ind. R.R. 2, Berne, Ind. R.R. Geneva, Ind.		
Sister	Mary E. Adams	R.R. 2 Berne, Ind.		

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

Insanity	No	Epilepsy	No
Spasms	No	Fainting spells	No
Nervous prostration	No	Hysteria	No
Feeble-mindedness	No	Tuberculosis	No
Syphilis	No		

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. Deiley L. Jones 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 12th day of September 1949  
 MARY E. ADAMS & RUDOLPH DEBOLT  
 EDWARD F. JABERG  
 Notary Public or County Clerk

## STATEMENT OF ATTENDING PHYSICIAN

I, D.D. Jones M. D., of Berne in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 12th day of September 1949 I did carefully and personally examine Bertha E. Debolt 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:

Refuses to communicate with brothers and sisters except to swear and curse them. Refuses all aid and assistance. Refuses to eat or allow anyone to enter house.

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

Subscribed and sworn to before me this 12th day of September 1949  
 D.D. JONES M. D.  
 ERICE BAUSERMAN (Seal)  
 Notary Public

## VACCINATION

This is to certify that the said Bertha Debolt has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.  
 Date 9/22/ 1949 D.D. JONES 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 Bertha E. DeBolt of said County, who is alleged to be insane and whom I have carefully and personally examined this 17 day of September 1949; 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.)  
 Depression: Walked about room with cloth held over her mouth - refused to look or converse except to say that her lips were sealed. Somewhat untidy in appearance with moderately edematous ankles.

I have also received the following information from others relative to the patient's condition:  
Introvert type of personality.

G. J. KOHNE

M. D.

Subscribed and sworn to before me this 19 day of September 19 49

EDWARD P. JABERG  
~~Notary Public~~

STATEMENT OF MEDICAL EXAMINER

I, Myron L. Habegger 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 Bertha DeBolt of said County, who is alleged to be insane, and whom I have carefully and personally  
examined this 19 day of Sept. 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 depressed and refuses to talk except to say that she has nothing to  
say and tells people to be still.  
Stood in middle of cell and would not set down. Kept face covered most of time.

I have also received the following information from others relative to the patient's condition:  
Refuses to eat or talk.

MYRON L. HABEGGER

M. D.

Subscribed and sworn to before me this 21 day of September 19 49

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Bertha E. DeBolt  
to the Richmond State Hospital:  
Comes now Mary E. Adams & Rudolph DeBolt who filed application for the commitment of Bertha E. DeBolt  
to the Richmond State Hospital, alleging therein that said Bertha E. DeBolt 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 Myles F. Parrish Judge of the Circuit Court of the County of Adams Indiana,  
do hereby find and determine that the said Bertha E. DeBolt 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  
Bertha E. DeBolt 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.

MYLES F. PARRISH  
Judge of the Adams

Circuit Court  
Superior

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 Bertha E. DeBolt 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 24 day of March 1950

EDWARD P. JABERG

Clerk

[SEAL]

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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 State Hospital together with application for h admission as a patient in said hospital and afterwards, to wit: On the day of 19 , an answer was received as follows:

RICHMOND STATE HOSPITAL 3 - 28 - 19 50

To the Clerk of the Court, County, Indiana:

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

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 to the Court 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

STATE HOSPITAL

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

M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND and committing to the day of 19 , and served by conveying the within named State Hospital, as shown by the Superintendent's receipt hereon endorsed this day of 19

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 Clerk

A. D. 19

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

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Sheriff

County