

#19474

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Mrs. Erma Bailer 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 Mrs. Erma Bailer is in Indiana; that said Mrs. Erma Bailer came to Indiana (was born here) from May 23, 1932 (Date) 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 a husband of said Mrs. Erma Bailer; that I am a legal resident of Adams County, and that my address is 416 Niblick St., Decatur, Ind.

In case of emergency, notify Elmer A. Bailer (Name and Address of relative or friend) Telephone None Telegraph station Western Union

PERSONAL HISTORY

Of Erma Bailer  
 Born (Month) Nov. (Day) 4 (Year) 1911 Place Wells Co., Ind.  
 Color White Sex Female Married x Single Widowed Divorced Separated  
 IF A WOMAN: Is she pregnant? No Number of children borne None Present age of youngest  
 Has she passed menopause? Passing through now  
 Birthplace of father Birthplace of mother  
 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 x Common school x  
 High school College Religion Occupation Housewife Where last employed and how long?  
 Estate: Value \$4500.00 Nature House & lots (Joint deed)  
 Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? 19 years Have you known this person intimately? Yes  
 When was the first sign of insanity observed by you? January 2, 1950  
 What was the first sign of insanity observed by you? Noticed pictures of herself and others that were not published, thought that troubles and trials of friends and relatives were hers. That broadcasts (were about her).  
 Was the present attack gradual or sudden in its onset? Gradual  
 State what leads you to believe this person is insane Believes that everyone is plotting against her & apparently believes that some one is trying to kidnap her adopted son. Continually wants to go some-  
 What moral deficiencies have been shown? Somewhat suicidal (where but doesn't know where)  
 What was the mental and moral disposition in health? Very nervous  
 Number of previous attacks of mental disorder? Several  
 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 Underwent operation in 1943.  
 Has this person suffered any great mental shock or strain? No  
 Has this person required feeding, seclusion or restraint? Yes Explain fully Insists on going away (restraint necessary) Insists on taking medicines and drugs (restraint necessary)  
 Has this person been addicted to any drugs? No Explain fully  
 (Answer yes or no.) Is person paralytic? No Violent? Yes Destructive? Yes Excited? Yes  
 Depressed? Yes Homicidal? No Suicidal? Yes Is there any physical defect or deformity? No  
 Has person ever suffered from syphilis? No Has there been a Wasserman test? Yes 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	Alonzo Kahn		Heart trouble	58
Mother (Maiden Name)	Catherine Dishong	Kingsland, Ind.		
Father's father	Unknown			
Father's mother	Unknown			
Mother's father	Unknown			
Mother's mother	Unknown Dishong		Heart trouble	65
Brother	William Kahn	Kingsland, Ind.		
	Clarence Kahn	Vera Cruz, Ind.		
Sister	Helen Slusher	Warren, Ind.		
	Nellie Smeltzer	Liberty Center, Ind.		

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	Helen Slusher (St. Vitus Dance)	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 Richard K. Parrish 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 27 day of March 19 50  
 ELMER A. BAILER  
 EDWARD F. JABERG  
 Notary Public for Adams County Clerk

## STATEMENT OF ATTENDING PHYSICIAN

I, R.K. Parrish 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 25th day of March 19 50 I did carefully and personally examine Erma Bailer and believe her 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 her mental and physical condition:  
 Delusions of persecution, morbid depression, compulsions and obsessions. Suicidal and destructive

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

Subscribed and sworn to before me this 27th day of March 19 50  
 R.K. PARRISH M. D.  
 EDWARD F. JABERG, Clerk Adams Cir. Court

## VACCINATION

This is to certify that the said Erma Bailer has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.  
 Date 4-5 1950 R.K. PARRISH 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 Erma Bailer of said County, who is alleged to be insane and whom I have carefully and personally examined this 30 day of Mar. 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.) Depressive psychoses - possibly menopausal. Characterized by depressed moods. Delusions and illusions. Feels that people are watching her and may do her harm.

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

Husband states that she had threatened him - also has spells of crying.

Subscribed and sworn to before me this 30 day of March 19 50 G. J. KOHNE M. D.

EDWARD F. JABERG Clerk

STATEMENT OF MEDICAL EXAMINER

I, H.F. Zwick M.D., of Decatur 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 Erma Bailer of said County, who is alleged to be insane, and whom I have carefully and personally examined this 31 day of Mar. 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.) Rather poorly nourished - rather quite and cooperative under influence of barbiturates. Fairly well oriented but remembers partially hallucinations and delusions previously experienced. She is not sure now that they are untrue. Described domestic difficulties and worries about son. Desires treatment. May be menopausal in character.

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

Always quite nervous lately, has been definitely hallucinational and delusional. At times cannot sit still but walks around and screams. Has threatened suicide and did drink a soap solution at one time. Eats poorly.

Subscribed and sworn to before me this 1 day of April 1950 H.F. ZWICK M.D.

EDWARD F. JABERG Clerk

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Erma Bailer

to the Richmond State Hospital:

Comes now Elmer A. Bailer who filed application for the commitment of Erma Bailer

to the Richmond State Hospital, alleging therein that said Erma Bailer 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 Erma Bailer is insane and is

in need of hospital care, and do hereby order her committed to the Richmond (Easthaven) 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

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

STATE OF INDIANA

SS:

ADAMS COUNTY 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 Erma Bailer 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 4th day of April 19 50

[SEAL]

EDWARD F. JABERG 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 \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, an answer was received as follows:

To the Clerk of the \_\_\_\_\_ Court, \_\_\_\_\_ STATE HOSPITAL \_\_\_\_\_ 19\_\_\_\_  
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 \_\_\_\_\_ 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\_\_\_\_ P. O. Address of Patient \_\_\_\_\_ St. \_\_\_\_\_ Indiana. \_\_\_\_\_ Clerk

### SUPERINTENDENT'S RECEIPT

RECEIVED, this \_\_\_\_\_ day of \_\_\_\_\_ A. D. 19\_\_\_\_ the patient named in the above order of court  
STATE HOSPITAL  
M. D. Medical Superintendent

### RETURN ON COMMITMENT

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

### ORDER OF DISCHARGE

To the Clerk of the \_\_\_\_\_ Court, \_\_\_\_\_ STATE HOSPITAL \_\_\_\_\_ 19\_\_\_\_  
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