

#19475

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Eileen Reed 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 Eileen Reed

is in Indiana; that said Eileen Reed came to Indiana 1934 from Glenmore, Ohio and became a resident of Adams County 1934. This person's places of residence for three years prior to coming to Indiana were Glenmore, Ohio.

In making this petition, I do hereby certify that I am a relative of said Eileen Reed; that I am a legal resident of Adams County,

and that my address is 828 N. 3rd St., Decatur, Ind.

In case of emergency, notify Mrs. Joe McConnell 828 N. 3rd St. Telephone 2873 Telegraph station Western Union

PERSONAL HISTORY

Of Eileen Reed Born (Month) Apr (Day) 23 (Year) 1917 Place Glenmore, Ohio Color White Sex Female Married x Single Widowed Divorced Separated IF A WOMAN: Is she pregnant? No Number of children borne One Present age of youngest Has she passed menopause? Possibly in that stage now Birthplace of father Van Wert, Ohio Birthplace of mother Van Wert, 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 High school x College Religion Lutheran Occupation Housewife & Factory employee Where last employed and how long? Estate: Value None Nature Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? 33 years Have you known this person intimately? Yes When was the first sign of insanity observed by you? April 1948 What was the first sign of insanity observed by you? Failure to remember (talking incoherently) Suffers from persecution complex due to family trouble. Was the present attack gradual or sudden in its onset? Gradual State what leads you to believe this person is insane Talking incoherently and failure to remember. What moral deficiencies have been shown? None What was the mental and moral disposition in health? Good Number of previous attacks of mental disorder? Has had several shock treatments, attacks between. Responded Has this person been a patient in any hospital for insane? No Where, when and how long? (to treatment until (family troubles (developed. Has this person suffered serious physical injury? Auto accident If so, give particulars Doctors claim she suffered a back injury Has this person suffered any serious illness? Yes State when and of what nature Underwent Caesarian operation in Mar. 1949 (baby dead) Operation to remove uterus, tubes & ovaries and Dr. stated that Has this person suffered any great mental shock or strain? None to my know (one kidney was badly infected & damaged. Has this person required feeding, seclusion or restraint? Yes Explain fully During her stay at the hospital a certain restraint was necessary Explain fully Has this person been addicted to any drugs? No Violent? No Destructive? No Excited? No Depressed? Yes Homicidal? To some extent Suicidal? No Is there any physical defect or deformity? Finger Positive? (Stiff) Has person ever suffered from syphilis? No Has there been a Wasserman test? Yes Negative? x Does person indulge or has person indulged in any venereal excess? Not to my knowledge 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	Ben Dull	Glenmore, Ohio		
Mother (Maiden Name)	Florence Johnson	Glenmore, Ohio		
Father's father	Franklin Dull		Old age	78
Father's mother			Pneumonia	35
Mother's father	George Johnson		Stroke	79
Mother's mother	Charity Johnson		Apoplexy	69
Brother	Cecil Dull	Glenmore, Ohio		
Sister	Minnie Brown	Arizona		
Sister	Ercie McConnell	Decatur, Ind.		
Sister	Ocie Crabill	Fort Wayne, Ind.		
Sister	Ann Chilcote	Fort Wayne, Ind.		
Sister	Mildred McCohkey	Fort Wayne, 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	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 John B. Carroll 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 21 day of March 19 50
 Ercie A. McConnell
 Edward F. Jaberg
 Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, John C. Carroll 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 31 day of March 19 50 I did carefully and personally examine Eileen Reed 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 his mental and physical condition:
 Withdrawal, personal untidiness, loss of memory, auditory hallucinations.

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

Subscribed and sworn to before me this 3 day of April 19 50
 JOHN C. CARROLL M. D.
 EDWARD F. JABERG,
 Notary Public, Adams C.C.

VACCINATION

This is to certify that the said _____ 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, Roland Reppert 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 Eileen Reed of said County, who is alleged to be insane and whom I have carefully and personally examined this 8 day of April 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.) Memory loss, originates since a pregnancy. Uncertain as to what happened to baby, means of support, etc. Apparently has no worry about the future.

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

Has at times become violent supposedly precipitated by family troubles.
Has had some hallucinations.

Subscribed and sworn to before me this 6 day of April 1950 ROLAND REPPORT M. D.

EDWARD F. JABERG
~~Notary Public~~ Clerk, Adams
C. C.

STATEMENT OF MEDICAL EXAMINER

I, Ben Duke M. D., of Decatur, Indiana 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 Eileen Reed of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 8th day of April 1950; 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.) Patients statements are not coherent at times - she thinks she has had some
children but does not know - Does not know where her support comes from. Seems very
well nourished and is not despondent in least. Says she has not filed divorce.

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

Was told by her land lady she becomes violent at times but that she was a good girl.

Subscribed and sworn to before me this 8th day of April 1950 BEN DUKE M. D.

EDWARD F. JABERG
Clerk Adams ~~Notary Public~~
C. C.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Eileen Reed
to the Richmond State Hospital:
Comes now Ericie A. McConnell who filed application for the commitment of Eileen Reed
to the Richmond State Hospital, alleging therein that said Eileen Reed is a
resident of Adams County and has 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 Eileen Reed 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
Eileen Reed 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
~~Notary Public~~

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 Eileen Reed 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 day of 19 Clerk

[SEAL]

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:

STATE HOSPITAL

19

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 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

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 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

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