

# APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Agnes I. Burley  
 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 in-  
 formant further states that to his best knowledge and belief, the legal settlement of said Agnes I. Burley  
 is in Indiana; that said Agnes I. Burley came to Indiana May, 1914  
 from Native Born and became a resident of Adams County  
May, 1914 (Date) 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  
Agnes I. Burley ; that I am a legal resident of Adams County,  
 and that my address is Geneva, Indiana, R. R.  
 In case of emergency, notify Glen Burley, Geneva, Indiana, R. R.  
 Telephone None Telegraph station Decatur, Indiana.

## PERSONAL HISTORY

Of Agnes I. Burley  
 Born (Month) May (Day) 1 (Year) 1914 Place Adams County, Indiana.  
 Color White Sex Female Married Yes Single Widowed Divorced Separated  
 IF A WOMAN: Is she pregnant? No Number of children borne None Present age of youngest  
 Has she passed menopause? No  
 Birthplace of father Adams Co., Indiana Birthplace of mother Adams Co., Indiana  
 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 Yes Common school Yes  
 High school Yes College Religion Protestant Occupation Housewife Where last  
 employed and how long?  
 Estate: Value None Nature  
 Guardian: Name None Address

## HISTORY OF INSANITY

How long have you known this person? six years Have you known this person intimately? yes  
 When was the first sign of insanity observed by you? about two years ago  
 What was the first sign of insanity observed by you? Religious mania--wants to run other people's business  
 Was the present attack gradual or sudden in its onset? gradual  
 State what leads you to believe this person is insane Her attitude toward religion--quit doing her housework--wants to do everything else but her own work--Imagines everyone is against her.  
 What moral deficiencies have been shown? Imagines every man is insulting her.  
 What was the mental and moral disposition in health? Same as above  
 Number of previous attacks of mental disorder? Every week up until now--continuous  
 Has this person been a patient in any hospital for insane? No Where, when and how long?  
 Has this person suffered serious physical injury? None If so, give particulars  
 Has this person suffered any serious illness? State when and of what nature Operation on leg--Bone operati<sup>o</sup>n  
 Has this person suffered any great mental shock or strain? None  
 Has this person required feeding, seclusion or restraint? Explain fully Restraint  
 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? Yes Suicidal? Yes--at times Is there any physical defect or deformity? Yes, is not  
 Has person ever suffered from syphilis? No Has there been a Wasserman test? No Positive? Right  
 Negative? Does person indulge or has person indulged in any venereal excess? No--has tendency to.  
 Is person epileptic? No Was person feeble-minded in childhood? No

**FAMILY HISTORY**

*Give name and address of following relatives. (If dad, state cause of death and age at death.)*

	NAME	ADDRESS	IF DEAD	
			Cause	Age at Death
Father	Francis Miller	Deceased	Suicide	38
Mother (Maiden Name)	Frieda Byer	R. # 3 Decatur, Indiana		
Father's father	Charles Miller	Deceased	Old Age	68
Father's mother				
Mother's father				
Mother's mother				
Brother	Darold Miller	Decatur, Indiana, R. R. #		
Sister	Frances Miller	Decatur, Indiana, R. R. #		

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

Insanity	Epilepsy
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?* No

*Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics?* No

The statement of Dr. Smith 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 11 day of March 19 43. GLEN BURLEY  
 (SEAL) CLYDE O. TROUTNER County Clerk

**STATEMENT OF ATTENDING PHYSICIAN**

I, W. E. Smith 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 10th day of March 19 43 I did carefully and personally examine Agnes I. Burley 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: Physical condition is good. Is very generous and has a domineering complex with others, Has religious delusions and delusions of persecution.

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

Subscribed and sworn to before me this 11th day of March 19 43. W. E. SMITH M. D.  
 (SEAL) CLYDE O. TROUTNER, Clerk A.C.C.

**VACCINATION**

This is to certify that the said Agnes I. Burley has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.  
 Date May 21st 19 43. W. E. SMITH 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 Agnes I. Burley of said County, who is alleged to be insane and whom I have carefully and personally examined this 12th day of March 19 43 : 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.) Physically, the patient appears normal, having a scar on the left knee. Patient definitely has a persecution complex and possibly would become dangerous.

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

I certify that, in my opinion, said Agnes I. Burley is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

ROLAND REPERT

M. D.

Subscribed and sworn to before me this 12 day of March 19 43.

(SEAL)

CLYDE O. TROUTNER, CLERK

~~NOTARY PUBLIC~~

STATEMENT OF MEDICAL EXAMINER

I, S. D. Beavers 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 Agnes I. Burley of said County, who is alleged to be insane, and whom I have carefully and personally examined this 12 day of March 19 43; 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 she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Physically fit for admittance in Insance--and dangerous to life and property at her home.

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

I certify that, in my opinion, said Agnes I. Burley is fit the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

S. D. BEAVERS

M. D.

Subscribed and sworn to before me this 12 day of March 19 43.

(SEAL)

CLYDE O. TROUTNER, CLERK

~~NOTARY PUBLIC~~

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Agnes I. Burley to the Richmond State Hospital: Comes now Glen Burley who filed application for the commitment of Agnes I. Burley to the Richmond State Hospital, alleging therein that said Agnes I. Burley is 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 J. Fred Fruchte. Judge of the Circuit Superior Court of the County of Adams Indiana, do hereby find and determine that the said Agnes I. Burley 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 Agnes I. Burley 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.

J. FRED FRUCHTE

Judge of the Adams

~~Superior~~ Court

STATE OF INDIANA

Adams COUNTY } SS: I, Clyde O. Troutner 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 Agnes I. Burley 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 19 day of May 19 43

[SEAL]

CLYDE O. TROUTNER

Clerk

I certify that, in my opinion, said Agnes I. Burley is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Subscribed and sworn to before me this 12 day of March 19 43. ROLAND REPPERT M. D. CLYDE O. TROUTNER, CLERK

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J. FRED FRUCHTE Judge of the Adams Circuit Superior Court

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In witness whereof, I hereunto set my hand and fix the seal of said court, this 19 day of May 19 43 [SEAL] CLYDE O. TROUTNER Clerk