

APPLICATION FOR INSANITY INQUEST

* 19573

TO THE JUDGE OF THE CIRCUIT SUPERIOR COURT OF

Adams County, Indiana:

Your informant respectfully represents that one Eliza Sophia Merrillat 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 Eliza Sophia Merrillat

is in Indiana; that said Eliza Sophia Merrillat came to Indiana 1876 from Bern, Switzerland and became a resident of Adams County, Indiana 1876. This person's places of residence for three years prior to coming to Indiana were Switzerland

In making this petition, I do hereby certify that I am a Sister in law of said Eliza Sophia Merrillat; that I am a legal resident of Adams County, Indiana and that my address is R.R. 3, Bluffton, Ind.

In case of emergency, notify Ora Merrillat (Name and Address of relative or friend) Telephone 56288 Linn Grove Telegraph station

PERSONAL HISTORY

Of Eliza Sophia Merrillat Born (Month) Feb. (Day) 14 (Year) 1870 Place Switzerland Color wh. Sex V. Married Single x Widowed Divorced Separated IF A WOMAN: Is she pregnant? No Number of children borne Present age of youngest Has she passed menopause? Yes Birthplace of father Switzerland Birthplace of mother Switzerland If person is of foreign birth, give date of entry into the United States 1876 Port of entry Unknown Steamship line Unknown Steamship If of foreign birth, is person naturalized? Yes Education: None Reads only Reads and writes x Common school x High school College Religion E.U.B. Occupation Housewife Where last employed and how long? Estate: Value \$1500.00 Nature Equity in 40 acre farm Guardian: Name Ora Merrillat Address R.R. 3, Bluffton, Ind.

HISTORY OF INSANITY

How long have you known this person? 40 years Have you known this person intimately? Yes When was the first sign of insanity observed by you? 1925 What was the first sign of insanity observed by you? She wanted to run away. Everyone else was wrong according to her way of thinking. Was the present attack gradual or sudden in its onset? Gradual State what leads you to believe this person is insane Tears clothing from her body, tears up her bed and bed clothes, refuses to eat, is untidy and has no sense of personal cleanliness. What moral deficiencies have been shown? She seems to have no sense of right and wrong What was the mental and moral disposition in health? Somewhat perverted Number of previous attacks of mental disorder? Gradual since 1925 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 to my knowledge If so, give particulars 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? Loss of money in 1926 or 1929 Has this person required feeding, seclusion or restraint? Yes Explain fully Has refused to eat, and required some restraint and seclusion since July 1, 1950 Has this person been addicted to any drugs? No Explain fully (Answer yes or no.) Is person paralytic? No Violent? Somewhat Destructive? Yes Excited? No Depressed? No Homicidal? No Suicidal? Yes Is there any physical defect or deformity? Not to my knowledge 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? Has been 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	Julian Merrillat		Old age	85
Mother (Maiden Name)	Sophia Elise Juerlap		Cancer	87
Father's father	Oliver Juerlap		Old age	82
Father's mother	Unknown			
Mother's father	Unknown			
Mother's mother	Unknown			
Brother	Lewis Merrillat	R.R. 3, Bluffton, Ind		
Sister				

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 Dr/D.D. 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 her knowledge and belief.

Subscribed and sworn to before me this 24 day of October 19 50

ORA MERILLAT
EDWARD F. JABERG
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, D.D. Jones M. D., of Berne, 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 3rd day of Nov. 1950 I did carefully and personally examine Eliza Sophia Merrillat 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:
Has to be restrained. Tears clothes off. Tears the bed clothing to pieces. Does not care about body cleanliness

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

Subscribed and sworn to before me this 29 day of November 1950
D.D. JONES M. D.
EDWARD F. JABERG Notary Public Clerk Adams C.S.

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, Norman E. Beaver 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 Eliza Sophia Merrillat of said County, who is alleged to be insane and whom I have carefully and personally examined this 11th day of December 19 50 :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.) Impaired memory both past and recent, faulty reasoning, wandering of speech, hallucinations, restless behavior, tearing of bedclothes, mis-statement of facts, throws food on floor.

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

Patient refuses to eat, throws food on floor, tears up bed clothes and apparel, refuses to cooperate or obey, threatens people with violence, delusion of persecution, personality change.

Subscribed and sworn to before me this 20 day of December 19 50 M. D.

EDWARD F. JABERG
-Notary Public-
Clerk Adams Cir. Court

STATEMENT OF MEDICAL EXAMINER

I, Harold E. Lehman 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 Eliza Sophia Merrillat of said County, who is alleged to be insane, and whom I have carefully and personally examined this 11 day of December 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.) Unable to take care of personal habits, throws food on floor and tears clothes, partial loss of memory for past and present facts, faulty reasoning and disorientation of her speech.

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

Patient fails to cooperate, tears bedclothing, occasionally threatens with violence and must be fed and have clothing changed several times daily.

Subscribed and sworn to before me this 20 day of December 19 50 M. D.

HAROLD E. LEHMAN

EDWARD F. JABERG
-Notary Public-

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Eliza Sophia Merrillat to the Richmond State Hospital:
Comes now Ora Merrillat who filed application for the commitment of Eliza Sophia Merrillat to the Richmond State Hospital, alleging therein that said Eliza Sophia Merrillat 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 Superior Court of the County of Adams Indiana, do hereby find and determine that the said Eliza Sophia Merrillat 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

Eliza Sophia Merrillat 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 Superior Court

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 Eliza Sophia Merrillat 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 10th day of January 19 51

[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 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:

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 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 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 OF INDIANA RICHMOND STATE HOSPITAL Form No. TO THE CLERK OF Adams CIRCUIT COURT: THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1923 THAT Albert Heckman A PATIENT AT THIS HOSPITAL, HAS BEEN DISCHARGED THIS 31st DAY OF December, 19 51 IN MY OPINION, SAID PATIENT IS RESTORED TO MENTAL HEALTH. SAID PATIENT WAS COMMITTED TO THIS HOSPITAL December 26th 19 50 BY THE SUPERINTENDENT CIRCUIT COURT OF Adams COUNTY, IN ADDRESS AT THAT TIME BEING GIVEN AS R.R. # 1, Decatur, Indiana 1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL June 15, 19 51 TO Mr. Delmar Heckman, Son AND NOW IS RESIDING AT R.R. # 1, 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 SUPERINTENDENT M. D. SUBSCRIBED AND SWORN TO BEFORE ME THIS 31st DAY OF December, 19 51 NOTARY PUBLIC MY COMMISSION EXPIRES November 9th, 19 53.