

APPLICATION FOR INSANITY INQUEST

* 19582

TO THE JUDGE OF THE **CIRCUIT SUPERIOR** COURT OF

Adams

County, Indiana:

Your informant respectfully represents that one **Albert Heckman** 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 his condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said

is **Albert Heckman** in Indiana; that said **Albert Heckman** came to Indiana April 23, 1896 (Date) from (born here) **Adams** 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 **Albert Heckman** son of said **Albert Heckman**; that I am a legal resident of **Adams** County, and that my address is **R.R. 1, Decatur, Indiana**

In case of emergency, notify **Delmar Heckman**

Telephone **See on line 6** (Name and Address of relative or friend) Telegraph station

PERSONAL HISTORY

Of **Albert Heckman**
Born (Month) **Apr.** (Day) **23** (Year) **1896** Place **Adams Co., Ind.**
Color **wh.** Sex **M.** Married Single Widowed Divorced Separated
IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest
Has she passed menopause?
Birthplace of father **Adams Co., Ind.** Birthplace of mother **Adams Co., Ind.**
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 College Religion **Lutheran** Occupation **Dairy Employee** Where last employed and how long? **6 mos. Allen Dairy, Ft. Wayne, Ind.**
Estate: Value **\$1200.00** Nature **Personal**
Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? **24 years** Have you known this person intimately? **yes**
When was the first sign of insanity observed by you? **Dec. 10, 1950**
What was the first sign of insanity observed by you? **Seemed extremely nervous and talkative.**
Was the present attack gradual or sudden in its onset? **Gradual**
State what leads you to believe this person is insane **Seems to think world is coming to an end, wants to burn money, exactly opposite in nature and disposition, molested daughter-in-law**
What moral deficiencies have been shown? **Molesting daughter-in-law**
What was the mental and moral disposition in health? **Very good**
Number of previous attacks of mental disorder? **Neighbors have observed signs, but members of family were unaware**
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 **Suffered sunstroke at age of eighteen, which apparently affected him until treatment relieved him.**
Has this person suffered any great mental shock or strain? **Death of wife might have affected him. Severe illness**
Has this person required feeding, seclusion or restraint? **No** Explain fully (of father at present time.)
Has this person been addicted to any drugs? **No** Explain fully
(Answer yes or no.) Is person paralytic? **No** Violent? **No** Destructive? **No** Excited? **Yes**
Depressed? **Yes** Homicidal? **No** Suicidal? **No** Is there any physical defect or deformity? **No, except lump on neck**
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	Fred Heckman	R.R. 1, Decatur		
Mother (Maiden Name)	Sophia Dalt	R.R. 1, Decatur		
Father's father	Unknown		Unknown	
Father's mother	Unknown		Unknown	
Mother's father	Unknown		Unknown	
Mother's mother	Unknown		Unknown	
Brother	Reinhart Heckman Otto Heckman Rudolph Heckman Carl Heckman	Ft. Wayne, Ind. Ft. Wayne, Ind. R.R. 1, Decatur	Epilepsy	20
Sister	Clara Bormann Della Burlage Gertrude Wheat Ann Kensill	R.R. 10, Ft. Wayne Ft. Wayne, Ind. Ft. Wayne, Ind. Ft. 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	Otto Heckman
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 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 h knowledge and belief.

Subscribed and sworn to before me this 22 day of December 19 50
 Gerhard Heckman
 EDWARD E. JALBERG
 Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, H. F. Zwick, M.D., 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 22nd day of December 19 50 I did carefully and personally examine Albert Heckman and believe him 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: Physically well developed and well nourished. Talkative - delusional - at one time he is Judas and later a representative of Jesus on earth. Sexually disturbed.

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

Subscribed and sworn to before me this 19 day of 19 H. F. ZWICK M. D.
 Notary Public

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 Albert Heckman of said County, who is alleged to be insane and whom I have carefully and personally examined this 23 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.) Physically, he appears to be a well nourished male of approximate stated age. He is quite disoriented as to time, place, etc. Has been fairly violent at times. Has tried to molest some women in his family.

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

None

Subscribed and sworn to before me this 23 day of December

ROLAND REPPERT M. D. 19 50

EDWARD F. JABERG Notary Public Clerk Adams Cir. Court

STATEMENT OF MEDICAL EXAMINER

I, G. J. Kohne 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 Albert Heckman of said County, who is alleged to be insane, and whom I have carefully and personally examined this 23 day of Dec. 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.) Disoriented as to time and place. Very elated at times and does not appear to unhappy in his stay in jail - washes his hands in toilet bowl. Excited sexually and made advances towards sister in law.

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

Has been acting abnormal for some time according to attendant at jail.

Subscribed and sworn to before me this 23 day of December

G. J. KOHNE M. D. 1950

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

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Albert Heckman

to the Richmond State Hospital:

Comes now Gerhard Heckman who filed application for the commitment of Albert Heckman to the Richmond State Hospital, alleging therein that said Albert Heckman is a resident of Adams County and has his 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 Albert Heckman is insane and is in need of hospital care, and do hereby order him committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for his admission, confinement and detention for care and treatment in said hospital until he 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 Albert Heckman 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

ALAMS COUNTY } SS: I, Edward F. Jaberg 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 Albert Heckman 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

26 day of December 19 50 EDWARD F. JABERG 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 and afterwards, to wit: On the day of admission as a patient in said hospital as a number was received as follows:

To the Clerk of the Court, STATE HOSPITAL, County, Indiana: 19

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

ORDER OF COURT

M. D. Medical Superintendent

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 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

RICHMOND STATE HOSPITAL

RECEIVED, this 29 day of December A. D. 19 50 the patient named in the above order of court

PAUL E. WILLIAMS M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND December 29, 1950 and committing him to the day of 19, and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this 29 to the day of Richmond State Hospital, 19 50

Fees \$11.84

HERMAN BOWMAN, Sheriff

ORDER OF DISCHARGE

RICHMOND STATE HOSPITAL

Richmond Indiana December 31 19 51

To the Clerk of the Adams Circuit Court, Adams County, Indiana:

According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the proper authority has this day discharged Albert Heckman of Adams 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,

PAUL E. WILLIAMS 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