

17645

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Russell Edward Tremp 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 Russell Edward Tremp

is in Indiana; that said Russell Edward Tremp was born in French Township, Adams County, Indiana, and became a resident of Adams County, Indiana, on December 6th, 1916 (Date)
from Dec. 6th, 1916 (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 Relative of said Russell Edward Tremp; that I am a legal resident of Adams County,

and that my address is George Tremp, Marshall, Michigan - Elmer Tremp, Richmond, Indiana and Herman Schug, Terre, Ind.

In case of emergency, notify Herman Schug, Terre, Ind. (Name and Address of relative or friend)
Telephone 22094 Telegraph station

PERSONAL HISTORY

Of Russell Edward Tremp
Born (Month) December (Day) 6 (Year) 1916 Place French Township, Adams Co., Ind.
Color white Sex male Married No Single Yes Widowed No Divorced No Separated No
IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest
Has she passed menopause?
Birthplace of father Wasa Cruz, Ind. Birthplace of mother French Township, 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 Yes Common school Yes
High school Yes College No Religion No Occupation Farmer Where last
employed and how long? Not employed
Estate: Value None Nature
Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? Elmer and George Tremp - all his life Have you known this person intimately? yes
When was the first sign of insanity observed by you? Herman Schug since 1933
What was the first sign of insanity observed by you? About 1948
Cursed his father, said his father did not know anything.
Was the present attack gradual or sudden in its onset? Gradual
State what leads you to believe this person is insane The unusual way he acts and talks
What moral deficiencies have been shown? He curses and swears. When he does not get his own way he flies into ungovernable temper and curses and swears and threatens those who talk to him.
What was the mental and moral disposition in health? While he was in school he was a good student
Number of previous attacks of mental disorder? His father had trouble with him during his father's lifetime
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? No State when and of what nature
Has this person suffered any great mental shock or strain? Had trouble over a girl. Also suffered hallucinations
Has this person required feeding, seclusion or restraint? No Explain fully
Has this person been addicted to any drugs? No Explain fully
(Answer yes or no.) Is person paralytic? No Violent? No Destructive? No Excited? No
Depressed? No Homicidal? No Suicidal? No Is there any physical defect or deformity? No except ha
Has person ever suffered from syphilis? No Has there been a Wasserman test? No Positive? is very normal
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	Frank W. Tremp	dead	heart attack	Oct 5 1950
Mother (Maiden Name)	Sarah Reinhart	dead	cancer	Sept 28 1928
Father's father	Leonard Tremp	dead		
Father's mother	Catherine Tremp	dead	Dropsy	March 1921
Mother's father	Fred Reinhart	dead		
Mother's mother	Fannie Reinhart	Linn Grove, Indiana		
Brother	Elmer Tremp	Richmond, Indiana		
	George Tremp	Marshall, Michigan		
Sister	Pearl Croy	Versa Cruz, Indiana		
	Bessie Schug	Berne, Indiana		

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 Amos Reusser Dr. Delley 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 h knowledge and belief.

Subscribed and sworn to before me this 25th day of April 19 51

My commission expires July 1, 1954

FERD L. LITTELER
Notary Public of Adams County

STATEMENT OF ATTENDING PHYSICIAN

I, D. D. Jones M. D., of Berne in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 7 day of April 19 51 I did carefully and personally examine Russel Tremp and believe h 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 h is mental and physical condition: Is slow in answering questions. Does not seem to grasp the meaning even of simple questions. Sometimes answers were not coherent

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

Subscribed and sworn to before me this 25th day of April 19 51 M. D.
 My commission expires Sept. 20, 1952 ERICE PAUSERMAN
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, Myron L. Habegger 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 Russel Tremp of said County, who is alleged to be insane and whom I have carefully and personally examined this 10 day of May 19 51: that I am of the opinion that he is mentally ill and is not 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.)

Mr. Tremp answer questions slowly, but all questions asked about himself and the farm were answer correctly. He stutters at times and his actions are rather childish at times and seems rather bashful. He does not keep his house surroundings very tidy. To me he seems odd but not insane. He probably has a lower than average mentality.

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

- (1) Seems to play with toys in public places.
- (2) Family fears harm to farm buildings if he is ordered off the farm.

Subscribed and sworn to before me this 18 day of May 1951

MYRON L. WASSOGER

M. D.

EDWARD F. JARBERG
Notary Public
Clerk

STATEMENT OF MEDICAL EXAMINER

I, Amos Reusser M. D., of Earne, 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 Russel Kemp of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 24th day of April 19 51; 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.) He is backward in his mental development - Altho he feels that he possesses the right to his fathers farm to do as he pleases - without accounting for it. If there is any report to be made of sales that thing is optional to him. He said that he farms one half. The eggs he keeps all. He is slow in answering questions. He claims farm is worth \$500.00 per acre and own half of live stock and implements. Said the executor collects the money. The family is afraid of incendiarism if depossessed from the farm.

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

Learned from outside sources that he will go into business places, plays with toys, such as toy tractors, fire engines and trucks, wears big glasses, and big artificial nose to attract attention. Acts queer and grins silly. To me it seems that this man is mentally weak and needs help.

Subscribed and sworn to before me this 18 day of May 19 51

AMOS REUSSER

M. D.

EDWARD F. JARBERG
Notary Public
Clerk

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of

to the State Hospital:

Comes now who filed application for the commitment of

to the State Hospital, alleging therein that said is a

resident of 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 Judge of the Circuit Superior Court of the County of Indiana,

do hereby find and determine that the said is insane and is in need of hospital care, and do hereby order h committed to the State Hospital; and

this shall be sufficient warrant and authority for h 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 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.

Judge of the

Circuit Superior Court

STATE OF INDIANA

COUNTY } SS:

I,

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 to the 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 day of 19

[SEAL]

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 State Hospital together with application for h admission as a patient in said hospital 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

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 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 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. assistants and Witness my hand and the seal of Court, County, this day of 19 Clerk P. O. Address of Patient St. Indiana.

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 19 , and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this to the day of State Hospital, 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