

19646

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ^{CIRCUIT} ~~SUPERIOR~~ COURT OF Adams County, Indiana:

Your informant respectfully represents that one James C. Everett 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 James C. Everett is in Indiana; that said James C. Everett came to Indiana from born here and became a resident of Adams County (Date) October 19, 1885 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 Adams County, ; that I am a legal resident of R.R. 3, Decatur, Ind.

and that my address is R.R. 3, Decatur, Ind. In case of emergency, notify Sherman L. Everett Telephone No Western Union Telegraph station Western Union (Name and Address of relative or friend)

PERSONAL HISTORY

Of James C. Everett
Born (Month) Oct. (Day) 19 (Year) 1885 Place Adams Co., Ind.
Color wh. Sex M Married x 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 Pennsylvania Birthplace of mother 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 x Common school x
High school College Religion Baptist Occupation Farmer Where last employed and how long? Self-employed
Estate: Value \$5600.00 (Appraised value) Nature Real estate & personal property
Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 36 years Have you known this person intimately? yes
When was the first sign of insanity observed by you? October 10, 1950
What was the first sign of insanity observed by you? Extremely nervous which resulted in a breakdown
Was the present attack gradual or sudden in its onset? Sudden
State what leads you to believe this person is insane Extremely fearful and nervous. Experiences extreme pains in head, wants shades pulled constantly & seems fearful.
What moral deficiencies have been shown? None
What was the mental and moral disposition in health? Very good
Number of previous attacks of mental disorder? gradual since Oct. 1950
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? Worried considerable when five sons were in service
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? At times Destructive? No Excited? No
Depressed? Fearful Homicidal? No Suicidal? es Is there any physical defect or deformity? No
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	Gabriel Everett		Indigestion	70
Mother (Maiden Name)	Samantha Miller		Complications	88
Father's father	Adam Everett		Unknown	
Father's mother	Unknown		Unknown	
Mother's father	Miller		Unknown	
Mother's mother	Unknown		Unknown	
Brother	John Everett	Michigan		
	Frank Everett	Michigan		
	Mike Everett	Michigan		
	Berney Everett	Michigan		
	Everett	Indiana		
Sister	Will Everett	Indiana		
	Mercy Steele	Ohio		

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

Insanity None Epilepsy Will Everett
 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 C. C. Reyl 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.

WHERMAN L. EVERETT

Subscribed and sworn to before me this 26th day of April 1951

EDWARD F. JABERG
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, C. C. Reyl M. D., of Decatur in the County of Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 20 day of April 1951 I did carefully and personally examine James G. Everett 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: Gradual deterioration of mental and dangerous abnormal fear of people. Inability to take care of himself. Suicidal

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

Subscribed and sworn to before me this 26 day of April 19 51

C. C. REYL M. D.
EDWARD F. JABERG
Notary Public - Clerk

VACCINATION

This is to certify that the said by myself, or by another physician, to my positive knowledge within 60 days of this date. Date 19

has been vaccinated for smallpox M. D.

STATEMENT OF MEDICAL EXAMINER

I, M. D., of in the County of Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to of said County, who is alleged to be insane and whom I have carefully and personally examined this day of 19 : 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.)

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

Subscribed and sworn to before me this _____ day of _____ 19____ M. D.

Notary Public

STATEMENT OF MEDICAL EXAMINER

I, _____ M. D., of _____ in the County of _____ Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to _____ of said County, who is alleged to be insane, and whom I have carefully and personally examined this _____ day of _____ 19____; 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.)

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

Subscribed and sworn to before me this _____ day of _____ 19____ M. D.

Notary Public

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 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____ 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.

Clerk

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 Township, in said County.

19 , and duly served same by removing said patient to

This

19

Sheriff

County