

#19708

APPLICATION FOR INSANITY INQUEST

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

Adams County, Indiana:

Your informant respectfully represents that one **Winnifred P. Gillig** 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 **Winnifred P. Gillig** is Decatur in Indiana; that said **Winnifred P. Gillig** came to Indiana 1916 from Illinois 1916 and became a resident of Adams County, Indiana. This person's places of residence for three years prior to coming to Indiana were Illinois "Champaign and Chicago"

In making this petition, I do hereby certify that I am a husband of said **Winnifred P. Gillig**; that I am a legal resident of Adams County, Indiana and that my address is 115 Marshall St. Decatur

In case of emergency, notify **H. M. Gillig** Decatur, Indiana
Telephone 5-3514
Telegraph station Decatur

PERSONAL HISTORY

Of **Winnifred P. Gillig**
Born (Month) **March** (Day) **2** (Year) **1886** Place **Champaign, Illinois**
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? **Yes**
Birthplace of father **Maryland** Birthplace of mother **Maryland**
If person is of foreign birth, give date of entry into the United States
Steamship line **Steamship**
If of foreign birth, is person naturalized?
Education: **None** Reads only **Reads and writes Yes** Common school **8 grade**
High school **College** Religion **Catholic** 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? **37 years** Have you known this person intimately? **Yes - my wife**
When was the first sign of insanity observed by you? **About 2 yrs ago**
What was the first sign of insanity observed by you? **Had a stroke "slight" about that time, which affected her mind, and has needed care.**
Was the present attack gradual or sudden in its onset? **Gradual**
State what leads you to believe this person is insane **Depressed and homicidal**
What moral deficiencies have been shown? **None Gradual decline**
What was the mental and moral disposition in health? **Good**
Number of previous attacks of mental disorder? **Once stroke, she has no control of herself**
Has this person been a patient in any hospital for insane? **Yes** Where, when and how long? **3 wks. Dyer, Indiana Sanatorium**
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 **Only strokes**
Has this person suffered any great mental shock or strain? **No**
Has this person required feeding, seclusion or restraint? **Now, yes** Explain fully **Cannot care for herself**
Has this person been addicted to any drugs? **No** Explain fully
(Answer yes or no.) Is person paralytic? **Violent? At times Destructive? Excited? Yes**
Depressed? **Yes** Homicidal? **At times** Suicidal? **Possible** Is there any physical defect or deformity? **No**
Has person ever suffered from syphilis? **No** Has there been a Wasserman test? **Positive?**
Negative? **Does person indulge or has person indulged in any venereal excess?**
Is person epileptic? **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	Do not know			
Mother (Maiden Name)	" " "			
Father's father	" " "			
Father's mother	" " "			
Mother's father	" " "			
Mother's mother	" " "			
Brother	Howard Keller	Chicago, Illinois	Living	72
Sister	Nell Luck	Decatur, Indiana	Living	69
	Margaret Keller	Decatur, Indiana	Dead (Cerebral hemorrhage)	74

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

Insanity	None to my knowledge	Epilepsy	None to my knowledge
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? Do not know

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? Do not know

The statement of W. E. 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 8th day of October

Frank P. Gillig
19 51
Anna J. Nesswald
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, W. E. Smith M. D., of Decatur, Indiana in the County of Adams
Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on
the 8th day of October 19 51 I did carefully and personally examine Winnifred P. Gillig
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: Very suspicious and
nervous. she sees people who are not there; is becoming violent and threatens
injury to family.

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

Subscribed and sworn to before me this 8th day of October

19 51 W. E. Smith M. D.
Edward F. Jaberg
Notary Public

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, G. J. Kohne M. D., of Decatur, 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 Winnifred Gillig of said County, who is alleged to be insane and whom I have carefully and personally
examined this 10 day of October 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.) Has illusions and delusions with very poor memory for recent and past events--
probably due to past cerebral hemorrhage and advanced arteriosclerotic state.

I have also received the following information from others relative to the patient's condition: Becomes angry at times and threatened husband bodily harm.

Subscribed and sworn to before me this 10 day of October

G. J. Kohne M.D. 1951 Edward F. Jaberg Notary Public

STATEMENT OF MEDICAL EXAMINER

I, H.F. Zwick M.D., of Decatur, 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 Winnifred P. Gillig of said County, who is alleged to be insane, and whom I have carefully and personally examined this 10th day of October 1951; 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.) Marked deterioration of mental processes -- especially memory for past and recent events. Unsure of any statements. Very poorly oriented as to time-- same delusions of persecutory nature. Hypertensive.

I have also received the following information from others relative to the patient's condition: Deteriorated since stroke two years ago. Loses orientation as to place--wants to go home when she is already there and threatened to kill husband if he did not take her home. Noisy and unmanageable at times

Subscribed and sworn to before me this 11th day of October

H. F. Zwick M.D. 1951 Edward F. Jaberg Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Winnifred P. Gillig to the Richmond State Hospital: Comes now Frank P. Gillig who filed application for the commitment of Winnifred P. Gillig to the Richmond State Hospital, alleging therein that said Winnifred P. Gillig 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 Winnifred P. Gillig 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 Winnifred P. Gillig 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 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 Winnifred P. Gillig 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 15th day of October 1951 Edward F. Jaberg Clerk

[SEAL]

320

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 Richmond 18th day of October 1951, State Hospital together with application for her admission as a patient in said hospital, an answer was received as follows:

Richmond STATE HOSPITAL 19

To the Clerk of the Adams County Circuit Court, Adams 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

Paul D. Williams M.D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of to the Court 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.

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 19, and duly served same by removing said patient to Township, in said County.

This 19 Sheriff County