

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ^{CIRCUIT} ^{SUPERIOR} COURT OF

Adams

County, Indiana:

Your informant respectfully represents that one Wilman Yoder 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 Wilman Yoder

is in Indiana; that said Wilman Yoder came to Indiana Aug. 27, 1908 from (was born here) 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 Wife of said Wilman Yoder; that I am a legal resident of Adams County,

and that my address is R.R. 1, Adams, Indiana

In case of emergency, notify Mrs. Gladys Yoder

Telephone None

Telegraph station None

PERSONAL HISTORY

Of Wilman Yoder

Born (Month) Aug. (Day) 27 (Year) 1908 Place Adams Co., Ind.

Color White 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 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 X Common school X

High school College Religion None Occupation Farmer Where last

employed and how long? Self-employed

Estate: Value Nature Personal Property

Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 19 years Have you known this person intimately? Yes

When was the first sign of insanity observed by you? 1946

What was the first sign of insanity observed by you? Starkness & temperamental. Stayed out at night

Was the present attack gradual or sudden in its onset? Gradual

State what leads you to believe this person is insane Attempts suicide, lays out and screams, mistreated members of family, starkness and temperamental in his dealings with family members

What moral deficiencies have been shown? Not to my knowledge

What was the mental and moral disposition in health? Good, except that he spent quite a bit of time away from home

Number of previous attacks of mental disorder? Drinks frequently and attacks usually followed this

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 Suffers from arthritis for past 3 years

Has this person suffered any great mental shock or strain? Settlement of mother's estate worried him

Has this person required feeding, seclusion or restraint? Yes Explain fully It has been necessary for days

Has this person been addicted to any drugs? No Explain fully

(Answer yes or no.) Is person paralytic? No Violent? Yes Destructive? Yes Escaped? Yes

Depressed? Yes Homicidal? No Suicidal? Yes Is there any physical defect or deformity? No

Has person ever suffered from syphilis? No Has there been a Wasserman test? Not known Positive?

Negative? Does person indulge or has person indulged in any cerebral 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	Enoch Yoder	Berne, Ind.		
Mother (Maiden Name)	Aldine Fox		Cancer	70
Father's father	Christ Yoder		Drowning	unknown
Father's mother	Unknown		Unknown	
Mother's father	Unknown		Unknown	
Mother's mother	Unknown		Unknown	
Brother	Kermit Yoder	Adams Co., Ind.		
Sister	Mrs. Elmer Rich	Berne, Ind.		
	Mrs. Ira Lehman	Berne, Ind.		

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

Insanity 2 uncles & one aunt Epilepsy not known
 Spasms not known Fainting spells not known
 Nervous prostration not known Hysteria not known
 Feeble-mindedness not known Tuberculosis not known
 Syphilis not known

Was either of the person's parents or grandparents intemperate in the use of alcohol? Grandfather was intemperate

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? No

The statement of Amos Reusser 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.

MRS. GLADYS YODER

Subscribed and sworn to before me this 15 day of Sept. 19 51

EDWARD P. JABERG
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Amos Reusser 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 12 day of September 1951 I did carefully and personally examine Wilman Yoder and believe he 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: He thinks that his wife has no right to be at home, that everybody is against him. Swears and curses, restless, moves to and fro.

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

Subscribed and sworn to before me this 15 day of September 19 51

AMOS REUSSER M. D.

EDWARD P. JABERG
Notary Public Clerk Adams Cir. Court

VACCINATION

This is to certify that the said Wilman Yoder 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, G. J. Kohne M. D., of Decatur, 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 Wilman Yoder of said County, who is alleged to be insane and whom I have carefully and personally examined this 19 day of Sept. 1951: 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.) Restless - moves about room frequently and keeps turning on water faucet and watching water run. Does not concentrate and answer all questions by OK or yes. Had bandage on front of scalp - made in attempted suicide. Had burst of laughter.

I have also received the following information from others relative to the patient's condition:
Stubborn and unreasonable. Mistreated family

Subscribed and sworn to before me this 19 day of Sept. 19 51
G. J. MOHRE M. D.

EDWARD F. JABERG
Notary Public
Clerk Adams Cir. Court

STATEMENT OF MEDICAL EXAMINER

I, H. F. Zwick 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 Wilman Yoder of said County, who is alleged to be insane, and whom I have carefully and personally examined this 19th day of Sept. 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.) Restless - wanders aimlessly about cell to drinking fountain and water closet and back - expectorates constantly. Would answer only two questions - his name and where he lived. Had very short periods of concentration and these were not productive.

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

Violent - uncooperative - attempted suicide. Mistreated family

Subscribed and sworn to before me this 20 day of Sept. 19 51
H. F. ZWICK M. D.

EDWARD F. JABERG
Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Wilman Yoder to the Richmond State Hospital:
Comes now Gladys Yoder who filed application for the commitment of Wilman Yoder to the Richmond State Hospital, alleging therein that said Wilman Yoder 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 Wilman Yoder 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 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 Wilman Yoder 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 25 day of Sept. 19 51
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 30 day of September 1951, an answer was received as follows:

Richmond STATE HOSPITAL September 29 1951

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 Wilman Yoder 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 acknowledged

Paul D. Williams M.D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission 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 day of 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

Form No STATE OF INDIANA RICHMOND STATE HOSPITAL RICHMOND, IND., January 10th 19 55.

TO THE CLERK OF Adams County CIRCUIT COURT:

THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1923 THAT Wilman Yoder, A PATIENT OF THIS HOSPITAL HAS BEEN DISCHARGED THIS 20th DAY OF January, 19 55. IN MY OPINION, SAID PATIENT

(STRIKE OUT LINES THAT DO NOT APPLY) IS SUFFICIENTLY RECOVERED TO BE RELEASED IS RESTORED TO MENTAL HEALTH IS INCURABLE AND HARMLESS AND SHOULD BE REMOVED TO MAKE ROOM FOR A RECENT CASE

SAID PATIENT WAS COMMITTED TO THIS HOSPITAL September 25th, 19 51 BY THE

CIRCUIT COURT OF Adams COUNTY, IN ADDRESS AT THAT TIME BEING GIVEN

AS R.R. # 1, Berne, Indiana

(FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER) 1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL February 23rd, 19 54.

TO Mrs. Wilman Yoder, Wife AND IS NOW RESIDING AT 217 High St., Berne, 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. 49, ACTS 1927.

FILED JAN 21 1955 Edward F. Juley Clerk Adams Co. Circuit Court

SEAL OF HOSPITAL SUPERINTENDENT M.D.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 20th DAY OF January, 19 55.

Sarah Ann Appleby NOTARY PUBLIC

MY COMMISSION EXPIRES November 9th, 19 57.