

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one John L. Switzer 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 John L. Switzer

is in Indiana; that said John L. Switzer came to Indiana 1929 (Date) from Van Wert Co., Ohio and became a resident of Adams County 1929 (Date). This person's places of residence for three years prior to coming to Indiana were Van Wert Co., Ohio

In making this petition, I do hereby certify that I am a wife of said ; that I am a legal resident of Adams County,

and that my address is R.R. 2, Geneva, Indiana

In case of emergency, notify Nellie Switzer (Name and Address of relative or friend) Telephone None (New Corydon, Ind. Telegraph station Tel. Exchange)

PERSONAL HISTORY

Of John L. Switzer

Born (Month) Feb. (Day) 7 (Year) 1886 Place Van Wert Co., Ohio 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 Unknown Birthplace of mother Van Wert Co., 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 8th High school College Religion Prot. Occupation Farmer Where last employed and how long? Self employed

Estate: Value Nature

Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? 30 years Have you known this person intimately? yes When was the first sign of insanity observed by you? Oct. 12, 1951 What was the first sign of insanity observed by you? On Friday night, Oct. 12 he awakened with fear that someone had come after him to take him away. Has had suicide on mind constantly Was the present attack gradual or sudden in its onset? Sudden, altho he has done several things before that State what leads you to believe this person is insane Begs and requests that showed tendency in this direction neighbors shoot or put him out of the way. Has attempted suicide with an ax 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? None 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? Not to my knowledge State when and of what nature

Has this person suffered any great mental shock or strain? Not to my knowledge Explain fully During past week, some restraint Has this person required feeding, seclusion or restraint?

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? Yes Homicidal? No Suicidal? Yes Is there any physical defect or deformity? Hernia Positive? Has person ever suffered from syphilis? No Has there been a Wasserman test? No 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	Louis Switzer		Asthma	62
Mother (Maiden Name)	Kathryn Heitsman		Unknown	
Father's father	Unknown		Unknown	
Father's mother	Unknown		Unknown	
Mother's father	Unknown		Unknown	
Mother's mother	Unknown		Unknown	
Brother	David Switzer		Unknown	61
	Charles Switzer		Heart attack	57
Sister	Jennie Switzer		Cancer	
	Lida Roeder		Cancer	
	Mary Johnson			
	Eva King	Rockford, Ohio		

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

Insanity	Not to my knowledge	Epilepsy	Sister, Mary Johnson
Spasms	" "	Fainting spells	Not to my knowledge
Nervous prostration	" "	Hysteria	" "
Feeble-mindedness	" "	Tuberculosis	" "
Syphilis	" "		

Was either of the person's parents or grandparents intemperate in the use of alcohol? None

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

The statement of Joseph V. Schetgen 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 22 day of October

MRS. NELLIE SWITZER
19 51
EDWARD F. JABERG
~~XXXXXXXXXXXXXX~~
Clerk Adams C.C.

STATEMENT OF ATTENDING PHYSICIAN

I, Jos. V. Schetgen, M.D., M.D., of Geneva, Indiana in the County of Adams, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 22nd day of Oct. 19 51 I did carefully and personally examine John L. Switzer 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: Attempted to inflict bodily harm to himself, mentally confused and ask people to do away with him. Mentally depressed at times and thinks life is not worth living.

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

Subscribed and sworn to before me this 22 day of October 19 51
My comm. exp. 11 - 1 - 54

JOS. V. SCHETGEN, M.D. M.D.
19 51
HERMAN BIXLER
Notary Public

VACCINATION

This is to certify that the said John Switzer has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 31 Oct. 19 51

JOS. V. SCHETGEN, M.D.M.D.

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 John L. Switzer of said County, who is alleged to be insane and whom I have carefully and personally examined this 24 day of Oct. 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.) Talks in a depressed, dreamy and confused way, very slow on answering questions and feels that some people are after him and wish to ruin his family - does not wish to harm anyone else. Shows contusion on scalp result of self inflicted wound with axe - when he attempted suicide.

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

Subscribed and sworn to before me this 24 day of October 1951

C. J. RUEBE M.D.

EDWARD F. JABERG
Clerk Adams C.C.

STATEMENT OF MEDICAL EXAMINER

I, E. 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 John L. Switzer of said County, who is alleged to be insane, and whom I have carefully and personally examined this 25th day of Oct. 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.)

Rather dull and apothetic. Laceration of scalp which he says was self inflicted. Wanted to do away with himself. Says "they" are after and will finish him off. Did not identify "they" but gave as reason the possession of his property. Has large umbilical hernia.

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

In past few weeks has had delusions that someone was going to take him away because of something for which he was not guilty. Tried to commit suicide - was afraid that he would harm someone else.

Subscribed and sworn to before me this 25 day of October 1951

E. F. ZWICK M.D.

EDWARD F. JABERG
Clerk Adams C.C.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of John L. Switzer

to the Richmond State Hospital:

Comes now Nellie Switzer who filed application for the commitment of John L. Switzer

to the Richmond State Hospital, alleging therein that said John L. Switzer 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 John L. Switzer 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

John L. Switzer 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 John L. Switzer 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 30 day of October 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 Richmond State Hospital together with application for h admission as a patient in said hospital and afterwards, to wit: On the 8th day of November 1951, an answer was received as follows:

RICHMOND STATE HOSPITAL November 7 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 John L. Switzer 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 accepted.

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 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 Clerk A. D. 19

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