

# APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SUPERIOR~~ <sup>CIRCUIT</sup> COURT OF Adams County, Indiana:

Your informant respectfully represents that one Martha N. Meshberger 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 Martha N. Meshberger is in Indiana; that said Martha N. Meshberger came to Indiana was born in (Date)

~~xxxxx~~ Adams County  
 This person's places of residence for three years prior to coming to Indiana were  
 June 20, 1908. (Date)

In making this petition, I do hereby certify that I am a Husband of said  
 Martha N. Meshberger; that I am a legal resident of Adams County,  
 (Relative or Friend)

and that my address is R. # 1 Berne, Indiana

In case of emergency, notify Christian Meshberger (Name and Address of relative or friend)  
 Telephone -- Telegraph station Berne, Indiana.

## PERSONAL HISTORY

Of Martha N. Meshberger  
 Born (Month) June (Day) 20 (Year) 1908 Place Adams Co., Indiana  
 Color White Sex Female Married Yes Single Widowed Divorced Separated  
 IF A WOMAN: Is she pregnant? No Number of children borne 3 Present age of youngest years  
 Has she passed menopause? No  
 Birthplace of father Switzerland Birthplace of mother Switzerland  
 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 Common school 6th grade  
 High school College Religion Protestant Occupation Housewife Where last  
 employed and how long?  
 Estate: Value Nature  
 Guardian: Name Address

## HISTORY OF INSANITY

How long have you known this person? 15 years Have you known this person intimately? Married  
 When was the first sign of insanity observed by you? About March 25, 1943.  
 What was the first sign of insanity observed by you? Talking to self. Neglecting housework.  
 Was the present attack gradual or sudden in its onset? Gradual  
 State what leads you to believe this person is insane Neglecting work-not getting meals and refusing to eat at times. Refusing to converse at times.  
 What moral deficiencies have been shown?  
 What was the mental and moral disposition in health? None 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? None If so, give particulars  
 Has this person suffered any serious illness? None State when and of what nature  
 Has this person suffered any great mental shock or strain?  
 Has this person required feeding, seclusion or restraint? Yes Explain fully Burned some old rugs. Tries to run away. Attempted to jump out of a window. Tried to secure a rope.  
 Has this person been addicted to any drugs? No Explain fully  
 (Answer yes or no.) Is person paralytic? No Violent? No Destructive? Yes Excited? Yes  
 Depressed? Yes Homicidal? No Suicidal? Suspected 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	Abe Wahli		Paralysis Gall Bladder Operation	65
Mother (Maiden Name)	- -			45
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	Edward Wahli	Lima, Ohio		
	Albert Wahli	" "		
Sister	Freda Wahli	Ft. Wayne, Indiana		
	Emma Martin	Geneva, Indiana		

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

Insanity	Epilepsy
Spasms	Fainting spells
Nervous prostration	Hysteria
Fecble-mindedness	Tuberculosis
Syphilis	

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 D. 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 his knowledge and belief.

CHRIS MESHBERGER

Subscribed and sworn to before me this 8 day of June 19 43.

(SEAL)

CLYDE O. TROUTNER

~~County Clerk~~ County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, D. D. Jones M. D., of Berne, Ind. in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 27th day of May 1943 I did carefully and personally examine Martha N. Meshberger 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: Will stand for hours over a heat register refusing to sit down, lie down or go to bed. Refuses to eat or converse at times.

I certify that, in my opinion said Martha N. Meshberger is the probable potential parent of mentally incompetent or socially inadequate offspring. I further certify that patient is free from any contagious disease and from vermin. likewise afflicted.

D. D. JONES M.D.

Subscribed and sworn to before me this 8 day of June 19 43.

(SEAL)

CLYDE O. TROUTNER, CLERK ~~BERNE~~

VACCINATION

This is to certify that the said Martha N. Meshberger has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.

Date 6/22 19 43.

D. D. JONES

M.D.

STATEMENT OF MEDICAL EXAMINER

I, R. G. Zimmerman M. D., of Berne 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 Martha Meshberger of said County, who is alleged to be insane and whom I have carefully and personally examined this 12 day of June 19 43; 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.) Refuses to talk or answer simple questions, maintains a fixed pose and fixed expression indefinitely, seems totally oblivious to her surroundings.

I have also received the following information from others relative to the patient's condition: That she has been seen wandering about in the rain carrying a child; runs away from home, kicks and strikes at persons without provocation, refuses to eat, prefers the seclusion of her room.

I certify that, in my opinion, said Martha Meshberger is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

R. G. ZIMMERMAN M. D.

Subscribed and sworn to before me this 14 day of June 19 43.

CLYDE O. TROUTNER, CLERK

( seal )

STATEMENT OF MEDICAL EXAMINER

I, Amos Reusser M. D., of Berne 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 Martha Meshberger 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 s 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 s he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) She refuses to talk or answer any questions-when I approached her home she went in hiding. When approached she struck at me. She stood motionless-expressionless. Mute--ill nourishg

I have also received the following information from others relative to the patient's condition: Menstruates fort nightly. Much worse at that time--is sleepless--imagines that everybody talks about her--hears voices gets very mad--loses temper, threatens to leave her home and husband 3 yrs duration.

I certify that, in my opinion said Martha Meshberger is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

AMOS REUSSER M. D.

Subscribed and sworn to before me this 14 day of June 1943.

CLYDE O. TROUTNER, CLERK

(SEAL)

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Martha N. Meshberger to the Richmond State Hospital: Comes now Chris Meshberger who filed application for the commitment of Martha N. Meshberger to the Richmond State Hospital, alleging therein that said Martha N. Meshberger 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 J. Fred Fruchte Judge of the Circuit Superior Court of the County of Adams Indiana, do hereby find and determine that the said Martha N. Meshberger is insane and is in need of hospital care, and do hereby order h er committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for h er 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 Martha N. Meshberger 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.

J. FRED FRUCHTE Judge of the Adams Circuit Court

STATE OF INDIANA Adams COUNTY } SS:

I, Clyde O. Troutner 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 Martha N. Meshberger 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 18 day of June 19 43.

[SEAL]

CLYDE O. TROUTNER 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 Richmond 24rd day of June 19 43, an answer was received as follows:

Richmond STATE HOSPITAL June 23 19 43.

To the Clerk of the Adams Circuit Court, Adams County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Martha N. Meshberger 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 provided a full supply of clothing is brought with the patient, etc. Patient will be admitted June 23, 24, 25, 26 or 29, 1943. PAUL D. WILLIAMS M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Martha N. Meshberger to the Adams Circuit Court of Adams County, Indiana, as a patient was referred to the Judge of Adams County, Indiana, and being fully advised he made an order directing that she 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 1 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 Adams Circuit Court, Adams County, this 23 day of June 19 43. CLYDE O. TROUTNER Clerk P. O. Address of Patient R. # 1, Berne, Indiana. St. Indiana.

SUPERINTENDENT'S RECEIPT

Richmond STATE HOSPITAL RECEIVED, this 23 day of June A. D. 19 43. the patient named in the above order of court PAUL D. WILLIAMS M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND June 23rd 19 43, and served by conveying the within named Martha N. Meshberger and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 23rd day of June 1943. LEO T. GILLIG Sheriff of Adams County, Ind.

SHERIFF FEES \$28.92 Mileage (2 detours) 13.92 Lady Attendant 5.00 Clothing 10.00 \$28.92

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