

See page 309

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE CIRCUIT SUPERIOR COURT OF Adams County, Indiana:

Your informant respectfully represents that one Russell Edward Tremp 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 Russell Edward Tremp is in French Township Adams county, Indiana

XXXXXXXXXXXXXXXXXXXX; that said Russell Edward Tremp was born in French Township Adams County, Indiana on December 6th 1916

from December 6th 1916 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 relative of said Russell Edward Tremp; that I am a legal resident of Adams County,

and that my address is George Tremp, Marshall, Michigan; Elmer Tremp, Richmond, Indiana; Herman Schug Berne, Indiana

In case of emergency, notify Herman Schug Berne, Indiana Telephone 22094 Telegraph station

PERSONAL HISTORY

Of Russell Edward Tremp

Born (Month) December (Day) 6 (Year) 1916 Place French township Adams Co. Indiana

Color white Sex Male Married No Single Yes Widowed No Divorced No Separated No

IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest

Has she passed menopause?

Birthplace of father Vera Cruz, Indiana Birthplace of mother French Township 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 Yes Common school Yes

High school Yes College No Religion No Occupation Farmer Where last

employed and how long? Not employed

Estate: Value None Nature

Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? Elmer and George Tremp - "ll his life Herman Schug - Since 1933 Have you known this person intimately? Yes

When was the first sign of insanity observed by you? About 1948 What was the first sign of insanity observed by you? Cursed his father, said his father did not know anything. Threatened to burn the farm buildings

Was the present attack gradual or sudden in its onset? Gradual State what leads you to believe this person is insane The unusual way he acts and talks

What moral deficiencies have been shown? He curses and swears. When he does not get his own way he flies into ungovernable temper and curses and swears and threatens those who talk to him.

What was the mental and moral disposition in health? While he was in school he was a good student Number of previous attacks of mental disorder? His father had trouble with him during his father's lifetime. 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? Had trouble over a girl. Also suffered hallucinations 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? No Destructive? No Excited? No Depressed? No Homicidal? No Suicidal? No Is there any physical defect or deformity? No except nervousness Has person ever suffered from syphilis? No Negative? Does person indulge or has person indulged in any venereal excess? No Positive? 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	Frank W. Tremp	Dead	Heart attack	Oct. 5, 1950
Mother (Maiden Name)	Sarah Reinhart	Dead	Cancer	Sept. 28, 1928
Father's father	Leonard Tremp	Dead		
Father's mother	Catherine Tremp	Dead		
Mother's father	Fred Reinhart	Dead	Dropsy	March 1921
Mother's mother	Fannie Reinhart	Linn Grove, Indiana		
Brother	Edmer Tremp George Tremp	Richmond, Indiana Marshall, Michigan		
Sister	Pearl Croy Bessie Schug	Vera Cruz, Indiana Berne, Indiana		

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

Insanity	None	Epilepsy	None
Spasms	"	Fainting spells	"
Nervous prostration	None	Hysteria	"
Feeble-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 Amos Reusser Dailey 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 h knowledge and belief. Elmer Tremp, George G. Tremp, Herman Schug

Subscribed and sworn to before me this 25th day of April 19 51 Ferd L. Litterer Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, D. D. Jones 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 7th day of April 19 51 I did carefully and personally examine Russell Tremp 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: Slow in answering questions. Does not seem to grasp the meaning even of simple questions. Sometimes answers were not coherent

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

Subscribed and sworn to before me this 25th day of April 19 51 D. D. Jones M. D. Erice Bauserman 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, Myron L. Habegger M. D., of Berne, 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 Russell Tremp of said County, who is alleged to be insane and whom I have carefully and personally examined this 10th day of May 19 51; that I am of the opinion that he is mentally ill and is not 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.) Mr. Tremp answers questions sl wly, but all questions asked about himself and the farm were answered correctly. He stutters at times and his actions are rather childish at times and seems rather bashful. He does not keep his home surroundings very tidy. To me he seems odd but not insane. He probably has a lower than average mentality.

I have also received the following information from others relative to the patient's condition: Seems to play with toys in public places. Family fears harm to farm buildings if he is ordered off the farm.

Subscribed and sworn to before me this 12th day of May

Myron L. Habegger M.D.  
1951  
Edward F. Jaberg  
Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Amos Reusser M.D., of Berne, Indiana in the County of Adams do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to Russell Tremp of said County, who is alleged to be insane, and whom I have carefully and personally examined this 24th day of April 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.)

He is backward in his mental developments. Although he feels that he possesses the right to his fathers farm to do as he pleases without accounting for it. If there is any report to be made of sales that thing is optional to him. He said that he farms on half - the eggs he keeps all; he is slow in answering questions. He claims farm is worth \$200 per acre and he owns half of livestock and implements. Said the executor collects the money. The family is afraid of incendiarism if deposed from farm.

I have also received the following information from others relative to the patient's condition: He will go into business places, plays with toys, such as toy tractors, fire engines, and trucks. Wears big glasses and big artificial nose to attract attention. Acts queer and grins silly. To me it seems that this man is mentally weak and needs help.

Subscribed and sworn to before me this 12th day of May

Amos Reusser M.D.  
1951  
Edward F. Jaberg  
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 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 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

[SEAL]

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