

#11730

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE **CIRCUIT SUPERIOR COURT OF Adams County, Indiana;**

Your informant respectfully represents that one **Violet Bene** 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 **Violet Bene**

is in Indiana; that said **Violet Bene** came to Indiana **Mar. 1942** (Date) from **Lebanon, Ohio** and became a resident of **Adams County** **March 1942** (Date) This person's places of residence for three years prior to coming to Indiana were **Lebanon, Ohio**

In making this petition, I do hereby certify that I am a **husband** (Relation or Friend) of said **Violet Bene**; that I am a legal resident of **Adams County,**

and that my address is **R.R. 1, Geneva**
In case of emergency, notify **Harry Bene** (Name and Address of relation or friend)
Telephone **None** Telegraph station

PERSONAL HISTORY

Of **Violet Bene**
Born (Month) **Oct.** (Day) **24** (Year) **1917** Place **Lebanon, Ohio**
Color **Wh.** Sex **F.** Married Single Widowed Divorced Separated
IF A WOMAN: Is she pregnant? **No** Number of children borne **2** Present age of youngest **9**
Has she passed menopause? **No**
Birthplace of father **Blanchester, Ohio** Birthplace of mother **New Richmond, 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 Common school
High school College Religion **Catholic** Occupation **Housewife** Where last employed and how long? **Self-employed**
Estate: Value Assessed value of R.E. **\$7150.00** Nature with **1000.00** exemption on file. Joint Deed to **150** acres.
Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? **17 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? **Suffered from persecution complex. Accused mother & brother of attempting to conspire against her and get possession of farm.**
Was the present attack gradual or sudden in its onset? **Gradual**
State what leads you to believe this person is insane **Extreme religious complex. Constantly accusing members of family of attempting to defraud her. Extremely head strong.**
What moral deficiencies have been shown? **Extremely religious, feels that she can do no wrong.**
What was the mental and moral disposition in health? **Good**
Number of previous attacks of mental disorder? **Gradual**
Has this person been a patient in any hospital for insane? **Yes** Where, when and how long? **Mt. Mercy Sanatorium at Dyer, Ind. May 7, - June 15, 1951. Has been under care of Dr. Howard Stellner psychiatrist for past 3 mos.**
Has this person suffered serious physical injury? **Yes** If so, give particulars **Injury to lower vertebrae physician provided invalid seat for.**
Has this person suffered any serious illness? **No** State when and of what nature
Has this person suffered any great mental shock or strain? **Fathers condition previous to death worried her very much.**
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? **Yes**
Depressed? **Yes** Homicidal? **No** Suicidal? **No** Is there any physical defect or deformity? **No** 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	John Fox	Mason, Ohio	Hardening of arteries	75
Mother (Maiden Name)	Bertha Klettel			
Father's father	Unknown		Unknown	
Father's mother	"		"	
Mother's father	"		"	
Mother's mother	"		"	
Brother	John Fox	Dayton, Ohio		
Sister				

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

Insanity No (Reported that mother is inclined) Epilepsy No
 Spasms No Fainting spells "
 Nervous prostration " 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 Joseph 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 h knowledge and belief.

HARRY BENE

Subscribed and sworn to before me this

1

day of

February

19 52

EDWARD P. JABERG

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Jos. V. Schetgen, M.D. M. D., of Geneva, 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 10th day of February 1952 I did carefully and personally examine Violet Bene and believe her 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 h mental and physical condition: Mentally unbalanced in thinking everyone is harming her and doing things to her that are unjust, writing meaningless pages of material and presenting them for her cause. Incoherent in her action as well as paranoid, in character.

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

Subscribed and sworn to before me this

11

day of

February

JOS. V. SCHETGEN,

M. D.

1952

EDWARD P. JABERG

Clerk Adams Cir. Court

VACCINATION

has been vaccinated for smallpox

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

M. D.

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 Violet Bene of said County, who is alleged to be insane and whom I have carefully and personally examined this 15 day of February 19 52 : 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.) A very pleasant person very conversant. She imagines that her brothers and sisters have wronged her by placing her father into a rest home, that her mother was trying to divorce her father. She told me that her two children were from an immaculate conception because she always observed her fertile periods. That she has refused her husband cohabitation on account of his participation with her relatives in moving her father away from his house. She has a religious Ectacy and writes letters to convince others. She manifested a strong resentment to her husband altho she said she cared for his every day need.

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

Subscribed and sworn to before me this 16 day of February 19 52

AMOS REUSSER M. D.

EDWARD F. JABERG Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Norman E. Beaver M. D., of Berne, 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 Violet Bene of said County, who is alleged to be insane, and whom I have carefully and personally examined this 15 day of Feb. 19 52 ; 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 he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Suspicious and has delusions of persecution; no insight into her condition. Faulty judgment and reasoning, blunted affect. Patient feels strongly that people have deliberately worked against her and her father without reason. She also fears physical persecution.

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

She has written letters to various friends and relatives objecting to imagined acts against her. There is some evidence of hallucinations at times of religious nature. There is strong resentment against husband.

Subscribed and sworn to before me this 16 day of February 19 52

NORMAN E. BEAVER M. D.

EDWARD F. JABERG Clerk, Adams C.C.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Violet Bene to the Richmond State Hospital: Comes now Harry Bene who filed application for the commitment of Violet Bene to the Richmond State Hospital, alleging therein that said Violet Bene 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 Violet Bene 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 Violet Bene 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 Adams Circuit Superior Court Judge of the

Maintenance to be paid by: husband

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 Violet Bene 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 February 19 52

[SEAL]

EDWARD F. JABERG 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 Richmond State Hospital together with application for admission as a patient in said hospital and afterwards, to wit: On the 4 day of March 19 52, an answer was received as follows:

To the Clerk of the Court, Adams County, Indiana: Mr. Edward F. Jaberg, Clerk Adams County Court, Adams County, Indiana: RICHMOND STATE HOSPITAL March 3, 19 52

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Violet Bene 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 13th, 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 Court of Adams County, Indiana, and being fully advised he made an order directing that he 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, Adams County, Indiana. P.O. Address of Patient

SUPERINTENDENT'S RECEIPT

RECEIVED, this day of A. D. 19 the patient named in the above order of court STATE HOSPITAL 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, 19 as shown by the Superintendent's receipt hereon endorsed this day of 19

ORDER OF DISCHARGE

STATE OF INDIANA RICHMOND STATE HOSPITAL FORM No. 19748 RICHMOND, INDIANA December 8, 1955. TO THE CLERK OF Adams County CIRCUIT COURT: THIS IS TO CERTIFY: PURSUANT TO THE PROVISION OF SEC. 2, CHAP. 95, ACTS 1955 THAT Violet Bene A PATIENT AT THIS HOSPITAL, HAS BEEN DISCHARGED THIS 8th DAY OF December 19 55/ IN MY OPINION SAID PATIENT (STRIKE OUT LINES THAT DO NOT APPLY) IS RESTORED TO MENTAL HEALTH. SAID PATIENT WAS COMMITTED TO THIS HOSPITAL February 25th 19 52. BY THE CIRCUIT COURT OF Adams COUNTY, H. or ADDRESS AT THAT TIME BEING GIVEN AS R.R. # 1, Geneva, Indiana (FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER) 1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL November 20th 1955. TO Mr. John Fox, Brother AND NOW RESIDING AT 544 Evergreen Ave., Dayton, Ohio 2. YOU ARE RESPECTFULLY REQUESTED TO CAUSE SAID PATIENT TO BE REMOVED FROM THE HOSPITAL TO YOUR COUNTY. AS PROVIDED IN SEC. 19, CHAP. 69, ACTS 1927 SEAL OF HOSPITAL NOTARY PUBLIC 8th December, 19 55. MY COMMISSION EXPIRES November 9th 19 57.