

*duplicate of application on page 345*

# APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Viola May Augsburger 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 Viola May Augsburger is in Indiana; that said Viola May Augsburger came to Indiana May 15, 1919 (Date) from (Born here) May 15, 1919 (Date) 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 Father (Relative or Friend) of said Viola May Augsburger; that I am a legal resident of Adams County, and that my address is 1421 W. Adams St., Decatur, Indiana

In case of emergency, notify Samuel Augsburger (Name and Address of relative or friend) Telephone 3-2322 Telegraph station Western Union

## PERSONAL HISTORY

Of Viola May Augsburger  
Born (Month) May (Day) 15 (Year) 1919 Place Adams Co., Indiana  
Color White Sex Fe Married Single X Widowed Divorced Separated  
IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest  
Has she passed menopause? No  
Birthplace of father Adams Co., Indiana Birthplace of mother Tippicaneoe Co., Indiana  
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 Did Not  
High school College Religion Protestant Occupation Housework Finish Where last  
employed and how long? Never away from home except with sister  
Estate: Value None Nature  
Guardian: Name None Address

## HISTORY OF INSANITY

How long have you known this person? 32 years Have you known this person intimately? yes  
When was the first sign of insanity observed by you? When she started her school life  
What was the first sign of insanity observed by you? Always back in school. Experienced difficulty in learning  
Was the present attack gradual or sudden in its onset? Gradual, worse in winter than in summer  
State what leads you to believe this person is insane Loses temper, gets extremely impatient, forgets so easily-- refuses to eat, doesn't comprehend like other people.  
What moral deficiencies have been shown? None particularly  
What was the mental and moral disposition in health? Good  
Number of previous attacks of mental disorder? Gradual since childhood, but becoming worse.  
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? No  
Has this person required feeding, seclusion or restraint? No Explain fully Refuses to eat but has never required feeding nor restraint  
Has this person been addicted to any drugs? No Explain fully  
(Answer yes or no.) Is person paralytic? No Violent? Yes Destructive? No Excited? No  
Depressed? No Homicidal? No Suicidal? No 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	Sam Augsburg	1412 W. Adams St.		
Mother (Maiden Name)	Leah Schertz	" "		
Father's father	Christ Augsburg		Kidney ailment	68
Father's mother	Elizabeth Baumgartner		Old age	78
Mother's father	Andrew Schertz		Kidney ailment	72
Mother's mother	Barbara Neuhauser		Unknown	72
Brother	Ivan Augsburg	Missionary to Dominican Republic		
Sister	Velva Steury Erma Augsburg	R. R. Berne, Indiana Brazil, 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	" "	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 W. E. Smith 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 person's insanity, are true to the best of his knowledge and belief.

Subscribed and sworn to before me this 25th day of January

19 52  
Edward F. Jaberg  
Notary Public or County Clerk

## STATEMENT OF ATTENDING PHYSICIAN

I, W. E. Smith M. D., of Decatur in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 25 day of January 19 52 I did carefully and personally examine Viola May Augsburg 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: Very nervous and irritable and at times becomes threatening. She is large and well nourished but has the facial expression of a mental incompetent.

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

Subscribed and sworn to before me this 26 day of January

W. E. Smith M. D.  
19 52  
Edward F. Jaberg  
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, G. J. Kohne M. D., of Decatur, 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 Viola Augsburg of said County, who is alleged to be insane and whom I have carefully and personally examined this 4 day of February 19 52; that I am of the opinion that she is not 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 she is not mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Well oriented-- has no particular paranoid affection. "Apparently at this time no delusions or illusions. She does feel her parents restrict her too much and becomes angry with them and has "temper tantrums".

I have also received the following information from others relative to the patient's condition: None

Subscribed and sworn to before me this 5 day of February

G. J. Kokne M.D. 19 52

Edward F. Jaberg Clerk Notary Public

STATEMENT OF MEDICAL EXAMINER

I, H. P. 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 Viola Kay Augsburg of said County, who is alleged to be insane, and whom I have carefully and personally examined this 5th day of February 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 she is mentally ill from the following facts observed by me.

(Describe physical and mental conditions, appearance and behavior of patient.) Patient is of rather low mentality but well oriented as to time and place. No delusions as hallucinations--avoided any reference to reasons for her being sent to jail -- stating that she was there to learn something. Said she had disagreements with her parents at times.

I have also received the following information from others relative to the patient's condition: Parents state that she is becoming unmanageable at home. She does very little work--only when she is in the mood. When they attempt to correct her she becomes threatening and at times rather violent. It is fear that she will harm them that makes them ask for her admission to a hospital. At the jail she became quite noisy for 8 - 10 hours. Apparently when she thought she was to be taken away.

H. P. Zwick M.D.

Subscribed and sworn to before me this 6 day of February

19 52

Edward F. Jaberg Clerk Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Viola Kay Augsburg to the Richmond State Hospital: Comes now Sam Augsburg who filed application for the commitment of Viola Kay Augsburg to the Richmond State Hospital, alleging therein that said Viola Kay Augsburg 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 Kyles F. Parrish Judge of the Circuit Court of the County of Adams Indiana, do hereby find and determine that the said Viola Kay Augsburg is not insane and is not in need of hospital care, and do hereby order her committed to the 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 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.

Kyles F. Parrish Judge of the Adams Court

STATE OF INDIANA

COUNTY } SS: I, 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 for the seal of said court, this day of 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 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 as shown by the Superintendent's receipt hereon endorsed this day of State Hospital, 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