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APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SUPERIOR~~ ^{CIRCUIT} 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 March, 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 (Relative or Friend) of said Violet Bene; that I am a legal resident of Adams County,

and that my address is R. R. 1 Geneva, Indiana

In case of emergency, notify Harry Bene (Name and Address of relative or friend)

Telephone None Telegraph station

PERSONAL HISTORY

Of Violet Bene

Born (Month) October (Day) 24 (Year) 1917 Place Lebanon, Ohio

Color white Sex Female Married X Single Widowed Divorced Separated

IF A WOMAN: Is she pregnant? No Number of children borne Two Present age of youngest Nine

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 X College Religion Catholic Occupation Housewife Where last

employed and how long? Self-employed

Estate: Value Assessed value of Real Estate 7150.00 with 1000.00 mortgage 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 and brother of attempting to conspire against her and her 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 Sanatorium

Has this person been a patient in any hospital for insane? Mt. Mercy Where, when and how long? Dyer, Indiana

May 7 - June 15, 1951. Has been under care of Dr. Howard Stellner Physician

Has this person suffered serious physical injury? Injury to lower vertebrae. If so, give particulars. Physician provided invalid seat for her for past 3 months.

Has this person suffered any serious illness? No State when and of what nature

Has this person suffered any great mental shock or strain? Father's 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

Depressed? Yes

Homicidal? No

Violent? No

Destructive? No

Excited? Yes

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	John Fox	Nason, Ohio	Hardening of arteries	75
Mother (Maiden Name)	Bertha Wietzel			
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 " 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 person's insanity, are true to the best of his knowledge and belief.

Harry Wene

Subscribed and sworn to before me this 1 day of February

19 52
Edward F. Jaberg
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Joseph V. Schetgen 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 19 52 I did carefully and personally examine Violet Wene 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: 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 actions 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

Joseph V. Schetgen M. D.
19 52

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, 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 Wene 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 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.) A very pleasant person. Very conversant, she imagines that her brother 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's solicitations on account of his participation with her relatives in moving her father away from his home. She has a religious ecstasy and writes letters to convince others. She manifested a strong resentment to her husband although 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

Amos Reusser M. D. 1952

Edward F. Jaberg Clerk Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Norman E. Beaver 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 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 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.) 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

Norman E. Beaver M. D. 19 52

Edward F. Jaberg Clerk Notary Public

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 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 Judge of the Adams Circuit 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 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 1952

[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 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 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