APPLICATION FOR INSANITY INQUEST

Adoms

County, Indiana:

Conrad Gallmeyer Your informant respectfully represents that one now residing in said county, is insome and a fit subject for custody and treatment in a State Hospital for Insome, as he verily believes,

and he therefore asks that necessary steps be taken to examine into h 1s

condition, as the law provides in such cases. Your in-

formant further states that to his best knowledge and belief, the legal settlement of said

Conrad Gallmeyer

in Indiana; that said

Conrad Gallmeyer

came to Indiana Dec. 5, 1900

from

1924 (Date)

and became a resident of Adams 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

01 said

Conrad Gallmeyer

; that I am a legal resident of

(Relative or Friend) Adoms

County.

and that my address is R.R. 1, Decatur, Ind.

In case of emergency, notify Louis Koenemann

(Name and Address of relative or friend)

Telephone Hosgland Exch. 3 longs on 17 Telegraph station

PERSONAL HISTORY

Of Conrad Gallmeyer

Born (Month) Pec.

(Day) 5

Married x

(Year) 1900

Place

Wells Co., Ind.

Sex M.

Single

Widowed

Divorced

Separated

IF A WOMAN: Is she pregnant?

Number of children borne

Present age of youngest

Has she passed menopause?

Birthplace of father

Color Wh.

Adams Co., Ind.

Birthplace of mother

Wells Co., Ind.

If person is of foreign birth, give date of entry into the United States

Port of entry

yes

Where last

Steamship line

Steamship

If of foreign birth, is person naturalized?

Education: None

Reads only

Reads and writes

Common school X

High school

College

Religion Lutheran Occupation Factory Employee

employed and how long?

Tokheim Pump Co.

Ft. Wayne, Ind.

7 yrs.

None Estate: Value

Nature

Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? 6 years When was the first sign of insanity observed by you?

October 1951

Have you known this person intimately?

What was the first sign of insanity observed by you?

railure to remember. Felt that his wife was

attempting to poison or dispose of him. Was the present attack gradual or sudden in its onset?

Gradual State what leads you to believe this person is insane He apparently cannot remember past events, and believes What moral deficiencies have been shown? None

What was the mental and moral disposition in health? Number of previous attacks of mental disorder? Gradual, but becoming more serious too freely too freely Has this person been a patient in any hospital for insane? Where, when and how long? No

Has this person suffered serious physical injury?

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

Homicidal?

Has this person required feeding, seclusion or restraint? Not exactly Explain fully But wife has had to leave home for safety

Has this person been addicted to any drugs?

(Answer yes or no.) Is person paralytic?

Explain fully

Violent?

Suicidal?

Yes

No

Destructive? Yes

No

Excited? Yes Is there any physical defect or deformity? Positive?

Has person ever suffered from syphilis? Negative?

Depressed?

Is person epileptic?

Yes No

No

NO

Has there been a Wasserman test? No Does person indulge or has person indulged in any venereal excess? 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 | Conrad Gallmeyer | | Stroke | 60 |
| Mother (Maiden Name) | Marie Graft | | Old age | 85 |
| Father's father | Unknown | | Unknown | |
| Father's mother | " | | | |
| Mother's father | " | | | |
| Mother's mother | m . | | | |
| Brother | Martin Gallmeyer | R.R. 1, Ossian | | |
| | Gerald Gallmeyer | Ft. Wayne, Ind. | | |
| ster | Frieda Light Martha Doehrman Ella Rook Hanna Buuck Marie Shoaf | Ona, Pennsylvania Ft. Wayne, Ind. Battle Creek, Mich. R.R. 1, Decatur Ft. Wayne, Ind. | | |

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 | ıı . | Fainting spells | 11 |
| Nervous prostro | ation " | Hysteria | ī |
| Feeble-mindedn | ess " | Tuberculosis | tt |
| Suphilis | н | | |

Was either of the person's parents or grandparents intemperate in the use of alcohol? Do not know

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? Do not know

The statement of Arthur H. Girod

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.

LOUIS KOFNEMANN

Subscribed and sworn to before me this

21

day of

March

19 52

EDWARD F. JABERG Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Arthur H. Girod M.D., of Decatur

Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 21st day of March 1952 I did carefully and personally examine Mr. onrad Gallmeyer and believe h 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:

Unable to remember things; feels that he is being poisoned, has alcoholic meuritis and

Unable to remember things; feels that he is being poisoned, has alcoholic meuritis and hallucinations (Korsakoff's Syndrome) - also psychiatric diagnosis of Dr. Dunstone, Ft.

Wayne, Ind.

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

ARTHUR H. GIROD M.D.

Subscribed and sworn to before me this

21

day of

March

19 52

EDWARD F. JABERG

VACCINATION

This is to certify that the said

by myself, or by another physician, to my positive knowledge within 60 days of this date.

has been vaccinated for smallpox

M, D.

STATEMENT OF MEDICAL EXAMINER

G. J. Kohne Adams Decatur, Ind. in the County of M. D., of Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanquinity or marriage Conrad Gallmeyer of said County, who is alleged to be insane and whom I have carefully and personally 25 examined this : that I am of the opinion that he is 19 52 day of 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.) Paranoid fixed idea - that his wife was trying to poison him. A marked loss of memory for recent events - does not remember how long and when he was in jail. His depressed

and physical weakness he attributes to the poison his wife is feeding him.

O. J. ROHVE

M. D.

sisks our gridesh of weapon has believe me this

day of

19

Notacx Public.

STATEMENT OF MEDICAL EXAMINER

Weestur M. D. of H. F. Ewlok in the County of Indiena do Acredy certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consumptivity or marriage,

Conrad Callmeyer

of said County, who is alleged to be insane, and whom I have carefully and personally

remained their

25th day of May.

18 23 ; that I am of the opinion that

B. O. S. S.

membally

ill and is

a proper person for detention, care and treatment in a State Hospital; and that I have formed my equation that

mentally ill from the following facts observed by me, (Describe physical and mental conditions, appearance and Ac as Paranoid ideas - being poboned by his wife - being cheated by others. Acharios of patient,)

hell oriented as to time and place but has poor memory for time relationship in recent events. Attributes depressing & physical ill health first to physicians shots, then to Threatened to burn his wife alive for this. wife's poison.

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

fatient has been a heavy drinker for a long time.

H. F. HWICK

M. D.

Subscribed and sworn to before me this

way of

39

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of

Conrad Wallmeyer

to the

Rt chwond

State Hospital:

Louis Koenemann Comos now

who filed application for the commitment of

Conrad Wallmeyer

to the

Richmond

State Mospital, alleging therein that said Conrad Vallmeyer

10 10

resident of

reciams

County and has

his

having read such application and heard such other evidence as was decount necessary to a full investigation of the facts stated in such

legal softlement in the State of Indiana, and is insone. And

application, I

until

Myles F. Farrish

Judge of the Circuit Court of the County of

he shall be restored to health, or removed or discharged according to law, and the elect of this court is hereby directed to

Adams

Indiana.

do hereby find and determine that the said in need of hospital care, and do hereby order him

Conrad Callmeyer committed to the

Richmond

CONTRACTOR OF THE PARTY OF State Hospital; and

this shall be sufficient warrant and authority for h to admission, confinement and detention for care and treatment in said hospital

apply forthwith to the superintendent of the

Richmond

State Hospital for the admission of the said

statements and certificates submitted, and to certify thereto under scal of this court. and to transmit with said application to said superintendent for his information, copies of all

> PARRISM Adams dealer of the

Street Store

STATE OF INDIANA

: Pile

ADAMS Edward F. Jabers Clerk of the Circuit Court, and or offices COUNTY 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 Couract vallneyer baryade 1% State Muquital: to the and the alatements of the two medical praminers appointed by the court to cramine and the court's critical pressure. ment in said matter,

In witness whereaf, I hereunta set my hand and he the seal of said court, this

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Appla

10 (1)

[SEAL]

REWARD P. JAPENO

Check

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 19 12 , an answer was received as follows: STATE HOSPITAL 19 Court, County, Indiana: To the Clerk of the 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 State Hospital, as a patient was referred to the Judge of to the County, Indiana, and being fully advised he made an order directing that Court of 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 19 day of Clerk St. P.O. Address of Patient Indiana. SUPERINTENDENT'S RECEIPT STATE HOSPITAL day of RECEIVED, this A. D. 19 the patient named in the above order of court M. D. Medical Superintendent RETURN ON COMMITMENT CAME TO HAND , and served by conveying the within named 19 and committing to the 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 Township, in said County.

19 , and duly served same by removing said patient to

This 19 County Sheriff