

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SUPERIOR~~ ^{CIRCUIT} COURT OF Adams County, Indiana:

Your informant respectfully represents that one Lillie T. Winans 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 in-

formant further states that to his best knowledge and belief, the legal settlement of said Lillie T. Winans is in Indiana; that said Lillie T. Winans came to Indiana Dec. 10, 1899 (Date) from (born here) and became a resident of Adams County Dec. 10, 1899 (Date) 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 husband of said Lillie T. Winans; that I am a legal resident of Adams County, (Relative or Friend)

and that my address is R. R. 6, Decatur, Indiana

In case of emergency, notify Elmer E. Winans R. R. 6, Decatur (Name and Address of relative or friend)

Telephone 77516 Decatur Telegraph station

PERSONAL HISTORY

Of Lillie T. Winans

Born (Month) Dec. (Day) 10 (Year) 1899 Place Adams Co., Ind.

Color wh Sex F Married Single Widowed Divorced Separated

IF A WOMAN: Is she pregnant? No Number of children borne 6 Present age of youngest 10 yrs.

Has she passed menopause? Yes

Birthplace of father Adams Co., Ind. Birthplace of mother 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 Common school

High school College Religion Occupation Housewife Where last

employed and how long? Self-Employed for 30 years

Estate: Value None Nature

Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? Thirty five years 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? Talk not rational. Seemed to think she possessed supernatural powers.

Was the present attack gradual or sudden in its onset? Gradual

State what leads you to believe this person is insane Swallows different articles, talks irrational, thinks she has unusual powers, and gives odd & peculiar reasons for actions. Claims she is Mary Magdelene.

What moral deficiencies have been shown? Doesn't seem to have a sense of right or wrong or propriety, talks about subjects before minor children that are usually considered out of place. Talks constantly.

What was the mental and moral disposition in health? Normal, even above normal

Number of previous attacks of mental disorder? Gradual but growing 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? None If so, give particulars

Has this person suffered any serious illness? None State when and of what nature Has suffered from migraine headaches.

Has this person suffered any great mental shock or strain? None

Has this person required feeding, seclusion or restraint? Explain fully

Has this person been addicted to any drugs? Has required restraint, also has taken to swallowing different articles Explain fully Lately she has taken to throwing articles and

(Answer yes or no.) Is person paralytic? No Violent? At times Destructive? Yes Excited? At times

Depressed? 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	Ira Thomas		60	Pneumonia
Mother (Maiden Name)	Teresa Railing		25	Tuberculosis
Father's father	George Thomas		60	Unknown
Father's mother	Madison		Unknown	Cancer
Mother's father	Abe Railing		90	Old Age
Mother's mother	Unknown		70	Heart attack
Brother	Grant Thomas Glenn Thomas	Unknown Middletown, O.		
Sister	One deceased One deceased			

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

Insanity	None to my knowledge	Epilepsy	"
Spasms	"	Fainting spells	"
Nervous prostration	"	Hysteria	"
Feeble-mindedness	"	Tuberculosis	Three uncles died of tuberculosis
Syphilis	None		

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? None

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 persons's insanity, are true to the best of his knowledge and belief.

Subscribed and sworn to before me this 23 day of April 19 52
 E. E. WINANS
 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 19 day of April 19 52 I did carefully and personally examine Lillie T. Winans about 2 mo ago 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: She is a rather poorly nourished woman and has been failing mentally for some four yrs. She talks incessantly in a confused manner and is very unstable memory and behavior

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

Subscribed and sworn to before me this 26 day of Apr. 19 52
 W. E. SMITH M. D.
 EDWARD F. JABERG
 Notary Public

VACCINATION

This is to certify that the said _____ has been vaccinated for smallpox
 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, H. F. 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 Lillie T. Winans of said County, who is alleged to be insane and whom I have carefully and personally examined this 2nd day of May 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.) Poorly nourished white female. Somewhat agitated - Fairly well oriented as to time and place - Better for past events. Very talkative, especially on the subject of her past experiences during pregnancies & while children were small. Has burned areas on arms for which she gave no coherent explanation.

I have also received the following information from others relative to the patient's condition: Since admission to jail she has been violent and destructive - Would defecate in a cup and then throw feces about - Noisy.

H. F. ZHICK

M. D.

Subscribed and sworn to before me this 2 day of May 19 52

EDWARD F. JABERG
Clerk, Adams C. C.

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 Lillie T. Winans of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 3rd day of May 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.) Very talkative and fairly coherent conversation with facts as regards her
past & recent events. Has burned areas on both arms which she describes as her social security.

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

Has been very destructive since in jail-to jail property.

G. J. KONNE

M. D.

Subscribed and sworn to before me this day of 19

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Lillie T. Winans
to the Richmond State Hospital:
Comes now Elmer E. Winans who filed application for the commitment of Lillie T. Winans
to the Richmond State Hospital, alleging therein that said Lillie T. Winans 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 Lillie T. Winans 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
Lillie T. Winans 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.

(SEAL)

MYLES F. PARRISH

Judge of the ADAMS Circuit Court Superior

Maintenance to be paid by:
To be determined by the Trustee of St. Marys Township, Adams County, Indiana.
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 Lillie T. Winans 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 commit-
ment in said matter.

In witness whereof, I hereunto set my hand and fix the seal of said court, this 6 day of May 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 State Hospital together with application for h admission as a patient in said hospital and afterwards, to wit: On the 5 day of May 1952, 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 1952 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