

## APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Lawrence G. Schlegel 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 his condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said Lawrence G. Schlegel is in Indiana; that said Lawrence G. Schlegel came to Indiana from Adams always lived here (Date) and became a resident of March 9, 1877 (Date) County 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 daughter of said Lawrence G. Schlegel; that I am a legal resident of Adams County, and that my address is 414 N. Seventh Decatur In case of emergency, notify Helen M. Fenner (Name and Address of relative or friend) Telephone 34244 Telegraph station

### PERSONAL HISTORY

Of Lawrence G. Schlegel  
 Born (Month) Mar (Day) 9 (Year) 1877 Place Adams Co., Ind.  
 Color Sw M Married 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 Unknown Birthplace of mother Unknown  
 If person is of foreign birth, give date of entry into the United States Part 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 Blacksmith Where last employed and how long? Central Sugar Co. 19 years  
 Estate: Value None Nature  
 Guardian: Name None Address

### HISTORY OF INSANITY

How long have you known this person? Almost 50 years Have you known this person intimately? yes  
 When was the first sign of insanity observed by you? April 1, 1952  
 What was the first sign of insanity observed by you? Tore up his stool-chair and wouldn't keep clothes on.  
 Was the present attack gradual or sudden in its onset? Gradual - since Feb. 1 he became fearful  
 State what leads you to believe this person is insane His destruction of furniture and other property.  
 What moral deficiencies have been shown? He has threatened suicide and harm to other people. Has been very immoral  
 What was the mental and moral disposition in health? Not too good  
 Number of previous attacks of mental disorder? Has been very demanding in requests due to crippled condition  
 Has this person been a patient in any hospital for insane? No Where, when and how long?  
 Has this person suffered serious physical injury? If so, give particulars  
 Fell on spine in 1918 and has been an invalid since that time.  
 Has this person suffered any serious illness? State when and of what nature Since February has suffered swelling in feet and legs & now over body.  
 Has this person suffered any great mental shock or strain? No - Suicide attempt in about  
 Has this person required feeding, seclusion or restraint? No Explain fully Probably due to crippled condition  
 Has this person been addicted to any drugs? No Explain fully  
 (Answer yes or no.) Is person paralytic? Yes Violent? Yes Destructive? Yes Excited? Yes  
 Depressed? At times Homicidal? Yes Suicidal? Yes, once Is there any physical defect or deformity? Paralyzed  
 Has person ever suffered from syphilis? Negative? Has there been a Wasserman test? Positive? From walk  
 Is person epileptic? No Does person indulge or has person indulged in any venereal excess? Not to my knowledge down  
 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	Gust Schlegel		Pneumonia	Unknown
Mother (Maiden Name)	Belle Grim		Tuberculosis	Unknown
Father's father	Unknown			
Father's mother	Unknown			
Mother's father	Unknown			
Mother's mother	Unknown			
Brother				
Sister	Cora Schlegel		Childbirth	Unknown

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

Insanity	Not to my knowledge	Epilepsy	Not to my knowledge
Spasms	" "	Fainting spells	" "
Nervous prostration	Not to my knowledge	Hysteria	" "
Feeble-mindedness	" "	Tuberculosis	Mother had tuberculosis
Syphilis	" "		

Was either of the person's parents or grandparents intemperate in the use of alcohol? Not to my knowledge

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? Not to my knowledge

The statement of 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.

Subscribed and sworn to before me this 2 day of May

HELEN M. FONNER  
19 52  
EDWARD F. JABERG  
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Roland Reppert M. D., of Decatur, 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 10 day of May 19 I did carefully and personally examine Lawrence Schlegel and believe him 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:  
He apparently is an arteriosclerotic case. At times he becomes mentally confused, other times he is rather violent. He has been unable to walk for a number of years.

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

Subscribed and sworn to before me this 12 day of May

ROLAND REPPERT M. D.  
19 52  
EDWARD F. JABERG  
Notary Public  
Clerk Adams Cir. Court

VACCINATION

This is to certify that the said Lawrence C. Schlegel 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 Lawrence C. Schlegel of said County, who is alleged to be insane and whom I have carefully and personally examined this 14 day of May 19 52 : that I am of the opinion that he 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 he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Well oriented as to time and place. Gave a coherent account of his actions and reasons therefore. May get confused at times and admits that he has times when he becomes angry. Attempted suicide when he knew he was to be taken to mental hospital 25 yrs. ago. The mental charges seem no greater than expected at his age.



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

Has fits of anger - is unclean about himself at times. Would not keep his clothes on. Lives by himself behind his daughters house and needs more help to get around especially at night. This shows moderate senile changes and apparently could be cared for at the county infirmary.

H. F. ZWICK M.D.

Subscribed and sworn to before me this 29 day of May

19 52

EDWARD F. JABERG  
Clerk Adams Circuit Court

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 Lawrence C. Schlegel of said County, who is alleged to be insane, and whom I have carefully and personally examined this 14 day of May 19 52 ; that I am of the opinion that he 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 he is not mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Arteriosclerotic with senility - but has a very good memory for past and recent events - appears to be without delusions or illusions. Paralyzed from waist down - but able to get around well with chairs and stools.

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

Apparently has fits of anger and would expose himself at open door and window. He however denies this. Since he is able to take care of self. County infirmary may be helpful.

G. J. KOHNE M.D.

Subscribed and sworn to before me this 21 day of May

19 52

EDWARD F. JABERG  
Clerk Adams C.C.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Lawrence C. Schlegel to the Richmond State Hospital: Comes now Helen M. Fonner who filed application for the commitment of Lawrence C. Schlegel to the Richmond State Hospital, alleging therein that said Lawrence C. Schlegel is a resident of Adams County and has his 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 Lawrence C. Schlegel is not insane and is not in need of hospital care, and do hereby order h committed to the State Hospital; and this shall be sufficient warrant and authority for h admission, confinement and detention for care and treatment in said hospital until he 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.

MYLES F. PARRISH  
Judge of the Adams Circuit Court

STATE OF INDIANA

COUNTY } SS: I, 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 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 fix the seal of said court, this

day of 19

[SEAL]

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 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