

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Peter Graber 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 Peter Graber is in Indiana; that said came to Indiana from Birth

from Birth (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 Supt. Infirmary (Relative or Friend) of said ; that I am a legal resident of Adams County,

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

In case of emergency, notify Victor Graber, Berne, Indiana.

Telephone Berne Telegraph station Decatur, Indiana. (Name and Address of relative or friend)

PERSONAL HISTORY

Of Peter Graber

Born (Month) February (Day) 18 (Year) 1898 Place Adams Co., Indiana.

Color White Sex Male Married Single Widowed Divorced Yes Separated

IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest

Has she passed menopause?

Birthplace of father Allen Co., Indiana Birthplace of mother Allen County, 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 Yes

High school College Religion Amish Occupation Where last

employed and how long? Michigan--Did butchering

Estate: Value None Nature

Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? 4 months Have you known this person intimately? Yes

When was the first sign of insanity observed by you? 4 months ago

What was the first sign of insanity observed by you? Takes clothes off and isn't able to control kidney movements. Will not eat.

Was the present attack gradual or sudden in its onset?

State what leads you to believe this person is insane For above reasons and other things he does. Isn't able to carry on a conversation. Ate toilet deodorant.

What moral deficiencies have been shown?

Exposes body to other persons

What was the mental and moral disposition in health? Do not know

Number of previous attacks of mental disorder? Do not know

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-not to my knowledge.

Has this person required feeding, seclusion or restraint? Seclusion Explain fully Walks around all night and has to be confined in a room by himself.

Has this person been addicted to any drugs? No Explain fully

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

Depressed? No Homicidal? No Suicidal? No Is there any physical defect or deformity? No

Has person ever suffered from syphilis? Negative? Has there been a Wasserman test? Positive?

Does person indulge or has person indulged in any venereal excess?

Is person epileptic? No Was person feeble-minded in childhood? Has been informed that he wasn't mentally what he should be.

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	Victor Graber	Berne, Indiana	Dropsy and heart trouble	56
Mother (Maiden Name)	Elizabeth Schwartz	Berne, Indiana		
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother				
Sister				

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

Insanity
Epilepsy
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?

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics?

The statement of James M. Burk 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 11 day of June 19 43. SAM REINHART
CLYDE O. TROUTNER
County Clerk

(SEAL)

STATEMENT OF ATTENDING PHYSICIAN

I, James M. Burk 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 11 day of June 19 43 I did carefully and personally examine Peter Graber 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 his mental and physical condition: C.N.S. Syphilis-aretic, hears voices talking to him, says his head is not like others, disrobes in public--Dementia Precox--obviously mentally deranged.

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

Subscribed and sworn to before me this 11 day of June 19 43. JAMES M. BURK M. D.
(SEAL) CLYDE O. TROUTNER, CLERK

VACCINATION

This is to certify that the said Peter Graber has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date June 11 1943. JAMES M. BURK M. D.

STATEMENT OF MEDICAL EXAMINER

I, M. D., of in the County of Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to of said County, who is alleged to be insane and whom I have carefully and personally examined this day of 19 : that I am of the opinion that he 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.)

(ABOVE PATIENT DECEASED BEFORE FURTHER PROCEEDINGS WERE HAD)

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

M. D.

Subscribed and sworn to before me this _____ day of _____ 19____

Notary Public

STATEMENT OF MEDICAL EXAMINER

I, _____ M. D., of _____ in the County of _____ Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to _____ of said County, who is alleged to be insane, and whom I have carefully and personally examined this _____ day of _____ 19____; that I am of the opinion that he 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.)

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

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 _____ to the _____ State Hospital: _____ Comes now _____ who filed application for the commitment of _____ to the _____ State Hospital, alleging therein that said _____ is a resident of _____ County and has _____ 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 _____ Judge of the _____ Circuit Superior Court of the County of _____ Indiana, do hereby find and determine that the said _____ is _____ insane and is _____ 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.

Judge of the _____ Circuit Superior Court

STATE OF INDIANA

_____ } SS:
COUNTY }

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 fix the seal of said court, this _____ day of _____ 19____

19

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 State Hospital, as a patient was referred to the Judge of to the Court 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 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