

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Bush Miller 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 Bush Miller is in Indiana; that said Bush Miller came to Indiana May 5, 1936 (Date) from Born in Indiana and became a resident of Adams County May 5, 1936 (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 No permanent residence mother of said Bush Miller; that I am a legal resident of Adams County, and that my address is Cor. 13th & Adams St. Decatur, Ind.

In case of emergency, notify Annie Michell (Name and Address of relative or friend) Telephone Telegraph station Wester Union - Decatur, Ind.

PERSONAL HISTORY

Of Bush Miller
Born (Month) May (Day) 5 (Year) 1936 Place Indianapolis, Ind.
Color Full-blooded Indiana Sex M. Married Single x Widowed Divorced Separated
IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest
Has she passed menopause?
Birthplace of father Oklahoma Birthplace of mother Los Angeles, Calif.
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 x Reads only Reads ~~and writes~~ a little Common school
High school College Religion Occupation Plasterer & Repair helper Where last employed and how long?
Estate: Value None Nature
Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? 16 years Have you known this person intimately? yes
When was the first sign of insanity observed by you? 1 month ago
What was the first sign of insanity observed by you? Walked up and down constantly with head down. Pays no attention to anyone or anything.
Was the present attack gradual or sudden in its onset? Rather suddenly
State what leads you to believe this person is insane Was walking down state highway in spite of heavy traffic. High tempered and bitter toward parents, brothers and sisters
What moral deficiencies have been shown? None of a serious nature.
What was the mental and moral disposition in health? Good
Number of previous attacks of mental disorder? Gradual since about a month ago.
Has this person been a patient in any hospital for insane? None Where, when and how long?
Has this person suffered serious physical injury? None 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
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 Violent? Yes Destructive? Yes Excited? Yes
Depressed? Yes 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? Somewhat

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	Bush Miller	California		
Mother (Maiden Name)	Anna Miller	Cor. 13th & Adams, Decatur, Ind.		
Father's father	Geo. Miller		Heart attack	70
Father's mother	Euelah			
Mother's father	Geo. Miller			
Mother's mother	Unknown			
Brother	None			
	4-half brothers			
Sister	None			
	No half sisters			

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	None	Fainting spells	None
Nervous prostration	None	Hysteria	None
Feeble-mindedness	None	Tuberculosis	None
Syphilis	None		

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 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 22 day of May

ANNIE MICHELL
19 32
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 2 day of May 19 52 I did carefully and personally examine Bush Miller and believe h im 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 appears to be very lethargic & dull when questioned. His memory, both past and present is inaccurate. I believe he would be a good candidate for therapy, possibly shock type.
I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 22 day of May

ROLAND REPERT M. D.
19 52
EDWARD F. JABERG
Notary Public
Clerk Adams C. C.

VACCINATION

This is to certify that the said G. J. Kohne 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, G. J. Kohne 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 Bush Miller of said County, who is alleged to be insane and whom I have carefully and personally examined this 24 day of May 19 52 : 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.)
Memory for past and recent events very poor. Answers only yes or no to questions which generally are inaccurate. Has no delusions, illusions or hallucinations, apparently. Has a very dull, lethargic appearance and exhibits more of a feeble minded person than a psychosis

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

None

Subscribed and sworn to before me this 26 day of May

G. J. KOHNE M.D. 19 52

EDWARD F. JABERG Notary Public Clerk, Adams C.C.

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 Bush Miller of said County, who is alleged to be insane, and whom I have carefully and personally examined this 24th day of May 19 52 ; 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.)

Lethargic - mentally Shows almost complete inability to recall recent or remote events - Will say "yeah" to almost any statement but volunteers no information himself - Is unable to form a complete sentence but stops after 2 or 3 words. It is difficult to assess his intelligence because no information can be obtained - almost complete indifference to surrounding.

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

None

Subscribed and sworn to before me this 29 day of May

H. F. ZWICK M.D.

19 52

EDWARD F. JABERG Notary Public Clerk, Adams C.C.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Bush Miller

to the Richmond State Hospital:

Comes now Annie Michell who filed application for the commitment of Bush Miller to the Richmond State Hospital, alleging therein that said Bush Miller 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 Superior Court of the County of Adams Indiana, do hereby find and determine that the said Bush Miller is insane and is in need of hospital care, and do hereby order him committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for his 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 Richmond State Hospital for the admission of the said Bush Miller 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 Superior 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 Bush Miller 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 31 day of May 19

[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 and afterwards, to wit: On the State Hospital together with application for h admission as a patient in said hospital 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 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 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