

## APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one William Biery 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 William Biery is in Indiana; that said William Biery came to Indiana 1927 from California and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were (Date)

In making this petition, I do hereby certify that I am a niece of said William Biery; that I am a legal resident of Adams County, (Relative or Friend)

and that my address is Geneva, Indiana

In case of emergency, notify Bernice Neal

Telephone 3 on Geneva

Telegraph station (Name and Address of relative or friend)

## PERSONAL HISTORY

Of William Biery

Born (Month) Oct. (Day) 5 (Year) 1974 Place Adams Co.

Color Sex M Married Single Widowed x Divorced Separated

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

Has she passed menopause?

Birthplace of father

Birthplace of mother

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 x

Common school x

High school

College

Religion Protestant Occupation Retired farmer

Where last

Self-employed on own farm for many years employed and how long?

Estate: Value Assess. Value \$840.00 Nature Real and personal

property in town of Linn Grove, Indiana

Guardian: Name

Address

## HISTORY OF INSANITY

How long have you known this person? 40 yrs.

Have you known this person intimately? yes

When was the first sign of insanity observed by you? Yes

What was the first sign of insanity observed by you? Became extremely talkative, became extremely radical,

suspected people of making fun and talking about him.

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

State what leads you to believe this person is insane Threatened to kill son-in-law in Middletown, Indiana.

Made two trips to Middletown for that purpose. Is extremely angry with friends & neighbors.

What moral deficiencies have been shown? None

What was the mental and moral disposition in health? Normal

Number of previous attacks of mental disorder? Gradual since May 25

Has this person been a patient in any hospital for insane? No

Where, when and how long?

Has this person suffered serious physical injury? Not to my knowledge, 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? Death of wife in 1923

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? No

Excited? Yes

Depressed? Yes Homicidal? Yes

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	Christ Biery		Unknown	78 or 79
Mother (Maiden Name)	Kathryn Lehman		Unknown	75
Father's father	John Biery		Unknown	
Father's mother	Unknown		Unknown	
Mother's father	Unknown		Unknown	
Mother's mother	Unknown		Unknown	
Brother	Peter S. Biery	Beneva, Ind.		
	Oswin Biery	Midland, Mich.	Pneumonia	
	Rufus Biery			
Sister	Lily Ayres	Sulphur Springs, Ind.		
	Ella Ayres		Heart attack	55

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 Myron L. Habegger 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.

BERNICE NEAL

Subscribed and sworn to before me this 16 day of June 19 52

EDWARD F. JABERG  
Notary Public for County Clerk

## STATEMENT OF ATTENDING PHYSICIAN

I, Myron L. Habegger M. D., of Berne, 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 16 day of June 19 52 I did carefully and personally examine William Biery 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:

- (1) Very irrational (2) threatens to kill son-in-law and other individuals around about him (3) had to have guns removed from his possession tonight.

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

Subscribed and sworn to before me this 17 day of June 19 52

MYRON L. HABEGGER M. D.  
EDWARD F. JABERG  
Notary Public  
Clerk, Adams Cir. Court

## VACCINATION

This is to certify that the said William Biery has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.  
Date July 25, 19 52

S. WAYNE SMITH M. D.

## STATEMENT OF MEDICAL EXAMINER

I, S. Wayne Smith M. D., of 1800 E. 10th St., Indianapolis, 1, Indiana in the County of Marion Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to William Biery of said County, who is alleged to be insane and whom I have carefully and personally examined this 24 day of July 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.) The patient is in good physical condition for his age. Mentally he prove to excitation and acting out hostility. The patient has used the means of using a gun to back up his aggressive tendencies especially toward son-in-law; and he still has bad feelings toward him.

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

The family stated Mr. Biery had used a gun to help settle a difficulty with the son-in-law. Witnesses stated Mr. Biery stated he would have used the gun if the son-in-law hadn't had a child on his lap.

Subscribed and sworn to before me this 24 day of July 19 52 S. WAYNE SMITH M. D.

GENEVA S. McNICHOLL Notary Public

Marion Co., Ind. My commission expires December 1, 1953

STATEMENT OF MEDICAL EXAMINER

I, Philip B. Reed M. D., of Indianapolis, Ind. in the County of Marion to William Biery 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.)

Physical condition - good for age. Mental condition - the patient is quite evasive as to episode of June 16 and other occasions when he has threatened life. The patient quickly shifts the talk to his wine drinking on June 16 but on questioning admits he was sober when he walked in on son-in-law whom he suspects of disliking him because the patient opposed his daughter's marrying him.

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

The patient is stated to have said that (1) Dr. Habegger would "live to regret" giving him a "shot" prior to removal to jail and (2) others who discouraged his regularly seeing his grand-children will regret it. This patient is disarmingly quiet and direct. Behind his words lies a paranoid system of discrimination ranging to persecution. He is potentially homicidal.

Subscribed and sworn to before me this 25 day of July 1952 PHILIP B. REED M. D.

GENEVA S. McNICHALL Notary Public Marion County, Ind. My commission expires December 1, 1953

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of William Biery

to the Richmond State Hospital:

Comes now Bernice Neal who filed application for the commitment of William Biery

to the Richmond State Hospital, alleging therein that said William Biery 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 William Biery is insane and is in need of hospital care, and do hereby order h committed to the Richmond State Hospital; and

this shall be sufficient warrant and authority for h is 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

William Biery 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.

Maintenance to be paid by: His children or from his own estate.

MYLES F. PARRISH Judge of the Adams Circuit Court Superior

STATE OF INDIANA

SS:

COUNTY

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 William Biery 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 19 day of August 1952 EDWARD F. JABERG 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 and afterwards, to wit: On the 24 day of Aug 19 54, an answer was received as follows:

To the Clerk of the Court, STATE HOSPITAL 19 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 Aug 19 54 P. O. Address of Patient St. Indiana. Clerk

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 day of , 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 OF INDIANA

STATE HOSPITAL

FORM NO. \_\_\_\_\_

19

RICHMOND STATE HOSPITAL

RICHMOND, INDIANA July 21st, 19 54.

TO THE CLERK OF Adams County CIRCUIT COURT: THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1933

this day dis- mate of this

THAT William Biery A PATIENT AT THIS HOSPITAL, HAS BEEN DISCHARGED

THIS 21st DAY OF July 19 54. IN MY OPINION, SAID PATIENT

( STRIKE OUT LINES THAT DO NOT APPLY ) IS SUFFICIENTLY RECOVERED TO BE RELEASED. IS RESTORED TO MENTAL HEALTH. IS INCURABLE AND HARMLESS AND SHOULD BE REMOVED TO MAKE ROOM FOR A RECENT CASE.

SAID PATIENT WAS COMMITTED TO THIS HOSPITAL August 19th, 19 52. BY THE

M. D. Superintendent

CIRCUIT COURT OF Adams COUNTY, IN is ADDRESS AT THAT TIME BEING GIVEN

AS Geneva, Indiana

( FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER )

1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL January 10th 19 54.

TO Mr. Johnson Biery, Son

nt and return

AND NOW IS RESIDING AT 2605 W. Main St., Muncie, Indiana

2. YOU ARE RESPECTFULLY REQUESTED TO CAUSE SAID PATIENT TO BE REMOVED FROM THE HOSPITAL TO YOUR COUNTY, AS PROVIDED IN SEC. 19, CHAP. 69, ACTS 1927

day of

SEAL OF HOSPITAL

Clerk

SUBSCRIBED AND SWORN TO BEFORE ME THIS 21st DAY OF July 19 54.

Signature of Superintendent and Notary Public

MY COMMISSION EXPIRES November 9th, 19 57.

County