

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SWPPHIAH~~ ^{CIRCUIT} COURT OF

County, Indiana:

Your informant respectfully represents that one **Claude Biberstein** 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 **Claude Biberstein** is in Indiana; that said **Claude Biberstein** came to Indiana **Jan. 26, 1908** (Date) from by birth and became a resident of **Adams** County. This person's places of residence for three years prior to coming to Indiana were by birth (Date)

In making this petition, I do hereby certify that I am a **wife** of said **Claude Biberstein**; that I am a legal resident of **Adams** County, and that my address is **Geneva, Indiana**

In case of emergency, notify **Margaret Mae Biberstein** (Name and Address of relative or friend) Telephone in restaurant **Geneva 137** Telegraph station

PERSONAL HISTORY

Of **Claude Biberstein**
 Born (Month) **January** (Day) **26** (Year) **1908** Place **Adams County, Indiana**
 Color **Wh** Sex **Male** Married **Yes** 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 **Adams County, Indiana** Birthplace of mother **Adams 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 **No** College **No** Religion **Protestant** Occupation **Furniture Factory Empl.** Where last employed and how long? **Dunbar Furniturs Factory Berne, Indiana 3 yrs.**
 Estate: Value **\$5,000.00** Nature **Real Estate (joint title)**
 Guardian: Name **None** Address

HISTORY OF INSANITY

How long have you known this person? **23 years** Have you known this person intimately? **Yes**
 When was the first sign of insanity observed by you? **3 or 4 months ago**
 What was the first sign of insanity observed by you? **Didn't talk right, had a far-away look in eyes stares**
 Was the present attack gradual or sudden in its onset? **Gradual**
 State what leads you to believe this person is insane **Did himself bodily harm**
 What moral deficiencies have been shown? **None**
 What was the mental and moral disposition in health? **Morally, ---- all right Mentally, very despondent morbid**
 Number of previous attacks of mental disorder? **approximately 5**
 Has this person been a patient in any hospital for insane? **Yes** Where, when and how long? **Richmond, Jan, 1946 --- Apr. 1946**
 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**
 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? **No** Destructive? **No** Excited? **Yes**
 Depressed? **Yes** Homicidal? **No** Suicidal? **Yes** Is there any physical defect or deformity? **No**
 Has person ever suffered from syphilis? **No** Has there been a Wasserman test? **Unknown** 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	Adam Biberstein	R. R # 1, Berne, Ind	Suicide	65
Mother (Maiden Name)	Emma (Augsburger) Biberstein	Berne, Indiana		
Father's father	John Biberstein	Linn Grove	Heart Ailm.	75
Father's mother	Mary Hirschy	Illinois		75
Mother's father	Christ Augsburger	Linn Grove, Ind	Pneumonia	69
Mother's mother	Elizabeth Baumgartner	Linn Grove, Ind.		85
Brother	Loyd Biberstein Wilmer Biberstein Alton Biberstein Elmer Biberstein	Decatur, Indiana Geneva, Indiana Berne, Indiana Berne, Indiana		
Sister	Verna Hendricks Wilma Lehman Marie Ault Evelynn Hoffman	Ft. Wayne, Indiana Portland, Indiana Berne, Indiana Berne, Indiana		

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

Insanity One sister (Nona Bollenbacher) Richmond Epilepsy None
 Spasms None Fainting spells None
 Nervous prostration None Hysteria None
 Feeble-mindedness None Tuberculosis None
 Syphilis One sister Nona Bollenbacher died in Easthaven 8 or 10 years ago
 Was either of the person's parents or grandparents intemperate in the use of alcohol? Patient's father, Adams Biberstein
 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 Joseph Schelgen 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 her knowledge and belief.

MARGARET MAE BIBERSTEIN

Subscribed and sworn to before me this 26 day of November 1952

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Jos. V. Schetgen M. D., of Geneva in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 26th day of November 1952 I did carefully and personally examine Claude Biberstein 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: did do bodily harm to himself (self-inflicted archidectomy bilateral); mentally confused, puzzled as to what is going on; stares into space, unmanageable at times.

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

JOS. V. SCHETGEN M. D.
19 52.

Subscribed and sworn to before me this 28th day of November

Notary Public

VACCINATION

This is to certify that the said Claude Biberstein has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
 Date Nov. 26 19 52

Jos. A. Schetgen M. D.

STATEMENT OF MEDICAL EXAMINER

I, James S. Fitzpatrick M. D., of Portland in the County of Jay Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to Claude Biberstein of said County, who is alleged to be insane and whom I have carefully and personally examined this 27th day of November 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.) Self-inflicted bilateral archidectomy. Severe depression. Unroo-operative and at times almost unmanageable. Confused at times; does not know where he is or why he is here.

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

He was depressed and mentally disturbed for past three or four weeks; condition becoming progressively worse until November 25 when he inflicted above named wounds to self. I certify that in my opinion Claude Biberstein is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted
Subscribed and sworn to before me this 28TH day of November 1952 JAMES S. FITZPATRICK M.D.

EDWARD F. JABERG, CLERK, Adams C. C. #####

STATEMENT OF MEDICAL EXAMINER

I, C. P. Hinchman M.D., of Geneva 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 Claude Biberstein of said County, who is alleged to be insane, and whom I have carefully and personally examined this 28th day of November 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.) Marked depression, psychosis now and at intervals for past two years from my personal knowledge.

I have also received the following information from others relative to the patient's condition: That he himself inflicted a bilateral orchidectomy; that he has been threatening and abusive to others about him. I certify that in my opinion Claude Biberstein is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Subscribed and sworn to before me this 28th day of November 19 52 C. P. HINCHMAN M.D.

EDWARD F. JABERG, CLERK, Adams C. C. #####

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Claude Biberstein to the Richmond State Hospital: Comes now Margaret Mae Biberstein who filed application for the commitment of Claude Biberstein to the Richmond State Hospital, alleging therein that said Claude Biberstein is a resident of Adams 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 Myles F. Parrish Judge of the Circuit Court of the County of Adams Indiana, do hereby find and determine that the said Claude Biberstein 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 Claude Biberstein 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

Adams COUNTY } SS: I, Edward F. Jaberg 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 Claude Biberstein 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 6th day of November 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 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 8 day of Dec A. D. 19 52 the patient named in the above order of court

M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND and committing to the day of 19 , and served by conveying the within named State Hospital, as shown by the Superintendent's receipt hercon endorsed this day of 19

STATE OF INDIANA

Form No

RICHMOND STATE HOSPITAL

RICHMOND, IND., April 26th 19 55

HOSPITAL

TO THE CLERK OF Adams County CIRCUIT COURT:

THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1933

THAT Claude Biberstein, A PATIENT OF THIS HOSPITAL HAS BEEN DISCHARGED

THIS 26th DAY OF April 19 55 IN MY OPINION, SAID PATIENT

(STRIKE OUT LINES THAT DO NOT APPLY)

~~IS RESTORED TO MENTAL HEALTH~~

~~AND IS NOW RESIDING AT~~

SAID PATIENT WAS COMMITTED TO THIS HOSPITAL December 6th 19 52 BY THE

CIRCUIT COURT OF Adams COUNTY, IN 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 August 30th 19 54

TO Mrs. Verma Hendricks, Sister

AND IS NOW RESIDING AT 4408 South East Anthony Wayne Drive, Ft. Wayne, 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.

SEAL OF HOSPITAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS 26th DAY OF April 19 55

Handwritten signatures of Superintendent and Notary Public

MY COMMISSION EXPIRES November 9th, 19 57.

To the Clerk of Adams County Hospital; P. N. STATE OF INDIANA W. State Hos W. CA Township,

lay dis- of this M. D. endent return day of Clerk County