

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Russell Wheeler 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 Russell Wheeler is in Indiana; that said Russell Wheeler came to Indiana in 1882 from Fairmount Co. Ohio and became a resident of Adams County in 1882. This person's places of residence for three years prior to coming to Indiana were (lived in Ohio only six months.)

In making this petition, I do hereby certify that I am a daughter of said Russell Wheeler; that I am a legal resident of Adams County, and that my address is 628 1/2 North Congress St, Portland, Indiana. In case of emergency, notify Delmar Stanley R. R # 2 Geneva, Indiana Telephone 20F31 Geneva Telegraph station Geneva

PERSONAL HISTORY

Of Russell Wheeler
 Born (Month) July (Day) 29 (Year) 1882 Place Fairmount County, Ohio
 Color Wh Sex Male Married X 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 Ohio
 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 2 years College Religion U. B. Occupation Farmer Where last employed and how long? Self-employed on farm
 Estate: Value \$6110.00 Assessed Value Nature Real Estate & Personal property
 Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? 40 years Have you known this person intimately? Yes
 When was the first sign of insanity observed by you? four or five years ago
 What was the first sign of insanity observed by you? Complained about trivial matters, worried a lot. Hooked stary.
 Was the present attack gradual or sudden in its onset? Gradual
 State what leads you to believe this person is insane Gets confused; talks constantly about self, gets hysterical.
 What moral deficiencies have been shown? None
 What was the mental and moral disposition in health? Nervous & high-strung
 Number of previous attacks of mental disorder? gradual since 1948
 Has this person been a patient in any hospital for insane? Not for insane Where, when and how long? Was in a Cincinnati sanitorium for 7 wks June-July, 1950
 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? slight
 Has person ever suffered from syphilis? No Has there been a Wasserman test? No Positive? hernia
 Negative? Does person indulge or has person indulged in any venereal excess?
 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	John A. Wheeler		Infirmity	76
Mother (Maiden Name)	Nora Dennis		complications following typhoid fever	65
Father's father	Unknown			
Father's mother	"		Unknown	
Mother's father	"		"	
Mother's mother	"		"	
Brother	Orton F. Wheeler Howard Wheeler William Wheeler		Heart Attack Pneumonia	77 42 6 months
Sister	Alice M. Keller Bertha Craner	California	Apoplexy	38

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

Insanity	None to my knowledge	Epilepsy	None to my knowledge
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? 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 her knowledge and belief.

GRACE ARVADA WHEELER

Subscribed and sworn to before me this 14th day of January 1953 EDWARD F. JABERG

or 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 January 1953 I did carefully and personally examine 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: Depressed mentally and worries much and is very apprehensive. In 1951 Dr. Dunstone recommended institutional care, and treatment. He was a patient at the Cincinnati sanitorium in 1951 for agitated depression and activity.

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

MYRON L. HABEGGER M. D.

Subscribed and sworn to before me this 17th day of January 1953

EDWARD F. JABERG, Clerk, Adams Cir. Ct.

VACCINATION

This is to certify that the said Russell Wheeler has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.

Date Jan. 16, 1953

MYRON L. HABEGGER M. D.

STATEMENT OF MEDICAL EXAMINER

I, Norman E. Beaver M. D., of Berne, 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 Russell Wheeler of said County, who is alleged to be insane and whom I have carefully and personally examined this 27th day of January 1953: 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.) Very apprehensive, agitated, impaired judgment and reasoning, with very poor insight. His mood is quite depressed and he speaks often of death and numerous frustrations. He has many variable somatic complaints at different times. There has been a very definite personality change.

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

He has been hospitalized in a mental hospital and treated with temporary improvement, but has had definite recurrence of this illness. He is unpredictable, unreliable, and unstable. He has much difficulty sleeping, and eats poorly.

NORMAN E. BEAVER M.D.
19 53

Subscribed and sworn to before me this 27th day of January,

EDWARD F. JABERG, CLERK

STATEMENT OF MEDICAL EXAMINER

I, Harold B. Lehman M.D., of Berne, 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 Russell Wheeler of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 27th day of January 19 53 ; 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.) A very disturbed, depressed individual, with numerous somatic complaints. Given to much aimless, irrelevant talking with poor insight and judgment of the significance of his conversation; physical condition: appears satisfactory for one who eats and sleeps poorly.

I have also received the following information from others relative to the patient's condition: definite mental breakdown 4 years ago with institutional treatment. Partial improvement following initial illness with definite recurrence in past six weeks. There has been a lifetime of slight personality peculiarities.

HAROLD B. LEHMAN M.D.

Subscribed and sworn to before me this 28th day of January 19 53

EDWARD F. JABERG, CLERK

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Russell Wheeler
to the Richmond State Hospital:
Comes now Grace arvada Wheeler who filed application for the commitment of Russell Wheeler
to the Richmond State Hospital, alleging therein that said Russell Wheeler 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 Russell Wheeler is insane and is in need of hospital care, and do hereby order him committed to the 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
Russell Wheeler 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.

Trustee of Wabash twp. Adams Co. Ind., has been duly notified of the pendency of said cause of action, but has, as of htis date, not filed his report concerning whether or not Russell Wheeler is or is not indigent.
STATE OF INDIANA

MYLES F. PARRISH
Judge of the Adams Circuit Court

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 Russell Wheeler 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 commit-
ment in said matter.

In witness whereof, I hereunto set my hand and fix the seal of said court, this 9th day of February, 1953

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 Richmond State Hospital together with application for his admission as a patient in said hospital and afterwards, to wit: On the 12th day of February 1953, an answer was received as follows:

Richmond STATE HOSPITAL Feb. 11, 1953

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 Russell Wheeler 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 accepted, provided a full supply of clothing as listed on the accompanying clothing requisition is brought with the patient, and a person who is able to give a history accompany, or come prior to the admission of the patient.

PAUL D. WILLIAMS 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 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

CAM

as shown by

Form No. STATE OF INDIANA RICHMOND STATE HOSPITAL RICHMOND, INDIANA January 29th, 1954.

TO THE CLERK OF Adams County CIRCUIT COURT:

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

THAT Russell Wheeler A PATIENT AT THIS HOSPITAL, HAS BEEN DISCHARGED

THIS 29th DAY OF January, 1954. 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 February 9th, 1953. BY THE

CIRCUIT COURT OF Adams COUNTY. His address at that time being given

AS R.R. # 2, Geneva, Indiana

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

1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL July 24th, 1953.

TO Mrs. Ethel Wheeler, Wife

AND NOW IS RESIDING AT R.R. # 2, Geneva, 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

FILED FEB 3 - 1954

Edward J. Jolley Clerk, Adams Co. Circuit Court M. D.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 29th DAY OF January, 1954.

Notary Public signature

MY COMMISSION EXPIRES November 9th, 1957.

A. D. 19

SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN

CAME TO HAND Township, in said County.

19, and duly served same by removing said patient to

This 19

Sheriff

County