

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Celia Mae Andrews 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 her condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said Celia Mae Andrews is in Indiana; that said Celia Mae Andrews came to Indiana Dec. 31, 1889 (Date) from (born here) Adams County and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were lived here almost continually since Birth.

In making this petition, I do hereby certify that I am a son of said Celia Mae Andrews; that I am a legal resident of Adams County,

and that my address is 710 Nuttman Ave., Decatur, Indiana.

In case of emergency, notify Russell Andrews 710 Nuttman Ave., Decatur, Indiana (Name and Address of relative or friend)

Telephone Call 3-2841 Telegraph station

PERSONAL HISTORY

Of Celia Mae Andrews
 Born (Month) Dec. (Day) 31 (Year) 1889 Place Adams County, Indiana
 Color ^{Wh} Sex Female Married Single Widowed Divorced Separated
 IF A WOMAN: Is she pregnant? No Number of children borne five Present age of youngest 34
 Has she passed menopause? Yes
 Birthplace of father Unknown Birthplace of mother Unknown
 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 Common school 6 yrs.
 High school College Religion Occupation Practical Nursing Where last
 employed and how long? Methodist Hospital Ft. Wayne, Indiana 8 or 9 years
 Estate: Value Nature Soc. Sec No. 311-10-5246
 Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 34 years Have you known this person intimately? Yes
 When was the first sign of insanity observed by you? Januray, 1951
 What was the first sign of insanity observed by you? Seemed confused as to time and place most of the time.
 Was the present attack gradual or sudden in its onset? Gradual
 State what leads you to believe this person is insane Seems confused,; conversation irrational, drifts from one subject to another.
 What moral deficiencies have been shown?
 What was the mental and moral disposition in health?
 Number of previous attacks of mental disorder?
 Has this person been a patient in any hospital for insane? No Where, when and how long?
 Patient is confined in Methodist Hospital at the present. Has been for about two weeks.
 Has this person suffered serious physical injury? Not to my knowledge. If so, give particulars
 Has this person suffered any serious illness? Yes State when and of what nature Underwent operation in 1950.
 Has this person suffered any great mental shock or strain? Not to my knowledge
 Has this person required feeding, seclusion or restraint? Yes Explain fully Has required restraint and occasional feeding.
 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? 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? ??? 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	Alfred Elzey	Unknown	Unknown	
Mother (Maiden Name)	Cornelia Ball		"	
Father's father	Unknown		"	
Father's mother	Unknown		"	
Mother's father	Unknown		"	
Mother's mother	Unknown		"	
Brother	Lawrence Elzey _____ Elzey	Covington, Ky.	"	
Sister	two sisters (deceased)		"	
Husband	Russell Andrews		Pneumonia	45
Children	Geraldine Youse (48) Irene Kraus (46) Richard Andrews (43) Lawrence Andrews (37) Russell Andrews (34)			

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 J. 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 6th day of March 1953

RUSSELL WORTHUR ANDREWS
(see app. for other signatures)

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, J. M. BURK 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 27th day of February 1953 I did carefully and personally examine _____ and believe he 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: Extremely confused as to time and place, poor memory, gets lost, displays much indecision, Neuropsychiatric consultant states that has a psychotic reaction of hypertensive encephalopathy origin B.P. 280/120 I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 16th day of March 1953

J. M. BURK M. D.

Edward F. Jaberg, Clerk

VACCINATION

This is to certify that the said Celia Mae Andrews has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date Mar. 19, 1953

HOWARD A. STELLNER M. D.

STATEMENT OF MEDICAL EXAMINER

I, Howard A. Stellner M. D., of Ft. Wayne, 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 Celia Mae Andrews of said County, who is alleged to be insane and whom I have carefully and personally examined this 19 day of March 1953; that I am of the opinion that she 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 she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Obesity and hypertension; very confused; Disoriented as to time and place. Nocturnal agitation. Nihilistic delusions. Memory defects.

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

I certify that in my opinion Celia Mae Andrews is not the probable potential parent of mentally or socially inadequate offspring likewise afflicted.

Subscribed and sworn to before me this 19th day of March 1953 HOWARD A. STELLNER M.D.

My comm. exp. 4-4-'56 LUCILLE MORRIS Notary Public

STATEMENT OF MEDICAL EXAMINER

I, John F. Phillips M.D., of Ft. Wayne in the County of Allen Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to Celia Mae Andrews of said County, who is alleged to be insane, and whom I have carefully and personally examined this 19th day of March 1953; that I am of the opinion that she 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 she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) B. P/ 230/120 Hypertensive cardiovascular disease; group IV Reflexes physiologic. Memory loss, disoriented in all spheres most of the time. Loud, talkative, and rambling.

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

I certify that in my opinion Celia Mae Andrews is not the probable potential parent of mentally incompetent or socially incompetent offspring likewise afflicted.

Subscribed and sworn to before me this 19 day of March 1953 M.D.

My Comm. exp. 4-4-'56 LUCILLE MORRIS Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Celia Mae Andrews to the Richmond State Hospital: Comes now Russell Arthur Andrews who filed application for the commitment of Celia Mae Andrews to the Richmond State Hospital, alleging therein that said Celia Mae Andrews 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 Celia Mae Andrews is insane and is in need of hospital care, and do hereby order her committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for her admission, confinement and detention for care and treatment in said hospital until she 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 Celia Mae Andrews 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 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 Celia Mae Andrews 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 2nd day of May 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 State Hospital together with application for h admission as a patient in said hospital and afterwards, to wit: On the 12 day of May 1953, an answer was received as follows:

To the Clerk of the Adams Court, Adams County, Indiana: Richmond STATE HOSPITAL May 12 1953

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Celia Mae Andrews 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 approved

PAUL D. WILLIAMS M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Celia Mae Andrews to the Richmond State Hospital, as a patient was referred to the Judge of Adams County, Indiana, and being fully advised he made an order directing that Celia Mae Andrews 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 one 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 Adams Circuit Court, Adams County, this 13th day of May 1953. P. O. Address of Patient St. Indiana. Clerk

SUPERINTENDENT'S RECEIPT

RECEIVED, this 14 day of May A. D. 19 53 the patient named in the above order of court STATE HOSPITAL PAUL D. WILLIAMS 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

STATE OF INDIANA RICHMOND STATE HOSPITAL RICHMOND, INDIANA June 27th, 19 53. TO THE CLERK OF Adams CIRCUIT COURT: THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1933 THAT Celia Mae Andrews A PATIENT AT THIS HOSPITAL, HAS BEEN DISCHARGED THIS 27th DAY OF June 19 53. IN MY OPINION, SAID PATIENT IS INCURABLE AND HARMLESS AND SHOULD BE REMOVED TO MAKE ROOM FOR A RECENT CASE. SAID PATIENT WAS COMMITTED TO THIS HOSPITAL May 7th, 19 53. BY THE CIRCUIT COURT OF Adams COUNTY, IN ADDRESS AT THAT TIME BEING GIVEN AS (FILL OUT "1" OR "2" AND STIKE OUT THE OTHER) 1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL June 27th 19 53. TO Mr. Richard V. Andrews, Son AND NOW IS RESIDING AT 538 Washington St., Decatur, 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 Paul D. Williams M. D. SUPERINTENDENT 27th DAY OF June, 19 53. NOTARY PUBLIC My Commission Expires November 9th, 19 53. This 19 Sheriff County