

# APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Leroy Riffle 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 Leroy Riffle

is in Indiana; that said Leroy Riffle ~~was born in Indiana~~ <sup>and became a resident of</sup> ~~was born in Indiana~~ <sup>(Date)</sup> \_\_\_\_\_ County ~~was born in Indiana~~ <sup>and became a resident of</sup> ~~was born in Indiana~~ <sup>(Date)</sup> \_\_\_\_\_ County 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 Leroy Riffle the wife \_\_\_\_\_ of said Adams County, <sup>(Relative or Friend)</sup> ; that I am a legal resident of Adams County, and that my address is R. # 2, Decatur, Indiana.

In case of emergency, notify Mrs. Minerva Riffle, R. 2, Decatur, Indiana. <sup>(Name and Address of relative or friend)</sup> Telephone 956-K Telegraph station \_\_\_\_\_

## PERSONAL HISTORY

Of Leroy Riffle  
Born (Month) July (Day) 1 (Year) 1903 Place Jefferson Twp.  
Color White 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 Indiana Birthplace of mother 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 \_\_\_\_\_ College \_\_\_\_\_ Religion Protestan Occupation Farmer Where last \_\_\_\_\_  
employed and how long? Tenant on Dr. Beavers farm, two years.  
Estate: Value \_\_\_\_\_ Nature \_\_\_\_\_  
Guardian: Name \_\_\_\_\_ Address \_\_\_\_\_

## HISTORY OF INSANITY

How long have you known this person? eleven years Have you known this person intimately? yes  
When was the first sign of insanity observed by you? March  
What was the first sign of insanity observed by you? After fracture of skull, talk incoherent, actions unnatural  
Was the present attack gradual or sudden in its onset? Gradual  
State what leads you to believe this person is insane because of weak physical condition. Talks out of head, Indicates violent action but prevented  
What moral deficiencies have been shown? Unkind to everyone  
What was the mental and moral disposition in health? Kindness toward family, normal disposition  
Number of previous attacks of mental disorder? Off and on since March or time of accident  
Has this person been a patient in any hospital for insane? No Where, when and how long? \_\_\_\_\_  
Has this person suffered serious physical injury? Yes If so, give particulars Skull fracture in March  
Has this person suffered any serious illness? Yes State when and of what nature Blood poisoning on June 11, 1943.  
Has this person suffered any great mental shock or strain? No  
Has this person required feeding, seclusion or restraint? Restraint Explain fully Strapped and doped because of action.  
Has this person been addicted to any drugs? No Explain fully \_\_\_\_\_  
(Answer yes or no.) Is person paralytic? Yes Violent? Yes 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? 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	Simon Riffle		Natural	82
Mother (Maiden Name)	Lillian Ramseyer		Accident	50
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	Chancey Riffle		suicide	44
Sister	Nancy Hinshaw	Pennville, Indiana		
	Laura Morningstar	Geneva, Indiana		
	Ada Riffle	" "		
	Minnie Miller	Rockford, Ohio		
	Goldie Fuller	Winston, Oklahoma		

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

- Insanity
- Spasms
- Nervous prostration
- Feeble-mindedness
- Syphilis

- Epilepsy
- Fainting spells
- Hysteria
- Tuberculosis

Nervous nature in family

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 2 day of July MINERVA RIFFLE  
19 43.  
 (SEAL) CLYDE O. TROUTNER  
~~NOTARY PUBLIC~~ County Clerk

**STATEMENT OF ATTENDING PHYSICIAN**

I, G. J. Kohne M. D., of Decatur in the County of  
Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on  
 the 25 day of June 19 43 I did carefully and personally examine LeRoy Riffle  
 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 is mental and physical condition: Lack of interest in work  
 and surroundings. Incoherent speech; headaches.

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

Subscribed and sworn to before me this 2nd day of July G. J. KOHNE M. D.  
19 43.  
 (SEAL) CLYDE O. TROUTNER, CLERK ~~NOTARY PUBLIC~~

**VACCINATION**

This is to certify that the said 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, James M. Burk 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 Leroy Riffle of said County, who is alleged to be insane and whom I have carefully and personally  
 examined this 3 day of July 19 43 :that I am of the opinion that he is NOT mentally  
 ill and is NOT a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that  
 he is NOT mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance  
 and behavior of patient.) Talks and acts rationally. Chief causes for odd behavior are financial, ill-  
 ness, overwork, familial difficulties and the whole combination at one time was too much of a  
 strain.

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

JAMES M. EURK

M. D.

Subscribed and sworn to before me this 9 day of July 19 43.

CLYDE O. TROUTNER, CLERK

(SEAL)

STATEMENT OF MEDICAL EXAMINER

I, W. E. Smith 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 LeRoy Riffle of said County, who is alleged to be insane, and whom I have carefully and personally examined this 8 day of July 19 43 ; that I am of the opinion that he is not mentally ill and is not a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that he is not mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) I talked with him and questioned him for about one half hour without his showing a single symptom of insanity.

I have also received the following information from others relative to the patient's condition: Has been sick and is under a mental strain on account of his business affairs.

W. E. SMITH

M. D.

Subscribed and sworn to before me this 9 day of July 19 43.

(SEAL)

CLYDE O. TROUTNER, CLERK

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of to the State Hospital: Comes now who filed application for the commitment of to the State Hospital, alleging therein that said is a resident of 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 Judge of the Circuit Superior Court of the County of Indiana, do hereby find and determine that the said is insane and is in need of hospital care, and do hereby order h committed to the State Hospital; and this shall be sufficient warrant and authority for h 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 State Hospital for the admission of the said 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.

Judge of the

Circuit Court Superior

STATE OF INDIANA

COUNTY } SS: I,

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 to the 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 day of

19

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 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 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 day of 19 , and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this 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 Township, in said County. 19 , and duly served same by removing said patient to

This 19 Sheriff County