

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one John C. Braun 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 John C. Braun is in Indiana; that said John C. Braun came to Indiana June 17, 1872 from Born in Indiana 1878 and became a resident of Monroe Township, Adams 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 daughter of said John C. Braun, ; that I am a legal resident of Adams County, and that my address is 218 Bryan St., Berne, Ind.

In case of emergency, notify Edna Braun -Berne, Ind. Vera Rohrer -2420 Robin Rd., Dayton, O. Columbus, Ind. Bartholamu Co. Hosp. Telephone 2-2077 Berne 4441 Ex.44 Columbus

PERSONAL HISTORY

Of John C. Braun
Born (Month) June (Day) 17 (Year) 1872 Place Vera Cruz, Ind.
Color Wh. Sex M. 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 Germany Birthplace of mother Germany
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 8yrs.
High school College Religion Protestant Occupation Where last
(Reformed)
employed and how long? Furniture Factory Employee *Dunbar Furniture Co., Berne, Ind. 20 years
Social Security No. 310-01-2181
Estate: Value Nature
Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 54 years Have you known this person intimately? Yes
When was the first sign of insanity observed by you? December 9, 1953.
What was the first sign of insanity observed by you? Running away only partly clothed, extremely forgetful, Couldn't find his way around home. Threatened members of family and friends.
Was the present attack gradual or sudden in its onset? Sudden
State what leads you to believe this person is insane Same as above
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?
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? Illness of wife since December 9, 1953
Has this person required feeding, seclusion or restraint? yes Explain fully Has required close observation and watching.
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? ?? Is there any physical defect or deformity? Hernia
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	Jacob Brown		Infirmities & Pneumonia	86
Mother (Maiden Name)	Louise Meyer		Pneumonia	82
Father's father	Unknown		Unknown	
Father's mother	"		Unknown	
Mother's father	"		Unknown	
Mother's mother	"		Unknown	
Brother	Fred Braun		Complications	85
	Geo. Braun		Complications	46
	Wm. Braun		?	43
Sister	Katie Hilty	Berne, Ind.		
	Minnie Hauk	Superior, Wis.		
	Emma Ehrsam		Pneumonia	60

Which of person's parents, grandparents, brothers, sisters, uncles or aunts, if any (give name) ever had the following diseases: none

Insanity

Epilepsy

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 _____ 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.

Edna W. Braun R.N.

Subscribed and sworn to before me this 26 day of December, 19 53

(Seal)

Edward F. Jaberg

My term expires Dec. 26, 1955.

Notary Public for County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Harold B. Lehman 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 26 day of December 19 53 I did carefully and personally examine John C. Braun 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: Loss of memory particularly recent events, runs away from home only partially clothed. Threatens other members of family, very uncooperative.

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

Harold B. Lehman M. D.

Subscribed and sworn to before me this 26 day of Dec. 19 53

Notary Public

VACCINATION

This is to certify that the said John C. Braun has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date. Date Dec. 26, 19 53

Harold B. Lehman M. D.

STATEMENT OF MEDICAL EXAMINER

I, Norman E. Beaver, M. D., of Berne, Ind. 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 John C. Braun of said County, who is alleged to be insane and whom I have carefully and personally examined this 30th day of December, 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.) Sluggish mental response, does not remember birthday, date or year, poorly oriented in own home; very poor memory, some inappropriate and unpredictable responses.

I have also received the following information from others relative to the patient's condition: Wanders in street in night clothing. Attempted to attack family with knife, quite acitated at times.

Subscribed and sworn to before me this _____ day of _____ 19 _____ Norman E. Beaver M. D.

Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Robert L. Boze, M.D., of Berne, Ind. 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 John C. Braun of said County, who is alleged to be insane, and whom I have carefully and personally examined this 31st. day of December, 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.) Inappropriate mental response; loss of orientation as to time and place; many inappropriate responses to stimuli; Arteriosclerotic changes in eye grounds. Hyperactive and prolonged patitlar reflexes.

I have also received the following information from others relative to the patient's condition: The patient runs out of house in pajamas, yells, has hallucinations of other people in room, threatened wife and daughter with a knife.

Subscribed and sworn to before me this _____ day of _____ 19 _____ Robert L. Boze M. D.

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of John C. Braun to the Richmond State Hospital: Comes now Edna Braun who filed application for the commitment of John C. Braun to the Richmond State Hospital, alleging therein that said John C. Braun 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 Superior Court of the County of Adams, Indiana, do hereby find and determine that the said John C. Braun 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 John C. Braun 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

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 _____ [SEAL] 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 and afterwards, to wit: On the Richmond State Hospital together with application for his admission as a patient in said hospital 13th day of January 1954, an answer was received as follows:

RICHMOND STATE HOSPITAL January 13, 1954

To the Clerk of the Circuit Court, Adams County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of John C. Braun 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

J. KLEPPER M. D.
Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of John C. Braun 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 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 the Circuit Court, Adams County, this 13th day of January 1954 St. EDWARD F. JABERG Clerk
P. O. Address of Patient Indiana.

SUPERINTENDENT'S RECEIPT

RICHMOND STATE HOSPITAL

RECEIVED, this 13th day of January A. D. 1954 the patient named in the above order of court

J. KLEPPER M. D.
Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND and committing to the 19, 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 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 19, and duly served same by removing said patient to Township, in said County.

This

19

Sheriff

County