

# APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Dwight Martin Kimble 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 Dwight Martin Kimble is in Indiana; that said Dwight Martin Kimble came to Indiana born here from [blank] and became a resident of Washington Township, Adams County [blank] when 6 mo. old (Date) This person's places of residence for three years prior to coming to Indiana were [blank]

In making this petition, I do hereby certify that I am a father of said Dwight Martin Kimble; that I am a legal resident of Adams County, and that my address is 504 N. Fifth St., Decatur, Indiana In case of emergency, notify Mr. Dwight Kimble Telephone 33532 (Name and Address of relative or friend) Telegraph station

## PERSONAL HISTORY

Of Dwight Martin Kimble Born (Month) Jan. (Day) 19 (Year) 1920 Place Ft. Wayne, Ind. Color white Sex Male Married Single Widowed Divorced x Separated IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest Has she passed menopause? Birthplace of father Noble Co., Ind. Birthplace of mother Ft. Wayne, Ind. 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 8 grade High school 4 yrs. College 4 yrs. Religion Protestant Occupation Research Chemist Where last employed and how long? Sun Oil Co. Marcushark, Penn. Estate: Value Nature Guardian: Name Address

## HISTORY OF INSANITY

How long have you known this person? 3 1/2 years Have you known this person intimately? yes When was the first sign of insanity observed by you? Coming home from Akron, Ohio, continuously. Would not eat or sleep. Suffered from persecution complex. What was the first sign of insanity observed by you? ~~Gradual~~ 1950 Was the present attack gradual or sudden in its onset? Gradual State what leads you to believe this person is insane Wouldn't eat meals, very argumentive, suspicious of parents, food and every dry-cleaned clothing. Tried forcing parents, into providing more money. What moral deficiencies have been shown? Accused parents of his present condition. 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? yes Where, when and how long? Cincinnati, Sanatorium Cincinnati, Ohio 3-50 5-50 Richmond & Larue D. Carter M. Hospital. 5/13/53 1/5/54 Has this person suffered serious physical injury? not to my knowledge, if so, give particulars Has this person suffered any serious illness? not to my knowledge, if so, when and of what nature Has this person suffered any great mental shock or strain? yes Wife and baby left him in 1947. Has this person required feeding, seclusion or restraint? Explain fully Some restraint and some seclusion Has this person been addicted to any drugs? no Explain fully (Answer yes or no.) Is person paralytic? no Violent? yes Destructive? Somewhat Excited? yes Depressed? yes Homicidal? yes Suicidal? yes Is there any physical defect or deformity? no Has person ever suffered from syphilis? no Has there been a Wasserman test? yes Positive? Negative? x 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	Dwight Kimble	504 N. Fifth. Decatur		
Mother (Maiden Name)	Ruth McMadden	" " "		
Father's father	Fredrick Kimble		Suicide	67
Father's mother	Amanda Stults		Heart Ailment	52
Mother's father	Martin G. Madden		Rup. Appendix	40
Mother's mother	Minnie Kaymeyer		Cer. Hemo.	72
Brother	Gerald Kimble			
Sister	Ruth M. Beer Sharon Kimble	720 Prospect Wausaw, Wis. 504 N. 5th. Decatur, Ind.		

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

- Insanity none
- Spasms
- Nervous prostration
- Feeble-mindedness
- Syphilis

Epilepsy

Fainting spells

Hysteria

Tuberculosis

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 DWIGHT KIMBLE 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 13 day of February, (Seal)

19 54. Edward F. Jaberg Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, H. F. Zwick 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 15th day of Feb. 1954 I did carefully and personally examine Dwight M. Kimble 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: Suspicious evasive in his answers - definite persecutory ideas. Family is fearful that he might do bodily harm to one of them - demanded money from them

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

Subscribed and sworn to before me this 18 day of Feb.

H. F. Zwick M.D. 19 54 Edward F. Jaberg, Clerk Adams C.C. Notary Public

VACCINATION

This is to certify that the said by myself, or by another physician, to my positive knowledge within 60 days of this date. Date 19

has been vaccinated for smallpox M. D.

STATEMENT OF MEDICAL EXAMINER

I, G. J. Kohne 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 Dwight M. Kimble of said County, who is alleged to be insane and whom I have carefully and personally examined this 19 day of Feb. 19 54 : 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.) Violent and profane language with false ideas and delusions; only the F.B.I. he states really known anything about him. Very agitated and restless.

I have also received the following information from others relative to the patient's condition:  
Feels his parents are trying to poison him.

Subscribed and sworn to before me this 19 day of Feb.

G. J. Kohne M. D.  
19 54

Edward F. Jaberg, Clerk  
Adams C.C. Notary Public

STATEMENT OF MEDICAL EXAMINER

I, John B. Terveer 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 Dwight M. Kimble of said County, who is alleged to be insane, and whom I have carefully and personally  
examined this 19th. day of February 19 54 ; 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.) Hostile, shouts answers to questions; very profane; Believes he is special  
F.B.I. agent - delusions; has ideas of persecution; is against everything and everybody.

I have also received the following information from others relative to the patient's condition:  
Pt. believes he is being poisoned by relatives - typical schizoid paranoi personality.

Subscribed and sworn to before me this 19 day of Feb.

John B. Terveer M. D.

19 54  
Edward F. Jaberg, Clerk Adams C.C.  
Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Dwight Martin Kimble  
to the Richmond State Hospital:

Comes now Dwight Kimble, Sr. who filed application for the commitment of Dwight Martin Kimble  
to the Richmond State Hospital, alleging therein that said Dwight Martin Kimble 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 Dwight Martin Kimble 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  
Dwight Martin Kimble 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 Circuit Superior 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 Dwight Martin Kimble 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 24 day of February, 1954  
[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 and afterwards, to wit: On the 4th day of March 1954, an answer was received as follows:

To the Clerk of the Circuit Court, Adams County, Indiana: STATE HOSPITAL March 4, 1954

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Dwight Martin Kimble with application for the admission of said person into this Hospital, is hereby respectfully acknowledged.

J. KLEPPER M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Dwight Martin Kimble 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 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 4th day of March 1954. EDWARD F. JABERG Clerk Indiana.

SUPERINTENDENT'S RECEIPT

RECEIVED, this 4th day of March 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

To the Clerk of the Court, Indiana County, Indiana: STATE HOSPITAL 19

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