

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE CIRCUIT SUPERIOR COURT OF Adams County, Indiana:

Your informant respectfully represents that one Alva Delbert Baker 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 Alva Delbert Baker is in Indiana; that said Alva Delbert Baker came to Indiana Dec. 27, 1883 from Born here and became a resident of Washington Twp., 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 wife of said Alva Delbert; that I am a legal resident of County, and that my address is 307 N. 11th St., Decatur, Ind.

In case of emergency, notify Annoti M. Baker Telephone 32753 Telegraph station

PERSONAL HISTORY

Of Alva Delbert Baker Born (Month) Dec. (Day) 27 (Year) 1883 Place Decatur, Ind. Color Sex 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 Birthplace of mother 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 4 High school College Religion Baptist Occupation Telephone Co. Employee Where last employed and how long? Telephone Co. Employee for 33 yrs., Citizens Telephone Co., Decatur, Indiana-33 yrs. Estate: Value Nature Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 48 yrs. Have you known this person intimately? yes When was the first sign of insanity observed by you? Jan., 1951 What was the first sign of insanity observed by you? Unruly in hospital extremely nervous from overwork Was the present attack gradual or sudden in its onset? Gradual, since his operation in Jan., 1951 State what leads you to believe this person is insane? Experiness tantrums. Cannot be reasoned with. Either unable or unwilling to recall wife's name. Cries when corrected. Hides silverware. Puts on winter clothing in summer. Refuses to bathe. 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? Several falls and If so, give particulars injuries while employed on telephone line. Fell from load of hay in 1910 Fell again from telephone pole in 1945 Due to nature repeated electric shocks both A.C.&D.C. (not of burning nature) of employment. Has this person suffered any serious illness? Suffered from State when and of what nature rheumatic fever while a child of 11 years old. Has suffered considerably from arthritis Has this person suffered any great mental shock or strain? Worried over settlement of father's estate. Has this person required feeding, seclusion or restraint? Has required Explain fully considerable restraint. Sometimes necessary to confine in lock in room Has this person been addicted to any drugs? no Explain fully (Answer yes or no.) Is person paralytic? no Violent? at times Destructive? no Excited? yes Depressed? at times Homicidal? yes Suicidal? yes Is there any physical defect or deformity? Hydrocile Has person ever suffered from syphilis? no Has there been a Wasserman test? no Positive? Operated Mar. Negative? Does person indulge or has person indulged in any venereal excess? no 10, 1954. 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               | Philip Baker  |  | Old Age      | 85           |
| Mother (Maiden Name) | Nancy B. Kinney   |  | Old Age      | 86           |
| Father's father      | David Baker   |  |              |              |
| Father's mother      | Mary Hower  |  |              |              |
| Mother's father      |   |  |              |              |
| Mother's mother      |   |  |              |              |
| Brother              | Charles B. Baker<br>Haney M. Baker<br>Franklin O. Baker | Decatur, Indiana<br>Decatur, Indiana<br>Decatur, Indiana | Heart Attack | 62           |
| Sister               | Bertha Elsey<br>Lola McCagne                            | Ohio City, Ohio<br>Ft. Wayne, Indiana                    |              |              |

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

Insanity Mother suffered tantrums about her person *Epilepsy* none  
 al care. Refused to eat. Refused bodily or personal care.

Spasms none *Fainting spell* Lola McCagne, Ft. Wayne, Ind.

Nervous prostration none *Hysteria* none

Feeble-mindedness none *Tuberculosis* none

Syphilis none

Was either of the person's parents or grandparents intemperate in the use of alcohol? none

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? none

The statement of H. F. Zwick 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 29 day of June 19 54 EDWARD F. JABERG  
(SEAL) Notary Public for Adams County, Ark.

## 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 29th day of June 1954 I did carefully and personally examine Alva D. Baker  
 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: Poorly oriented as to time &  
 place. Both his mental & physical condition has been deteriorating in the past year. He becomes unmanageable  
 at times & quite destructive so that his wife is unable to care for him - mostly a seville dequecatrou.

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

Subscribed and sworn to before me this 29 day of June 19 54 H. F. ZWICK M. D.  
(SEAL) EDWARD F. JABERG, Clerk  
Notary Public for Adams C. C.

## VACCINATION

This is to certify that the said Alva D. Baker has been vaccinated for smallpox  
by myself, or by another physician, to my positive knowledge within 60 days of this date.  
Date 29 June 1954 H. F. ZWICK M. D.

## STATEMENT OF MEDICAL EXAMINER

I, Arthur H. Girod, M.D. 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 Mr. Alva Baker of said County, who is alleged to be insane and whom I have carefully and personally  
 examined this 6 day of July 1954; 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, Loss of memory for time and places; no train of thoughts; has no insight in his mental  
 aberrations.

I have also received the following information from others relative to the patient's condition: Has destructive tantrums; has threatened to kill his wife; must be helped with everything; becomes lost in his own home. I certify that, in my opinion, said Alva Baker is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Subscribed and sworn to before me this 6 day of July 19 54

ARTHUR H. GIROD M.D.

(SEAL)

EDWARD F. JABERG

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 Alva D. Baker of said County, who is alleged to be insane, and whom I have carefully and personally examined this 6th day of July 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.) Does not remember time place pr persons; does not know son, granddaughter or whereabouts; auditory hallucinations; definite arteriosclerosis Mental deterioration.

I have also received the following information from others relative to the patient's condition: Threatened wife and others while in temper tantrums. Constant care by wife for failed and personal habits. I certify that, in my opinion, said Alva D. Baker is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Subscribed and sworn to before me this 6 day of July

JOHN B. TERVEER M.D.

19 54. EDWARD F. JABERG Clerk, Adams C. C.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Alva D. Baker to the Richmond State Hospital: Comes now Annoti M. Baker who filed application for the commitment of Alva D. Baker to the Richmond State Hospital, alleging therein that said Alva D. Baker 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, Decatur, Indiana, do hereby find and determine that the said Alva D. Baker 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 Alva D. Baker 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.

(SEAL)

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 Alva D. Baker 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 15 day of July 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  
 Richmond State Hospital together with application for his admission as a patient in said hospital  
 and afterwards, to wit: On the 26th day of July 1954, an answer was received as follows:

STATE HOSPITAL July 26, 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 Alva D. Baker 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 Alva D. Baker 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 Alva D. Baker 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 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 Circuit Court, Adams County, this 26th day of July 1954. EDWARD F. JABERG Clerk  
 P. O. Address of Patient St. Indiana.

## SUPERINTENDENT'S RECEIPT

STATE HOSPITAL

RECEIVED, this 26th day of July 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 as shown by the Superintendent's receipt hereon endorsed this day of 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 19, and duly served same by removing said patient to Township, in said County.

This 19 Sheriff County