

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Joseph C. Laurent 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 Joseph C. Laurent is in Indiana; that said Joseph C. Laurent was born in Decatur, Ind. ~~Ind.~~ from Aug. 6, 1897 and became a resident of Washington Twp., Adams County. This person's places of residence for three years prior to coming to Indiana were Resided here all his life

In making this petition, I do hereby certify that I am the wife of said Joseph C. Laurent; that I am a legal resident of Adams County, and that my address is 304 N. 3rd. St., Decatur, Ind.

In case of emergency, notify Florence C. Laurent 304 N. 3rd., Decatur, Ind. Telephone 3-3437 Telegraph station Decatur

PERSONAL HISTORY

Of Joseph C. Laurent
Born (Month) August (Day) 6 (Year) 1897 Place Decatur, Ind.
Color white Sex male Married yes Single no Widowed no Divorced no Separated no
IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest
Has she passed menopause?
Birthplace of father Pennsylvania 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
High school 2" College Religion Catholic Occupation U.S. Postal Clerk Where last employed and how long? 33 years at Decatur, Ind.
Estate: Value Nature
Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 35 years Have you known this person intimately? yes
When was the first sign of insanity observed by you? in May of 1952
What was the first sign of insanity observed by you? He began to wonder away from home; would not drink; had a fear of water - would not shave or keep himself clean
Was the present attack gradual or sudden in its onset? sudden
State what leads you to believe this person is insane Will not sleep - will not clean himself or shave; says there is no hope for him
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? yes Where, when and how long? LaRue D. Carter, Indianapolis March, 1954.
Has this person suffered serious physical injury? No If so, give particulars
Has this person suffered any serious illness? None State when and of what nature except usual childhood diseases
Has this person suffered any great mental shock or strain? none known
Has this person required feeding, seclusion or restraint? yes Explain fully Has to be forced to eat; wants seclusion
Has this person been addicted to any drugs? no. Explain fully
(Answer yes or no.) Is person paralytic? No Violent? No Destructive? No Excited? yes
Depressed? yes Homicidal? No Suicidal? No Is there any physical defect or deformity? None
Has person ever suffered from syphilis? No Negative? Positive?
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	Peter C. Laurent		Heart trouble	70
Mother (Maiden Name)	Dorothy Sapp	N. 4th. St., Decatur	82 years of age.	
Father's father	Laurent		unknown	
Father's mother			unknown	
Mother's father	Joseph Sapp		unknown	80
Mother's mother	Martha Sapp		unknown	79
Brother	Charles Laurent	California		
	Aloysius Laurent	Marion, Ind.		
Sister	George Laurent	N. 5th. St., Decatur, Ind.		
	Virginia Laurent	N. 4th. Decatur, Ind.		
Wife	Florence C. Laurent	304 N. 3rd., Decatur, Ind.		

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

<i>Insanity</i> none	<i>Epilepsy</i> none
<i>Spasms</i> John Laurent	<i>Fainting spells</i> None
<i>Nervous prostration</i> none	<i>Hysteria</i> none
<i>Feeble-mindedness</i> none	<i>Tuberculosis</i> none
<i>Syphilis</i> none	

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 John B. Terveer M.D. 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 20th. day of August
Notary Public. My commission Exp. Jan 1, 1957.

Florence C. Laurent
19 54
Severin H. Schurger
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, John B. Terveer 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 17th. day of March, 1954 I did carefully and personally examine Joseph C. Laurent 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: Will not sleep; roams about house - Has not changed clothes or shaved in months; Hallucinations; Fears water & food; believes he is being poisoned.

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

Subscribed and sworn to before me this 24th. day of August,

John B. Terveer M.D.
19 54
Edward F. Jaberg
Notary Public Clerk Adams C.C.

VACCINATION

This is to certify that the said Joseph C. Laurent by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 8/25 1954

has been vaccinated for smallpox
August S. Yockem, M.D.

STATEMENT OF MEDICAL EXAMINER

I, Arnold Windt M.D., of Indianapolis in the County of Marion Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to Joseph C. Laurent of said County, who is alleged to be insane and whom I have carefully and personally examined this 27th. day of August, 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.) He is withdrawn and suspicious, His speech is guarded and evasive. His affect is flattened. He cannot make realistic plans for himself.

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

He has to be continually prompted to attend to his personal hygiene. He is frequently found whispering to himself. I certify that, in my opinion, said Joseph C. Laurent is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Arnold Windt M.D.

Subscribed and sworn to before me this 27 day of August,

19 54
Ruth B. Wootton

(Seal) My commission expires Feb. 20, 1956

Notary Public

STATEMENT OF MEDICAL EXAMINER

I, August S. Yockem Jr. M.D., of Indianapolis in the County of Marion Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to Joseph C. Laurent of said County, who is alleged to be insane, and whom I have carefully and personally examined this 25th. day of August, 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.) He is physically well but has no will to take care of himself, withdraws from people, and has no constructive interests. He is sullen, must be forced to take care of his own personal hygiene.

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

He has periods of unprovoked irritability and suspicious behavior

I certify that, in my opinion, said Joseph C. Laurent is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

August S. Yockem Jr. M.D.

Subscribed and sworn to before me this 25 day of August,

19 54

Seal My commission expires Feb. 20, 1956
Ruth B. Wootton Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Joseph C. Laurent to the Richmond State Hospital:

Comes now Florence C. Laurent who filed application for the commitment of Joseph C. Laurent to the Richmond State Hospital, alleging therein that said Joseph C. Laurent 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 Joseph C. Laurent 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 Joseph C. Laurent 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. Florence C. Laurent is the duly qualified guardian of Joseph C. Laurent.

Myles F. Parrish, Judge.
Judge of the Circuit Superior Court

STATE OF INDIANA

COUNTY } SS:

I, 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 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 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 Clerk P. O. Address of Patient St. Indiana.

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 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 Township, in said County. 19 , and duly served same by removing said patient to

This 19 Sheriff County