

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one David S. Haviland 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 David S. Haviland is in Indiana; that said [blank] came to Indiana was born here from [blank] lived there most of life and became a resident of Wabash Twp, Adams County (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 [blank] we are parents of said David S. Haviland; that I am a legal resident of Adams County, Indiana and that my address is Geneva, Indiana

In case of emergency, notify Mr. & Mrs. Thomas Haviland Telephone 58-R - Geneva, [blank] Telegraph station (Name and Address of relative or friend)

PERSONAL HISTORY

Of David Sylvester Haviland Born (Month) Jan. (Day) 7 (Year) 1909 Place Geneva, Indiana Color white Sex male Married no Single yes Widowed Divorced Separated IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest Has she passed menopause? Birthplace of father Portland, Ind. Birthplace of mother Adams Co., 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 Common school High school 1st yr. College Religion First Bapt Church Occupation Where last employed and how long? Worked for city last - 2 months off & on Estate: Value Nature Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? All his life 45 years Have you known this person intimately? yes When was the first sign of insanity observed by you? 5 years ago What was the first sign of insanity observed by you? Coming home late one night from his job, acting & looking strangely, had some teeth removed, which seemed to help him. Was the present attack gradual or sudden in its onset? sudden State what leads you to believe this person is insane The way his actions are now. 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? yes If so, give particulars Received a bump on his head at Lynn, while working Has this person suffered any serious illness? no State when and of what nature Has this person suffered any great mental shock or strain? Seems very nervous during spells Has this person required feeding, seclusion or restraint? no Explain fully Is this person an alcoholic? no Has this person been addicted to any drugs? no Explain fully (Answer yes or no.) Is person paralytic? no Violent? yes Destructive? no Excited? no Depressed? yes Homicidal? yes Suicidal? no Is there any physical defect or deformity? no Positive? Has person ever suffered from syphilis? no Negative? Has there been a Wasserman test? no Positive? Does person indulge or has person indulged in any venereal excess? Negative? 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	Thomas Haviland	Geneva		
Mother (Maiden Name)	Nettie Jane Bozew	Geneva		
Father's father	James Haviland		Epilepsy	63
Father's mother	Louie Twigg		Old Age	83
Mother's father	David L. Boze		Tuberculosis	41
Mother's mother	Sarah Ann Campbell		Cancer	59
Brother	Delbert J. Haviland Clarice Lee Haviland	Decatur, Ind. R.R.#2 Toldeo, Ohio		
Sister	Florence Luddy Vivian Ruth McCyrie		Heart Attach Heart Attach or strangulation	38 30
	Ardena Houty Emma Jean Armantrout	Dayton, Ohio Geneva, Ind.		

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

Insanity	no	Epilepsy	no
Spasms	no	Fainting spells	no
Nervous prostration	no	Hysteria	no
Feeble-mindedness	no	Tuberculosis	mother's father
Syphilis	no		

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 G. P. Hinchman 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 their knowledge and belief.

Subscribed and sworn to before me this 3rd. day of September

Thomas Haviland
Nettie Jane Haviland
19 54
Edward F. Jaberg
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, C. P. Hinchman M. D., of Geneva, in the County of Adams, Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 6 day of Sept. 19 54 I did carefully and personally examine David Sylvester Haviland and believe h 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: Unable to adapt himself to any joy, roams the streets and private yards at all hours of night. Associates with no one. Threatens bodily harm to parents as well as to burn the house. No interest in Cleanliness of body.

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

Subscribed and sworn to before me this 6 day of Sept.

C. P. Hinchman M. D.
19 54.
Edward F. Jaberg, Co. Clerk
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.

has been vaccinated for smallpox
M. D.

STATEMENT OF MEDICAL EXAMINER

I, Norman I. Beaver M. D., of Berne, Indiana 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 David Sylvester Haviland of said County, who is alleged to be insane and whom I have carefully and personally examined this 15th. day of Sept. 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.) Speech is fairly coherent, but he is evasive, contradictory and suspicious and shows inappropriate affect; expressions, affect and conversation show paranoid and psychopathic trends.

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

Inappropriate behavior - walking around beside other peoples homes late at night, abusive and threatening to parents; also very seclusive.

Subscribed and sworn to before me this 15 day of September, (Seal)

Norman E. Beaver M.D. 19 54

Edward F. Jaberg, County Notary Public Clerk

STATEMENT OF MEDICAL EXAMINER

I, Jos. V. Schetgen M.D., of Geneva 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 David Sylvester Haviland of said County, who is alleged to be insane, and whom I have carefully and personally examined this 16th. day of Sep. 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.) Very evasive when spoken to, peculiar habits as being by himself at all times Roams yards & streets at all hours of the nite. He shows psychopathic trends, however he is well oriented as to time, place, and facts.

I have also received the following information from others relative to the patient's condition: Window peeping, and has threatened his immediate family.

Subscribed and sworn to before me this 15 day of September 19 54

Jos. V. Schetgen M.D.

Edward F. Jaberg, County Notary Public Clerk

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of David Sylvester Haviland to the Richmond State Hospital: Comes now Thomas Haviland and/ Nettie Jane Haviland who filed application for the commitment of David Sylvester Haviland to the Richmond State Hospital, alleging therein that said David Sylvester Haviland 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 David Sylvester Haviland is insane and is in need of hospital care, and do hereby order h im committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for h is 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

David Sylvester Haviland 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. 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

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

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