

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one William Henry Rupert 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 William Henry Rupert is in Indiana; that said born in ~~some~~ Indiana

from 1942 ^(Date) and became a resident of Wabash Township Adams ^(Date) County This person's places of residence for three years prior to coming to Indiana were lived in Indiana lifetime.

In making this petition, I do hereby certify that I am his wife ^(Relative or Friend) of said Wm. Rupert; that I am a legal resident of Adams County,

and that my address is Geneva, Indiana R.R. 2

In case of emergency, notify Donald Rupert

Telephone 113 M Geneva, Geneva ^(Name and Address of relative or friend) Telegraph station

PERSONAL HISTORY

Of William Henry Rupert

Born (Month) Aug. (Day) 22 (Year) 1890 Place Jay County

Color White Sex Male 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 Ohio Birthplace of mother May Co. 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 X Reads only X Reads and writes X Common school

High school College Religion Occupation Oil Pumper Where last

employed and how long? Dil Pumper 1952- Geneva Canning Factory, Fall Season .Soc.Sec. 309- 20-5894

Estate: Value Nature

Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 50 years Have you known this person intimately? Yes, wife ^(Relationship)

When was the first sign of insanity observed by you? At least 6 years

What was the first sign of insanity observed by you? no memory, no interest in anything around him or that should have concerned him. Doing things backward, awkward

Was the present attack gradual or sudden in its onset? gradually and keeps getting worse

State what leads you to believe this person is insane Doctors diagnosed his case.

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? Where, when and how long?

Has this person suffered serious physical injury? Yes If so, give particulars, Portland, broken shoulder, 3 days

Indianapolis, Ind. broken shoulder 3 days; Decatur, Ind. operation on piles, 1 week, Bluffton Clinic

16 years ago, got wound up in a gasoline engine and was hit on head several times. Operation on cement floor, broke bones.

Has this person suffered any serious illness? No State when and of what nature

Has this person suffered any great mental shock or strain? A possibility, his brother committed suicide

Has this person required feeding, seclusion or restraint? Yes Explain fully Practically dress him, shave him and

see he has food on his plate, keep a constant watch on him.

Has this person been addicted to any drugs? No Explain fully

Alcoholic, No, never Violent? No Destructive? No Excited? Some

(Answer yes or no.) Is person paralytic? No Suicidal? No Is there any physical defect or deformity? hardening of

Depressed? No Homicidal? No Has there been a Wasserman test? Not sure Positive? arteries

Has person ever suffered from syphilis? No Does person indulge or has person indulged in any venereal excess? No

Negative? Was person feeble-minded in childhood? No

Is person epileptic? 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	Silas Rupert	Continental, Ohio	Dibetace	58
Mother (Maiden Name)	Nancy Bektell	Bryant, Ind.	Heart	56
Father's father				
Father's mother	Don't know			
Mother's father	Don't know			
Mother's mother	Don't know			
Brother	Three half brothers, Bert, Loyd, Edd Twigg, Roscoe Rupert, Masen Rupert Harrison Rupert, Charles Rupert, Findley, Ohio			
Sister	None			
Wife	Chloea	Geneva,		61
Children	Lester	deceased at 3 months		
	Pauline	deceased, age 36		
	Donald	deceased, age 30		

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

Insanity Brother, Masen Rupert, Half brother, Bert Twigg Epilepsy None

Spasms None Fainting spells None

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? No

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? No

The statement of C. 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 his knowledge and belief.

Subscribed and sworn to before me this 7 day of September 19 54

Edward F. Jaberg
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, C. P. Hinchman M. D., of Geneva, Ind. 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 William Henry Rupert 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: Gradual loss of memory, from extreme restlessness to a mild stupor; quarrelsome and threatening his family; leaves home without any definite destination and many other symptoms suggestive of arterio-sclerosis brain changes

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

Subscribed and sworn to before me this 7 day of September 19 54

C. P. Hinchman M. D.

Edward F. Jaberg
Notary Public

VACCINATION

This is to certify that the said Wm. Henry Rupert has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date Sept. 6, 19 54

C. P. Hinchman M. D.

STATEMENT OF MEDICAL EXAMINER

I, Jos. V. Schetgen, M. D., of Geneva, 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 William Henry Rupert of said County, who is alleged to be insane and whom I have carefully and personally examined this 16th 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.) Completely disoriented as to time, place, and facts. No point of action to anything that he does. Has reverted to childhood actions. Quarrelsome and has threatened family. Wonders around aimlessly. Diag: Cerebral Thrombosis, Bluffton Clinic

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

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

Jos. V. Schetgen. M. D.

Subscribed and sworn to before me this 20 day of Sept.

19 54

SEAL

Edward F. Jaberg
Notary Public
County Clerk

STATEMENT OF MEDICAL EXAMINER

I, Norman E. 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 William Henry Rupert of said County, who is alleged to be insane, and whom I have carefully and personally examined this 20th 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.) Incoherent, does not comprehend conversation, inappropriate responses, oblivious to time and place. He displays a marked regression in behavior.

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

Wanders around, difficult to control and quarrelsome.

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

Norman E. Beaver M. D.

Subscribed and sworn to before me this 20 day of Sept.

19 54

Edward F. Jaberg
Notary Public
County Clerk SEAL

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of William Henry Rupert

to the Richmond State Hospital: No. 20128, in the Adams Circuit Court 28th Day of September, 1954

Comes now Chloea Rupert who filed application for the commitment of William Henry Rupert

to the Richmond State Hospital, alleging therein that said William Henry Rupert is a resident of Wabash twp. 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 Superior Court of the County of Adams Indiana,

do hereby find and determine that the said William Henry Rupert 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

William Henry 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.

Judge, Myles F. Parrish, Judge, Adams Circuit Superior Court

STATE OF INDIANA

Adams COUNTY } SS:
Clerk of the Superior Court of said county, I,

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 Clerk

[SEAL]

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

This 19 Sheriff County