

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Zelda Cochran 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 her condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said Zelda Cochran

is in Indiana; that said Zelda Cochran came to Indiana from Birth Adams County and became a resident of Adams County (Date) From Birth Adams County This person's places of residence for three years prior to coming to Indiana were (Date)

In making this petition, I do hereby certify that I am a Husband of said Zelda Cochran; that I am a legal resident of Adams County, and that my address is 126 S. 8th St., Decatur, Indiana.

In case of emergency, notify Hubert Cochran, 126 S. 8th St., Decatur, Indiana Telephone 1104 Telegraph station Decatur, Indiana

PERSONAL HISTORY

Of Zelda Cochran
 Born (Month) Nov. (Day) 10 (Year) 1899 Place Adams Co., Indiana
 Color White Sex F Married Yes Single Widowed Divorced Separated
 IF A WOMAN: Is she pregnant? No Number of children borne 3 Present age of youngest 17
 Has she passed menopause? Yes--Surgical
 Birthplace of father Paulding, Ohio Birthplace of mother Adams Co., Indiana
 If person is of foreign birth, give date of entry into the United States Steamship line Port of entry Steamship
 If of foreign birth, is person naturalized?
 Education: None Reads only Reads and writes Common school
 High school College Religion Occupation Housewife Where last employed and how long?
 Estate: Value None Nature
 Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? twenty years Have you known this person intimately? Yes
 When was the first sign of insanity observed by you? a year ago
 What was the first sign of insanity observed by you? Was nervous--excited--irrational at times--Had to be under narcotics at all times to appear normal.
 Was the present attack gradual or sudden in its onset? Gradual
 State what leads you to believe this person is insane Her behavior when not under narcotics.
 What moral deficiencies have been shown? None
 What was the mental and moral disposition in health? Excellent
 Number of previous attacks of mental disorder? Every week or two
 Has this person been a patient in any hospital for insane? No Where, when and how long?
 Has this person suffered serious physical injury? No If so, give particulars
 Has this person suffered any serious illness? No State when and of what nature
Severe migraine--has had X-Ray & thorough examination at Ann Arbor and Battle Creek, Michigan
 Has this person suffered any great mental shock or strain? No Explain fully
 Has this person required feeding, seclusion or restraint? No Explain fully
 Has this person been addicted to any drugs? Yes Explain fully Must be under influence of some narcotic practically all the time.
 (Answer yes or no.) Is person paralytic? No Violent? No Destructive? No Excited? Yes
 Depressed? Yes Homicidal? No 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? Yes Does person indulge or has person indulged in any venereal excess? No
 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	Septus Melchi	Decatur, Indiana		
Mother (Maiden Name)	Bettie Khresman	" "		
Father's father	Jacob Melchi		Cancer	65
Father's mother	Evangeline Melchi		Complications	67
Mother's father	Henry Khresman		Stroke	69
Mother's mother	Josephine Khresman		Complications	63
Brother	Russel Melchi	Decatur, Indiana		
	Cecil Melchi	" "		
	Harold Melchi	Portland "		
Sister	Mrs. Mabel Death	Decatur "		

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

Insanity	None	Epilepsy	None
Spasms	"	Fainting spells	"
Nervous prostration	"	Hysteria	"
Feeble-mindedness	"	Tuberculosis	"
Syphilis	"		

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 Elizabeth Burns 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 July 19 43. HUBERT COCHRAN
 (SEAL) CLYDE O. TROUTNER ~~Notary Public~~ County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Elizabeth Burns M. D., of Pt. Wayne, Indiana in the County of Allen Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 11 day of July 1943 I did carefully and personally examine Zelda Cochran and believe her to be suffering from mental disease, and I am of the opinion that she is a proper person for admission to a State Hospital. I have observed the following facts regarding her mental and physical condition: Has continuous Headaches, spells of vomiting--Hemorrhages of bowels--no appetite--sleepless and irrational, walking floor and crying if not under narcotics--cannot control herself and begs for Hypo--is quiet for a time then repeats symptoms.

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

Subscribed and sworn to before me this 14th day of July 19 43. ELIZABETH BURNS M. D.
 (SEAL) Carl L. Brink Notary Public

VACCINATION

This is to certify that the said Zelda Cochran has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
 Date July 16 19 43. ELIZABETH BURNS M. D.

STATEMENT OF MEDICAL EXAMINER

I, D. D. Jones M. D., of Berne, Ind. 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 Zelda Cochran of said County, who is alleged to be insane and whom I have carefully and personally examined this 21 day of July 19 43; that I am of the opinion that she 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 she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Continuous severe headaches. Walking floor crying. Outburst of anger. Feeling that people have turned against her--do not care to help her. Has developed to a certain degree an appetite for narcotics.

I have also received the following information from others relative to the patient's condition: Headaches from youth Numerous operations including removal of ovaries at twenty nine.

D. D. JONES

M. D.

Subscribed and sworn to before me this 22 day of July 19 43.

(SEAL)

CLYDE O. TROUTNER, CLERK

~~XXXXXXXX~~

STATEMENT OF MEDICAL EXAMINER

I, Amos Reusser M. D., of Berne 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 Zelda Cochran of said County, who is alleged to be insane, and whom I have carefully and personally examined this 21 day of July 19 43 ; that I am of the opinion that she 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 she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) She has when suffering with her migraine an inclination to suicide--is unable to take care of her household duties due to mental invalidity--and physical weakness- Is an addict to narcotics.

I have also received the following information from others relative to the patient's condition: I have no contact with relatives. She voluntarily wants to enter the State Hospital for mentally ill.

AMOS REUSSER

M. D.

Subscribed and sworn to before me this 22 day of July 19 43.

(SEAL)

CLYDE O. TROUTNER, CLERK

~~XXXXXXXX~~

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Zelda Cochran

to the Richmond State Hospital:

Comes now Hubert Cochran who filed application for the commitment of Zelda Cochran to the Richmond State Hospital, alleging therein that said Zelda Cochran is a resident of Adams County and has her 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 J. Fred Fruchte Judge of the Circuit Court of the County of Adams Indiana, do hereby find and determine that the said Zelda Cochran is insane and is in need of hospital care, and do hereby order her committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for her admission, confinement and detention for care and treatment in said hospital until she 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 Zelda Cochran 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.

J. FRED FRUCHTE

Judge of the Adams

Circuit Court ~~XXXXXX~~

STATE OF INDIANA

Adams COUNTY } SS:

I, Clyde O. Troutner 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 Zelda Cochran 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 22nd day of July 19 43

[SEAL]

CLYDE O. TROUTNER

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 her admission as a patient in said hospital and afterwards, to wit: On the 16th day of August 19 43, an answer was received as follows:

To the Clerk of the Adams Circuit Court, Adams County, Indiana: Richmond STATE HOSPITAL August 13 19 43.

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Zelda Cochran 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 accepted provided a full supply of clothing is brought with the patient, etc. This patient will be admitted August 14, 17, 18, 19 or 20, 1943. PAUL D. WILLIAMS M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Zelda Cochran to the Richmond Adams Circuit Court of Adams County, Indiana, as a patient was referred to the Judge of Adams County, Indiana, and being fully advised he made an order directing that she 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 1 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 Adams Circuit Court, Adams County, this 17th day of August 19 43. CLYDE O. TROUTNER Clerk P. O. Address of Patient 126 S. 8th St, Decatur Indiana.

SUPERINTENDENT'S RECEIPT

RECEIVED, this 17th day of August A. D. 19 43 the patient named in the above order of court Richmond STATE HOSPITAL PAUL D. WILLIAMS M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND August 17th 19 43, and served by conveying the within named Zelda Cochran and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 17th day of August 19 43.

LEO T. GILLIG, SHERIFF OF ADAMS CO., IND.

Sheriff Fees---\$24.48 Mileage---156 Mi. (Detour) \$12.48 Lady Assistant----- 5.00 Clothes shortage (Paid)--- 7.00 \$24.48

ORDER OF DISCHARGE

Form No. STATE OF INDIANA RICHMOND STATE HOSPITAL RICHMOND, IND., October 30 19 44

TO THE CLERK OF Adams CIRCUIT COURT: THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1933 THAT Zelda Fern Cochran, A PATIENT OF THIS HOSPITAL, HAS BEEN DISCHARGED THIS 30th DAY OF October 19 44. IN MY OPINION, SAID PATIENT (STRIKE OUT LINES THAT DO NOT APPLY)

IS SUFFICIENTLY RECOVERED TO BE RELEASED IS RESTORED TO MENTAL HEALTH. IS RESPONSIBLE AND MANAGES HIS AFFAIRS AND IS FIT TO BE REMOVED TO HOME OR TO A RESIDENT

SAID PATIENT WAS COMMITTED TO THIS HOSPITAL July 22 19 43 BY THE CIRCUIT COURT OF Adams COUNTY, IN ADDRESS AT THAT TIME BEING GIVEN

AS 126 S. 8th St. Decatur, Ind. (FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER)

1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL October 29 19 43

TO Hubert Cochran, 126 S. 8th St. Decatur, Ind.

AND IS NOW RESIDING AT Above address

THE WARDEN, SUPERVISOR, OR OTHER OFFICIAL OF THIS HOSPITAL HAS BEEN ADVISED BY ME OF THE DISCHARGE OF SAID PATIENT AND HAS BEEN ADVISED BY ME OF THE DISCHARGE OF SAID PATIENT

SEAL OF HOSPITAL

Paul D. Williams M. D. SUPERINTENDENT

SUBSCRIBED AND SWORN TO BEFORE ME THIS 30th DAY OF October 19 44

Notary Public

MY COMMISSION EXPIRES March 19 47 NW:ES 10,720

County