

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Dorothy K. Hunt 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 Dorothy K. Hunt is in Indiana; that said Dorothy K. Hunt came to Indiana Nov, 1940 (Date) from Delphos, Ohio and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were Delphos, Ohio Nov. 1940 (Date)

In making this petition, I do hereby certify that I am a husband of said Dorothy K. Hunt; that I am a legal resident of Adams County, and that my address is Homestead #28, Decatur, Ind.

In case of emergency, notify Byrl Hunt Homestead #28, Decatur, Ind. (Name and Address of relative or friend) Telephone 3-2916 3-3544 Telegraph station

PERSONAL HISTORY

Of Dorothy K. Hunt
Born (Month) Mar. 15 (Day) (Year) 1917 Place Delphos, Ohio
Color White Sex Female Married X 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 Fred Wiechart, Delphos, Ohio. Birthplace of mother Leona Ardner, Ohio
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 College Religion Occupation Where last employed and how long? Beauty Operator
Estate: Value Nature
Guardian: Name Byrl Hunt Address Homestead No. 28, Decatur, Indiana

HISTORY OF INSANITY

How long have you known this person? Have you known this person intimately?
When was the first sign of insanity observed by you?
What was the first sign of insanity observed by you?
Was the present attack gradual or sudden in its onset?
State what leads you to believe this person is insane
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? If so, give particulars
Has this person suffered any serious illness? State when and of what nature
Has this person suffered any great mental shock or strain?
Has this person required feeding, seclusion or restraint? Explain fully
Has this person been addicted to any drugs? Explain fully
(Answer yes or no.) Is person paralytic? Violent? Destructive? Excited?
Depressed? Homicidal? Suicidal? Is there any physical defect or deformity?
Has person ever suffered from syphilis? Has there been a Wasserman test? Positive?
Negative? Does person indulge or has person indulged in any venereal excess?
Is person epileptic? Was person feeble-minded in childhood?

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				
Mother (Maiden Name)				
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother				
Sister				

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

Insanity	Cousin, mental disorder	Epilepsy
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? Does not use

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? Does not use

The statement of H. C. Dunstone 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 25th day of October 1954

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, H. C. Dunstone M. D., of Fort Wayne in the County of Allen Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 25th day of October 1954 I did carefully and personally examine Mrs. Byrl Hunt 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: Physically normal. This patient has delusions of persecution and reference with supporting hallucinations over a period of five or six months. She improved under the use of 9 electric shock treatments but she did not recover. Further medical care has been refused because of persistence of her psychopathology. I further certify that patient is free from any contagious disease and from vermin.

H. C. Dunstone. M. D.

Subscribed and sworn to before me this 25th day of October 1954

Ramona Felts
Notary Public

SEAL
My commission expires January 13, 1956

VACCINATION

This is to certify that the said by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 19

has been vaccinated for smallpox

M. D.

STATEMENT OF MEDICAL EXAMINER

I, M. D., of in the County of Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to of said County, who is alleged to be insane and whom I have carefully and personally examined this day of 19; 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.)

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

Subscribed and sworn to before me this _____ day of _____ 19____ M. D.

Notary Public

STATEMENT OF MEDICAL EXAMINER

I, _____ M. D., of _____ in the County of _____ Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to _____ of said County, who is alleged to be insane, and whom I have carefully and personally examined this _____ day of _____ 19____; 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.)

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

Subscribed and sworn to before me this _____ day of _____ 19____ M. D.

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Dorothy K. Hunt Cause No. 20149 to the Larue D. Carter Memorial State Hospital: Comes now Byrl Hunt who filed application for the commitment of Dorothy K. Hunt to the Larue D. Carter Memorial State Hospital, alleging therein that said Dorothy K. Hunt 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 Superior Court of the County of Adams Indiana, do hereby find and determine that the said Dorothy K. Hunt is _____ insane and is in need of hospital care, and do hereby order her committed to the Larue D. Carter Memorial 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 Larue Carter Memorial State Hospital for the admission of the said Dorothy K. Hunt 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 of the _____ Circuit Superior Court

STATE OF INDIANA } SS:

Adams COUNTY } 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 Dorothy K. Hunt to the Larue Carter Memorial 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 28th day of October 19____ [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 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.

Court, County, this Clerk

Witness my hand and the seal of day of 19 St. P. O. Address of Patient

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

Larue Carter Memoria STATE HOSPITAL

Indianapolis 7 Indiana April 11 1955

To the Clerk of the Adams Circuit Court, Adams County, Indiana:

According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the proper authority has this day discharged Dorothy Catherine Hunt of Decatur, Adams County, Indiana, heretofore an inmate of this Hospital; and you are hereby respectfully requested to cause the removal to said County, agreeable to said Act.

PROVIDED, That said removal has not otherwise been accomplished, as herein noted.

N. B.

Very respectfully,

Juul C. Nielsen, M.D.

M. D. Medical Superintendent Edward N. Hinko, M.D. Assistant Supt.

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