

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one John W. Kraner 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 John W. Kraner is in Indiana; that said John W. Kraner came to Indiana Feb. 8, 1879 (Date) from was born here and became a resident of Adams County This person's places of residence for three years prior to coming to Indiana were Feb. 8, 1879 (Date)

In making this petition, I do hereby certify that I am a wife of said John W. Kraner; that I am a legal resident of Adams County, and that my address is R. 2, Beneva, Indiana

In case of emergency, notify Stella Kraner (Name and Address of relative or friend) Telephone None. Telegraph station

PERSONAL HISTORY

Of John W. Kraner
 Born (Month) Feb. (Day) 8 (Year) 1879 Place Adams Co. Ind.
 Color Sex Married 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 Indiana Birthplace of mother Virginia
 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 8th grade
 High school College Religion Methodist Occupation Carpenter Where last
 employed and how long? Hasn't been employed for past 10 or 12 years
 Estate: Value Nature
 Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 60 years Have you known this person intimately? Yes
 When was the first sign of insanity observed by you? Sept. 1954
 What was the first sign of insanity observed by you? Became angry, became lost on own property, claimed there were people in hour and on property after night. Thought he lived elsewhere
 Was the present attack gradual or sudden in its onset? Confusion about where he lived quite sudden, suspicious gradual
 State what leads you to believe this person is insane Same as above
 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? None to my knowledge If so, give particulars
 Has this person suffered any serious illness? None State when and of what nature
 Has this person suffered any great mental shock or strain? none to my knowledge
 Has this person required feeding, seclusion or restraint? No Explain fully
 Has this person been addicted to any drugs? No Explain fully
 (Answer yes or no.) Is person paralytic? No Violent? No Destructive? No Excited? at times
 Depressed? No Homicidal? No Suicidal? No Is there any physical defect or deformity? Has hernia
 Has person ever suffered from syphilis? No Has there been a Wasserman test? No Positive?
 Negative? 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	Hiram Kraner		Hardening of arteries	80
Mother (Maiden Name)	Elizabeth Mays		""""	89
Father's father	Unknown			
Father's mother	Unknown		accident	85
Mother's father	Unknown			
Mother's mother	Unknown			
Brother	Clyde Kraner Charley Kraner	Geneva, Ind.	Heart Trouble	70
Sister	Emma Fagle Deela Barber Nettie Stager Jan Bergdall Alice North	Geneva, Ind. R 2 Geneva, Ind. R 2 West Milton, Ohio	Injury ?	76 64

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	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 Jos. V. Schetgen 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 _____ day of _____ 19 _____

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Jos. V. Schetgen M. D., of Geneva, Indiana, in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 25th day of January 19 55 I did carefully and personally examine John W. Kraner 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: Hallucinations much of time, violent at times, carrying gun to get those molesting him, running outside with only Long Johns, little people doing harm to property at time, mentally unbalance due to arterioclerosis of brain.

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

Subscribed and sworn to before me this _____ day of _____ 19 _____ Jos. V. Schetgen M. D.

Notary Public

VACCINATION

This is to certify that the said John W. Kraner has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.

Date 27, Jan. 19 55 Jos. V. Schetgen M. D.

STATEMENT OF MEDICAL EXAMINER

I, Robert L. Boze 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 John W. Kraner of said County, who is alleged to be insane and whom I have carefully and personally examined this 1 _____ day of February 19 55; 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.) Parkinsonism associated with arteriosclerosis 3+ Retinal arteriosclerosis. Generalized arteriosclerosis. Visual & auditory hallucinations with threats of violence with a shot gun and pistol. Disorientation as to time and place.

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

Frequent disorientation, sees and hears little and big people inside and outside of house. He tries to shoot these little people. Becomes very angry with wife

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

Subscribed and sworn to before me this 1 day of March

Robert L. Bore M.D.
19 55

Edward F. Jaberg
Notary Public

SEAL
My term expires Dec. 31, 1955

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 John W. Kraner of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 1st day of March 19 55; 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. Retarded thinking, impaired reasoning and memory, active visual and auditory, hallucinations with delusions of persecution with admitted attempts to pursue hallucinatory people with gum

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

visual and auditory hallucinations, increased irritability, impaired reasoning.

I certify that, in my opinion, said John W. Kraner 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 1 day of March
My Term expires Dec. 31, 1955

19 55

Edward F. Jaberg Notary Public

SEAL

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of John W. Kraner

to the Richmond State Hospital:

Comes now Estella Kraner who filed application for the commitment of John W. Kraner

to the Richmond State Hospital, alleging therein that said John W. Kraner is a

resident of Wabash Township, 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 John W. Kraner 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

John W. Kraner 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 of the Adams Circuit Court Superior

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

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