

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Gertrude May 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 Gertrude May is in Indiana; that said Gertrude May came to Indiana Nov. 5, 1903 (Date) from born here and became a resident of Root Township Adams County (Date) about 5 years ago, Patient has always resided in Indiana This person's places of residence for three years prior to coming to Indiana were

In making this petition, I do hereby certify that I am a Husband (Relative or Friend) of said Gertrude May; that I am a legal resident of Adams County,

and that my address is 904 N. 13 th Decatur, Ind.

In case of emergency, notify Edwin L. May, Sr. (Name and Address of relative or friend) Telephone 33897 Telegraph station

PERSONAL HISTORY

Of Gertrude May
Born (Month) Nov. (Day) 5 (Year) 1903 Place Decatur, Ind.
Color Wh. Sex F. Married Single Widowed Divorced Separated
IF A WOMAN: Is she pregnant? No Number of children borne One Present age of youngest 34
Has she passed menopause? Yes
Birthplace of father Indiana Birthplace of mother 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 Reads only Reads and writes X Common school (6)
High school College Religion Nazarene Occupation Restaurant Operator Where last employed and how long? 5 or 6 yrs. Self employed as restaurant operator
Estate: Value Nature
Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 40 yrs Have you known this person intimately? Yes
When was the first sign of insanity observed by you? Off and on since 1934
What was the first sign of insanity observed by you? Suffered from persecution complex, lost temper & seemed unreasonable, attempted suicide 26 yrs. ago.
Was the present attack gradual or sudden in its onset? Gradual
State what leads you to believe this person is insane Addict for sleeping pills and will do anything to sleep it "Off"
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, give particulars
Has this person suffered any serious illness? Yes State when and of what nature Nose, Throat & Sinus trouble for past 20 years
Has this person suffered any great mental shock or strain? Death of grandmother, step-father, affected her considerably
Has this person required feeding, seclusion or restraint? Feeding required, fully for past few months and has refused to eat lately.
Has this person been addicted to any drugs to some extent? Explain fully Especially anything that will induce sleep
(Answer yes or no.) Is person paralytic? No Violent? Yes Destructive? Yes Excited? Yes
Depressed? Yes Homicidal? Yes Suicidal? Yes Is there any physical defect or deformity? No
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 | Moyer | Decatur, Ind. | Unknown | |
| Mother (Maiden Name) | Carrie Sudduth | | | |
| Father's father | Moyer | | | |
| Father's mother | Unknown | | | |
| Mother's father | Unknown | | | |
| Mother's mother | Hannah Nichols | | | |
| Brother | None | | | |
| Sister | None | | | |

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

Insanity None Epilepsy None
 Syphilis Half Brother Junior Brown Fainting spells Half Brother Junior Brown
 Nervous prostration Half Brothers, Junior Brown 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? Not to my knowledge

The statement of 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 allegations, personal history, family history and history of person's insanity, are true to the best of his knowledge and belief.

Edwin L. May, Sr.

Subscribed and sworn to before me this 2

day of May

19 55

Edwin P. Jaberg
 Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, John C. Carroll, M.D., of Decatur in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 2nd day of May 1955 I did carefully and personally examine Gertrude May 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: Paranoid ideas, withdrawn, hallucinations, ideas of persecution, refusal to eat and craving for barbiturates

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

John C. Carroll M.D.

Subscribed and sworn to before me this

day of

19

Notary Public

VACCINATION

This is to certify that the said Gertrude May has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 10 days of this date.

John C. Carroll M.D.

Date 5/2/ 19 55

John C. Carroll M.D.

STATEMENT OF MEDICAL EXAMINER

I, E. F. Deick, M.D., of Decatur 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 Gertrude May examined this 5th day of May 19 55; 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.) Paranoid ideas in relation to husband and son, mostly relating to money and their refusal to allow her to eat, very poor nutrition and some dehydration at present. Hallucinations and delusions, both with and without barbiturates, violent and destructive at times

I have also received the following information from others relative to the patient's condition:
I would suggest immediate hospitalization because of her poor physical condition. The County Jail is not the proper place for her

Subscribed and sworn to before me this 5 day of May

H. F. Zwick M. D.
19 55
Edward F. Jaberg
Clerk Adams C. C. Notary Public

STATEMENT OF MEDICAL EXAMINER

I, John B. Terverr, M. D. M. D., of Decatur 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 Gertrude May of said County, who is alleged to be insane, and whom I have carefully and personally examined this 5th day of May 1955; 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.) Persecution complex with hallucinations- Will not eat or drink- violent at times- has been barbiturates, Addict for years

I have also received the following information from others relative to the patient's condition:
Refuses to eat, quarrels constantly.

Subscribed and sworn to before me this 6 day of May

John B. Terverr M. D.
19 55
Edward F. Jaberg, Notary Public
Clerk, Adams Circuit Court

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Gertrude May to the Richmond State Hospital: No. 20229, in the Adams Circuit Court Comes now Edwin L. May, Sr. who filed application for the commitment of Gertrude May to the Richmond State Hospital, alleging therein that said Gertrude May is a resident of Root 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 Gertrude May 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 Gertrude May 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

STATE OF INDIANA

Adams COUNTY } SS: 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 Gertrude May 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 10th day of May

[SEAL]

Edward F. Jaberg Clerk
Adams Circuit Court

My term expires 12/31/55

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 day of 19 , an answer was received as follows:

Richmond STATE HOSPITAL May 11 19 55

To the Clerk of the Adams Circuit 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 accepted This patient may be admitted on the 11th, 12, 13th of May, 1955, between the hours of 9:00 A.M. and 11:00 A.M. or 1:00 P. M. and 4:00 P.M.

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

SUPERINTENDENT'S RECEIPT

RECEIVED, this day of A. D. 19 the patient named in the above order of court STATE HOSPITAL 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 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 Gertrude May of Adams County, Indiana, heretofore an inmate of this Hospital; and you are hereby respectfully requested to cause her removal to said County, agreeable to said Act. Discharged to her: Edwin L. May June 5th - 1956 - PROVIDED, That said removal has not otherwise been accomplished, as herein noted.

N. B.

Very respectfully,

J. Klepfer 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