

20245

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Orva Seitz, Geneva, Indiana, Adams County 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 Orva Seitz is Adams Co. in Indiana; that said Orva Seitz came to Indiana since birth from ^(Date) and became a resident of Wabash Twp. 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 Friend ^(Relative or Friend) of said Orva Seitz; that I am a legal resident of Adams County, and that my address is Geneva, Indiana

In case of emergency, notify Lyman Dutch Seitz - Star City, Ind. ^(Name and Address of relative or friend) Telephone unknown Telegraph station

PERSONAL HISTORY

Of Orva Seitz
Born (Month) 9 (Day) 29 (Year) 82 Place Adams Co.
Color Wh Sex Mas 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 Birthplace of mother
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 Day Laborer Where last employed and how long? Town of Geneva, 10 yrs.
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
When was the first sign of insanity observed by you? about three months ago
What was the first sign of insanity observed by you? couldn't carry on a conversation. Would roam around the country as tho he didn't know where he was
Was the present attack gradual or sudden in its onset? Gradual
State what leads you to believe this person is insane His actions
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? No If so, give particulars
Has this person suffered any serious illness? No State when and of what nature
Has this person suffered any great mental shock or strain? No
Has this person required feeding, seclusion or restraint? Explain fully
Is this person an alcoholic? No
Has this person been addicted to any drugs? No Explain fully
(Answer yes or no.) Is person paralytic? No Violent? No Destructive? Excited? Yes
Depressed? Yes Homicidal? Suicidal? Is there any physical defect or deformity? No
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? 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	Lewis Seitz	deceased	influenza	
Mother (Maiden Name)	Ruth Saber	"	infirmities	
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	Dutch Seitz Henry Seitz	LaPorte, Ind deceased	heart trouble	
Sister	Had one sister, deceased for many years			

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? None

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? None

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 allegation, personal history, family history and history of persons's insanity, are true to the best of his knowledge and belief.

Preston Pyle

Subscribed and sworn to before me this 4 day of June

19 55

Edward F. Jaberg

Notary Public for Adams County Clerk

My Term expires Dec. 31, 1955

STATEMENT OF ATTENDING PHYSICIAN

I, C. P. Hinchman M. D., of Geneva in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 4 day of June 1955 I did carefully and personally examine Orva Seitz 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: Advanced senile dementia inability to care for bowels or urine, run away from home and unable to feed self.

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

Subscribed and sworn to before me this 4 day of June

19 55

Edward F. Jaberg

Notary Public Adams C.C.

My Term expires Dec. 31, 1955

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, Norval S. Rich M. D., of Decatur, 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 Orva Seitz of said County, who is alleged to be insane and whom I have carefully and personally examined this 8th day of June 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.) appearance is poor, will not keep himself properly dressed, exercises no control of excreta and will not respond coherently to questions and senescence is poor

I have also received the following information from others relative to the patient's condition:
I have observed him directly and formed some opinions because of his behavior in the County Jail and Adams County Hospital
I certify that in my opinion said Orva Seitz is not the probable/parent of mentally incompetent or socially inadequate offspring likewise afflicted. Note: Orva Seitz is suffering from senile dementia probably on an arterio sclerotic bases or or etiology.

Subscribed and sworn to before me this 8th day of June
My Term expires Dec. 31, 1955

Norval S. Rich M. D.
19 55
Edward F. Jaberg
Clerk Adams C. C.
County Public

STATEMENT OF MEDICAL EXAMINER

I, Arthur H. Girod M. D., of Decatur, 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 Orva Seitz of said County, who is alleged to be insane, and whom I have carefully and personally examined this 9th day of June 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.) Confusion of time and place, negative attitude. Loss of control of personal habits.

I have also received the following information from others relative to the patient's condition:
Has been confused and very unruly
I certify that in my opinion said Orva Seitz is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Subscribed and sworn to before me this 9th day of June
My Term expires Dec. 31, 1955

Arthur H. Girod M. D.
19 55
Edward F. Jaberg
Clerk Adams County Circuit Court

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Orva Seitz to the Richmond State Hospital: No. 20245 in the Adams Circuit Court
Comes now Preston Pyle who filed application for the commitment of Orva Seitz to the Richmond State Hospital, alleging therein that said Orva Seitz 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 Court of the County of Adams Indiana, do hereby find and determine that the said Orva 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 Orva Seitz 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

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 Orva Seitz 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 13th day of June 19 55

[SEAL]

Edward F. Jaberg Clerk
Adams Circuit Court
Cecile Krick, Deputy.

ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent and afterwards, to wit: On the State Hospital together with application for h admission as a patient in said hospital 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 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 19 , and duly served same by removing said patient to Township, in said County.

This 19 Sheriff County