

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Gertrude Mitchel 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 Mitchel

is Adams Co. in Indiana; that said Gertrude Mitchel came to Indiana born here July 7, 1912 (Date) and became a resident of Adams County. 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 ; that I am a legal resident of Adams County, and that my address is R.R. #6, Decatur, Indiana

In case of emergency, notify Kenneth Mitchel, R.R.#6, Decatur, Indiana (Name and Address of relative or friend) Telephone 77182 Telegraph station

PERSONAL HISTORY

Of Gertrude Mitchel
Born (Month) July (Day) 7 (Year) 1912 Place Adams Co.
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 Clinton Co, Ind. Birthplace of mother Clinton Co. Ind.
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?
Estate: Value Nature
Guardian: Name Address

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? Over a period of 15 years
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? No 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? No 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		Clinton Co. Ind.		
Mother (Maiden Name)		Clinton Co. Ind.		
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 | 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?

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics?

The statement of **G. J/ Kohne** 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.

Kenneth Mitchel

Subscribed and sworn to before me this **27** day of **June**

19 **55**

My Term expires **12/31/55**

Edward F. Jaberg
Notary Public or County Clerk Adams C. C.

STATEMENT OF ATTENDING PHYSICIAN

I, **G. J. Kohne** M. D., of **Defatur** in the County of **Adams** Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the **19th** day of **June** **19 55** I did carefully and personally examine **Gertrude Mitchel** 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 Huntingtons chorea for a number of years- of late has been obstinate and shows slowly progressive dementia

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

Subscribed and sworn to before me this **27** day of **June**

G. J. Kohne M. D.
19 **55**
Edward F. Jaberg
Notary Public or County Clerk of Adams C. C.

VACCINATION

This is to certify that the said **Gertrude Mitchel** has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date **19 55**

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:
becomes very angry and hard to manage at home

Subscribed and sworn to before me this 27th day of June
My Term expires 12/31/1955

G. J. Kohne M. D.
19 55

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

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

Temporary
JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Gertrude Mitchel
to the LaRue D. Carter Memorial State Hospital:
Comes now Kenneth Mitchel who filed application for the commitment of Gertrude Mitchel
to the LaRue D. Carter Memorial State Hospital, alleging therein that said Gertrude Mitchel is a
resident of St. Marys 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 Superior Court of the County of Adams Indiana,
do hereby find and determine that the said Gertrude Mitchel 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 D. Carter Memorial State Hospital for the admission of the said
Gertrude Mitchel 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 Mitchel to the LaRue D. 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 commit-
ment in said matter.

In witness whereof, I hereunto set my hand and fix the seal of said court, this 29th day of June 1955

[SEAL]
My Term expires 12/31/55

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 _____ day of _____, 19____, an answer was received as follows:

To the Clerk of the _____ Court, _____ STATE HOSPITAL _____ County, Indiana: 19____

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____. P. O. Address of Patient _____ St. _____ Indiana. 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 _____, and served by conveying the within named _____ as shown by the Superintendent's receipt hereon endorsed this _____ day of _____, 19____ State Hospital, 19____

ORDER OF DISCHARGE

To the Clerk of the _____ Court, _____ STATE HOSPITAL _____ Indiana _____ 19____ 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 _____, and duly served same by removing said patient to _____ Township, in said County. _____ 19____ This _____ Sheriff _____ County