

# APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE <sup>CIRCUIT</sup> ~~SUPERIOR~~ COURT OF ADAMS County, Indiana:

Your informant respectfully represents that one Russell Wheeler 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 Russell Wheeler is in Indiana; that said Russell Wheeler came to Indiana 1882

from Fairmount Co. Ohio and became a resident of Adams County (Date) 1882  
This person's places of residence for three years prior to coming to Indiana were lived in Ohio only 6 months (Date)

In making this petition, I do hereby certify that I am a wife of Russell Wheeler; that I am a legal resident of Adams County, and that my address is R. 2

In case of emergency, notify Telephone 610-M (Name and Address of relative or friend) Telegraph station

## PERSONAL HISTORY

Of Russell Wheeler  
Born (Month) July (Day) 29 (Year) 1882 Place Fairmount Co. Ohio  
Color Sex 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 unknown Birthplace of mother 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 X Common school  
High school 2nd yr. College Religion United Brethren Occupation Farmer Where last employed and how long? Self Employed  
Estate: Value Nature  
Guardian: Name Address

## HISTORY OF INSANITY

How long have you known this person? 40 years Have you known this person intimately? yes  
When was the first sign of insanity observed by you? six or seven years ago  
What was the first sign of insanity observed by you? Complained about trivial matters, worried a great deal  
Was the present attack gradual or sudden in its onset? Gradual  
State what leads you to believe this person is insane Gets confused, talks constantly about self, gets hysterical  
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? Yes Where, when and how long? Cincinnati  
Sanatorium, Cincinnati, Ohio, June 1950-July, 1950, 7 weeks  
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? No Explain fully  
Has this person been addicted to any drugs? No Explain fully  
Has this person been addicted to alcohol? No  
(Answer yes or no.) Is person paralytic? No Violent? No Destructive? No Excited? yes serious  
Depressed? yes Homicidal? no Suicidal? yes Is there any physical defect or deformity? Hernia) not  
Has person ever suffered from syphilis? No 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	John A. Wheeler		Infirmity	76
Mother (Maiden Name)	Nora Dennis		Complications following typhoid	65
Father's father	Unknown		Unknown	
Father's mother	"		"	
Mother's father	"		"	
Mother's mother	"		"	
Brother	Orton F. Wheeler Howard Wheeler William Wheeler		Heart attack Pneumonia	77 42 6 months
Sister	Alice M. Keller Bertha Craner	California		
Children	Mrs. Chester Ship Mrs. Frances Bauer	R.#2, Geneva VanWert, Ohio	Apoplexy living living	38

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

Insanity None to my knowledge  
 Epilepsy None  
 Spasms None  
 Fainting spells None  
 Nervous prostration None  
 Hysteria none to my knowledge  
 Feeble-mindedness None to my knowledge  
 Tuberculosis none to my knowledge  
 Syphilis none to my knowledge

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 Harold B. Lehman 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 23 day of May 19 55

My Term Expires, 12/31/55

Edward F. Jaberg  
 Notary Public for County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Harold B. Lehman M. D., of Berne in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 23 day of May 1955 I did carefully and personally examine Russel Wheeler 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: Compulsive continuous talking about personal state of mind and body, lacks judgment, depressed, uncooperative, unable to do any work, unwilling to take proper food and water

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

Subscribed and sworn to before me this 23 day of May 19 55  
 My Term expires Dec. 31, 1955

Harold B. Lehman M. D.  
 Edward F. Jaberg  
 Notary Public Clerk

VACCINATION

This is to certify that the said Russel Wheeler has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.  
 Date May 23 1955

Harold B. Lehman M. D.

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 Russell Wheeler of said County, who is alleged to be insane and whom I have carefully and personally examined this 31st day of May 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.) Memory poor, reasoning impaired, many vague somatic complaints with some delusions, some threat of suicide. Patient rather depressed, eats poorly and little activity, eats poorly and little activity.

I have also received the following information from others relative to the patient's condition: Eats poorly, wants to stay in bed, unable to reason very well, talks much, often not very coherent. I certify that, in my opinion, said Russell Wheeler is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Norman E. Beaver, M. D.

M. D.

Subscribed and sworn to before me this 8th day of June

My term expires Dec. 31, 1955.

Edward F. Jaberg, 19 55  
Clerk  
-Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Robert L. Boze M. D., of Berne, Ind. 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 Russell Wheeler of said County, who is alleged to be insane, and whom I have carefully and personally examined this 1st 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.) Hostile toward very old & very young people. Has threatened own life several times but was afraid to die and doesn't know how to kill himself. Very fearful of being institutionalized at Richmond again; talks continuously, very depressed, memory vague, somatic complaints

I have also received the following information from others relative to the patient's condition: Wife says his appetite is fair, but he says it is poor, wants to stay in bed and sleep all the time. Always talks about his poor health.

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

Robert L. Boze

M. D.

Subscribed and sworn to before me this 8th day of June

19 55

My term expires, December 31, 1955

Edward F. Jaberg  
-Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Russell Wheeler to the Richmond State Hospital:

Comes now Ethel Wheeler who filed application for the commitment of Russell Wheeler to the Richmond State Hospital, alleging therein that said Russell Wheeler is a resident of Adams County, Wabash Two 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 Russell Wheeler 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 Russell Wheeler 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

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 Russell Wheeler 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 8th day of June

1955

[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 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 Clerk P. O. Address of Patient St. 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 State Hospital, as shown by the Superintendent's receipt hereon endorsed this day of 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