## APPLICATION FOR INSANITY INQUEST

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## 

x rymonacs inal owe Barrl S. Beumgertimer

 Ws



In coase of enncrymargs wibity, Tergana Baurngartiner
Tidieginver mocoe
Tedraçuryik slubive jes

PNEAONCAL HISTMOES
Of Darl Baungartner



Po Phef ondry
Stievamsibian line
Slicamsiniar
If of formig thinth, is persem matharalioed?

| Higit soliool | Calloge |  |  | , mexe |
| :---: | :---: | :---: | :---: | :---: |
|  | Canege |  | Factory Smployee |  |

emploged and Mny lomg? Kusbaum Movelty, Berne, Ind. 2 or 3 wiss. Soe, Xlamber 315-20-5722

Esfate: Falwe
Gxandiaw: Nase

Natarve
Adidress

## HISTORY OP NSANITY

How lowg hare gow hwourw this persow? 22 years
When was the first sigm of insamity otserved by gou?
What was the frrst sigm of insowity observal by goom?
Falled to eat or sleep properly
Was the present attack grailual er swiddew in its omset?
State what leads you to believe this person is imsome Stated that religious conrliot started his difrleulty Does not est of sleep naturally
What moral deficiencies have beew shown?

What was the mental and moral disposition in heolth?
Number of previous atfacks of mental disorder?
Has this persom been a patient in awy haspital for insame? No Where, whem amol how lowa?

## Has this person suffered serions physioal imjury\% ot to my knowledzelf so, give particwlars

Has this person suffered any serions illncal Heart attack and Rheumatic
scrions illmess? Rheumatism State whcw ond of what mature Surtered severe heapt attack
Has this person suf achas surfered rrca Rheumatio Rheumatlsm for several years

Has this person required feeding, sectusion or restraint?
Is tais person an alcoholic, No.
Has this person been addicted to any drugs? No
(Answer yes or no.) Is person paralytic? No

## Depressedf Yes Homicidal? No

Has person ever suffered from syphilis? ?
Negatice?
Is person epileptic? No
restraint necessary of late.
Explain filly
Fioleulsomewhat Destructioe? no -Kawtolp yes Swiciall? yes Is there any phusioul infoot or infurwity? Back erouble Has there decw a Wassermaw trat? ?
Does person indulge or has persen indulgod in any venereal emmas?
Was persou feeMr minded in chiladeominot to my knowledse

FAMILY HISTORY
Give name and address of following relatives. (If dead, state couse of death and age at death.)


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

| Insanity Not to my | know | wle | ge |  | Epilepsy | Not | to |  |  | knowledge |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Spasms " " " |  | " " |  |  | Fainting spells | " |  |  | " | 111 |
| Nervous prostration | Not | to | my | nowledge | Hysteria | " |  |  | " | " 1 |
| Feeble-mindedness | " | " | II | " | Tuberculosis | " |  |  | " | 111 |
| Syphilis | " | " | 11 | " |  |  |  |  |  |  |

Was either of the person's parents or grandparents intemperate in the use of alcohol? grandfather
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 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 $h \propto 8$ knowledge and belief.

Vergena Baumgartner
Subscribed and sworn to before methis 7 th
day of September
1955
$\underset{\text { Nomry Totbte or County Clerk }}{\text { Edward }}$
STATEMENT OF ATTENDING PHYSICIAN
I, Jos. V. Schetgen,
M.D., of Geneva
in the County of Anams

Indiana, do hereby certify that 1 am licensed to practice medicine in the State of Indiana; that on 11 the day of Aug. 1955 I did carefully and personally camine Earl Baumgartner
and believe $h e$ 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 $h$ is mental and physical condition; Very incoherent, unable to reason with him, religious fanatic, mentally, uncontrollable at time, other times quite moody and
depressed. Jos. V. Schetgen, M, D.

I further certify that patient is free from any contagious disease and from vermin.
Subscribed and sworn to before me this $\chi 9$

> day of Sept.

Jos. V. Schetgen, M.D.

## VACCINATION

This is to certify that the said
Earl Baumgartner
by myself, or by another physician, to my positive knowledge within 60 days of this date.

## STATEMENT OF MEDICAL EXAMINER

I, G. J. Kohne
Indiana, do hereby certify that I am duly licensed M. D., of Decatur to Earl S. Baumgartner I am duly licensed to practice medicine in Indiana; that I am not related by consanquinily or marriage examined this 13 th day of Sop said County, who is alleged to be insane and whom I have carefully and personally ill and is a day of Sept. 1955 ; that I am of the opinion that he is mentally he is a proper person for detention, care and treatment in a State Ilospital; and that I have formed my opinion that mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Fixed stare and w 111 not answer questions but bursts into s speech on rellelon. Keeps repeating ( he lacked falth) In coherent in his talk
has been vaccinated for smallpox Jos. V. Schetgen
M. D.
res

I have also reccived the following information from others relative to the patient's condition: Attempted suic ide by hanging.
I certify that, in my opinion, said karl Baumgartner is the probable potential parent of mentally ineompetent or socialiy inadequate offspring ilkewise affilcted
G. J. Kohne
M. D.

Subsoribed and sworn to before me this 13
day of Sept.
1955
Edward F. Jaberg
Clerik AdansC SmashithoCourt

## STATEMENT OF MEDICAL EXAMINER

> I, John B. Terveer M.D., of Decatur, Ind Lana 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 Earl S. Baumgartner of said County, who is alleged to be insane, and whom $I$ have carefully and personally examined this 13 th day of Sept. 1955 ; that I am of the opinion that he is
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
bchavior of patient.) Mute; will not answer questions; stares ahead; no recollection of time or place; mumbles incoherently; repeats ( I lacked faith" will not eat, bursts in loud speech about rellgion

I have also reccived the following information from others relative to the patient's condition: Attempted suicide by hanging.
I certify that, in my opinion, said Earl Baumgarter is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

John B. Terveer

Subscribed and sworn to before me this 13th day of Sept. 1955

> Edward F. Jaberg
> Clerk AdamsCircuit $\begin{aligned} & \text { Notary Poble }\end{aligned}$

JUDGE'S ORDER OF COMMITMENT
In the matter of the application for the commitment of Earl S. Baumgartner
to the Richmond State State Hospital:
Comes now Vergena Baumgartner who filed application for the commitment of $\mathrm{E}_{\mathrm{ar}} \mathrm{l}$ S. Baumgartner
to the Richmond State Hospital, alleging therein that said Earl S. Baumgartner
resident of Adams $\checkmark_{0}$.Wabash Twp County and has 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 Earl Baumgartner
in need of hospital care, and do hereby order $h \quad$ committed to the richmond is ans and is
State Hospital; and this shall be sufficient warrant and authority for $h$ is 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 Earl S. Baumgartner 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
$-\frac{\text { Circuit }}{\text {-immorn }}$ Court


Adams COUNTY I, Edward F. Jaberg
Clerk of the Circuit Court, and ex-officio Clerto 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 Egrl S.Baumgartner 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 whercof, I hereunto set my hand and fix the seal of said court, this 16

## ACCEPTANCE OF APPLICATION

Transoripts 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 $h$ day of
admission as a patient in said hospital an answer was reccived as follows STATE HOSPITAT

To the Clerk of the
Court,
County, Indiana :
The receipt of a transcript of the proccedings 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.
Accorving to the provisions of an Aet Concerning Insanity Inquests, ctc., approved March 4th, 1927, the application is

ORDER OF COURT
Medical Superintende D.

The receipt of the acceptance of the application for the admission of to the

Court of
County, Indiana, State Hospital, as a patient was referred to the Judge of be conveyed to said hospital, either by a relative or relativade 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 friend or friends, if
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
day of
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

## RETURN ON COMMITMENT

## CAME TO HAND

and committing
to the

19
day of
, and served by conveying the within named
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,

## ORDER FOR PATIENT'S RETURN

STATE OF INDIANA,
To the Sheriff of
WHEREAS, the proper authority has directed that

County, Greeting: State Hospital, from this County, be removed from said Hospi

## SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN

CAME TO HAND
Township, in said County.

