

APPLICATION FOR INSANITY INQUIRY

I, **HENRY BAUER**, of the County of **Adams**, State of **Indiana**, do hereby certify that **HENRY BAUER** is a person who is afflicted with a mental disease, and is in need of medical treatment, and by this certificate asks that necessary steps be taken to commit said **HENRY BAUER** to a hospital for the insane, as the law provides in such cases. I am in full belief that in his best knowledge and belief, the best treatment of said **HENRY BAUER** is in Indiana; that said **HENRY BAUER** came to Indiana **1898** from **Germany** and is a resident of **Adams** County, Indiana, for three years prior to coming to Indiana.

In making this petition, I do hereby certify that I am a **Neighbor** of said **HENRY BAUER**; that I am a legal resident of **Adams** County, Indiana, and that my address is **1104 Hubman Ave., Bensbur, Indiana**; in case of emergency, notify **Phil Bauer, 1104 Hubman Ave., Bensbur, Indiana**; Telephone **888** Telephone station **Bensbur**.

PERSONAL HISTORY

Of **Henry Bauer**
 Born (Month) **March** (Day) **8** (Year) **1884** Place **Germany**
 Color **White** Sex **Male** Married **Single** Widowed **Yes** Divorced **No** Rejected **No**
 Is she pregnant? **No** Number of children born **None** Present age of youngest **None**
 Has she passed menopause? **No**
 Birthplace of father **Germany** Birthplace of mother **Germany**
 If person is of foreign birth, give date of entry into the United States **1898** Part of entry **No**
 How entered **New York, New York** Steamship line **North Sea** Steamship **No**
 If of foreign birth, is person naturalized? **Yes**
 Education: None **None** Reads only **No** Reads and writes **Yes** Common school **Yes**
 High school **No** College **No** Religion **Catholic** Occupation **None** Where last employed and how long? **Phil Bauer - 4 years; Bensbur, Indiana**
 Estate: **None** Nature **None**
 Guardian: Name **None** Address **None**

HISTORY OF INSANITY

How long have you known this person? **All life** Have you known this person intimately? **Yes**
 When was the first sign of insanity observed by you? **Present**
 What was the first sign of insanity observed by you? **Present**
 Was the present attack gradual or sudden in its onset? **Present**
 State what leads you to believe this person is insane **Present**
 What moral deficiencies have been shown? **None**
 What was the mental and moral disposition in health? **None**
 Number of previous attacks of mental disorder? **None**
 Has this person been a patient in any hospital for insanity? **No** Where, when and how long? **No**
 Has this person suffered serious physical injury? **No** If so, give particulars **No**
 Has this person suffered any serious illness? **No** State when and of what nature **No**
 Has this person suffered any great mental shock or strain? **No**
 Has this person required feeding, seclusion or restraint? **No** Explain fully **No**
 Has this person been addicted to any drugs? **No** Explain fully **No**
 (Answer yes or no.) Is person paralytic? **No** Is there any physical defect or deformity? **No**
 Is person epileptic? **No** Has there been any insanity in the family? **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 Sauer		Dropsy	60
Mother (Maiden Name)	Anna Meisinger		Old Age	79
Father's father	Don't Know			
Father's mother	"			
Mother's father	"			
Mother's mother	"			
Brother	Phil Sauer	Decatur, Indiana		
	John Sauer	Ossian "		
	Leonard Sauer	Dayton, Ohio		
	Adam Sauer	Springfield, Ohio		
	Louis Sauer	Ft. Wayne, Indiana		
Sister	Annie Meyer	Dayton, Ohio		
	Mrs. Nick Pefier	Ft. Wayne, Indiana		
	Mrs. Wm. Schumm	Willshire, Ohio		

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? No

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? No

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.

Subscribed and sworn to before me this 5 day of Oct. PHIL SAUER
19 43.
(SEAL) CLYDE O. TROUTNER ~~XXXXXX~~ County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, **G. J. Kohne** 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 5 day of Oct. 1943 I did carefully and personally examine **Henry Sauer** 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: 1) Failure of concentration. 2) Strays away from home. 3) Memory poor. I certify that, in my opinion, said Henry Sauer is the probable potential parent of mentally incompetent or socially inadwquate offspring likewise afflicted. I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 5" day of Oct. G. J. KOHNE
19 43. M. D.
(SEAL) CLYDE O. TROUTNER, CLERK ~~XXXXXX~~

VACCINATION

This is to certify that the said **Henry Sauer** has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date. G. J. KOHNE
M. D.
Date Oct. 15 1943.

STATEMENT OF MEDICAL EXAMINER

I, **W. E. Smith** 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 **Henry Sauer** of said County, who is alleged to be insane and whom I have carefully and personally examined this 8 day of Oct. 19 43; 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.) He shows the facial and physical appearance of a mentally sick person. is very forgetful and complains of continuous pain in head. His reflexes are greatly exaggerated and he has almost completely lost his sense of balance when his eyes are closed.

I have also received the following information from others relative to the patient's condition: Wanders away from home and becomes lost. Has no sense of responsibility toward self and family.

I certify that, in my opinion, said Henry Sauer is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

W. E. SMITH M. D.

Subscribed and sworn to before me this 8th day of Oct. 19 43.

(SEAL)

CLYDE O. TROUTNER, CLERK

STATEMENT OF MEDICAL EXAMINER

I, Ben Duke 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 Henry Sauer of said County, who is alleged to be insane, and whom I have carefully and personally examined this 8th day of October 19 43; 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.)

Has a very pronounced stare out of eyes, with a roving motion, holds hand to left side face & forehead-complains of continuous pain over this area. Walks with unsteady gait, as if seems to fear falling. All reflexes greatly exaggerated. Can't hardly remember few simple answers to questions.

I have also received the following information from others relative to the patient's condition: Will stray from home, get lost, has fear at times.

I certify that, in my opinion, said Henry Sauer is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

BEN DUKE M. D.

Subscribed and sworn to before me this 12th day of Oct. 19 43.

(SEAL)

CLYDE O. TROUTNER, CLERK

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Henry Sauer

to the Richmond State Hospital:

Comes now Phil Sauer who filed application for the commitment of Henry Sauer

to the Richmond State Hospital, alleging therein that said Henry Sauer is a resident of Adams County and has his 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 J. Fred Fruchte Judge of the Circuit Court of the County of Adams Indiana,

do hereby find and determine that the said Henry Sauer 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 Henry Sauer 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.

J. Fred Fruchte Adams Circuit Court

STATE OF INDIANA

Adams COUNTY } SS:

I, Clyde O. Troutner 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 Henry Sauer 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 14th day of October 1943.

[SEAL]

CLYDE O. TROUTNER 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
 Richmond State Hospital together with application for his admission as a patient in said hospital
 and afterwards, to wit: On the 19th day of October 1943, an answer was received as follows:

RICHMOND STATE HOSPITAL Oct. 18 19 43.

To the Clerk of the Adams Circuit Court, Adams County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Henry Sauer 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 hereby accepted, provided a full supply of clothing accompanies the patient, etc.

PAUL D. WILLIAMS, M. D.
 Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Henry Sauer to the Richmond State Hospital, as a patient was referred to the Judge of Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that Henry Sauer 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 Adams Circuit Court, Adams County, this 20th day of October 19 43.
 P. O. Address of Patient 1st St. Decatur Indiana.

CLYDE O. TROUTNER Clerk

SUPERINTENDENT'S RECEIPT

RICHMOND STATE HOSPITAL
 RECEIVED, this 21 day of October A. D. 19 43 the patient named in the above order of court
 PAUL D. WILLIAMS M. D.
 Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND October 21" 19 43, and served by conveying the within named Henry Sauer and committing him to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 21" day of October 1943.
 Sheriff Fees \$12.48 (Detour)
 LEO T. GILLIG Sheriff of Adams Co., Ind.

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