

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ^{CIRCUIT}~~SUPERIOR~~ COURT OF

Adams

County, Indiana:

No. 20406

Your informant respectfully represents that one Grace Massonne 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 Grace Massonne is in Indiana; that said Grace Massonne was born some to Indiana Oct. 10, 1889 ^(Date) from in Blackford County 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 son ^(Relative or Friend) of said Grace Massonne; that I am a legal resident of Adams County,

and that my address is 1316 West Monroe St. Decatur, Indiana

In case of emergency, notify William Felton, 1316 West Monroe St. Decatur, Indiana ^(Name and Address of relative or friend)
Telephone 3-2752 Telegraph station Yes

PERSONAL HISTORY

Of Grace MassonneBorn (Month) October (Day) 10 (Year) 1889 Place Blackford County, IndianaColor W Sex Fe Married Single Widowed - Divorced - Separated -IF A WOMAN: Is she pregnant? No Number of children borne 2 Present age of youngest 34Has she passed menopause? YesBirthplace of father Indiana Birthplace of mother IndianaIf 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 yes Reads and writes yes Common school yesHigh school - College - Religion Protestant Occupation Housewife Where lastemployed and how long? Worked at Telephone Office for 9 yearsEstate: Value - Nature -Guardian: Name William Felton, Address 1316 West Monroe St. Decatur, Indiana

HISTORY OF INSANITY

How long have you known this person? 34 years Have you known this person intimately? yesWhen was the first sign of insanity observed by you? 4 years agoWhat was the first sign of insanity observed by you? Wandered off and got lostWas the present attack gradual or sudden in its onset? Came on after strokeState what leads you to believe this person is insane Her speech and conductWhat 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? diabetic & Stroke State when and of what nature -Has this person suffered any great mental shock or strain? NoHas this person required feeding, seclusion or restraint? No Explain fully -Has this person been addicted to any drugs? No Explain fully -(Answer yes or no.) Is person paralytic? No Violent? No Destructive? No Excited? YesDepressed? - Homicidal? - Suicidal? - Is there any physical defect or deformity? NoHas 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? NoIs 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	William Foreman	Deceased	Killed in accident	
Mother (Maiden Name)	Irene Stump	Deceased	Diabetes	83
Father's father	no			
Father's mother	no			
Mother's father	no			
Mother's mother	no			
Brother half	Harold Worley	Hartford City, Ind.		
Sister	Ethel Tennis	unknown		
Husband	George Massonne	Deceased	Cancer	63
Son	William Felton	1310 W. Monree St. Decatur, Ind.		
Daughter	Irene Wolfe	Mundie, Indiana		

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

Insanity unknown	Epilepsy unknown
Spasms unknown	Fainting spells unknown
Nervous prostration unknown	Hysteria unknown
Feeble-mindedness unknown	Tuberculosis unknown
Syphilis unknown	

Was either of the person's parents or grandparents intemperate in the use of alcohol? not known

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

The statement of Norval S. Rich 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 11 day of June 19 56

SEAL

William Felton

Richard D. Lewton,
Notary Public or County Clerk
Cecile Krick, Deputy

STATEMENT OF ATTENDING PHYSICIAN

I, Norval S. Rich M. D., of Decatur, Indiana in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 11th day of June 19 56 I did carefully and personally examine Mrs. Grace Massonne 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: She is out of contact with reality and confused at times. She is very uncooperative. She is able to walk, but will not cooperate.

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

Subscribed and sworn to before me this 11 day of June 19 56

SEAL

Norval S. Rich M. D.
19 56

Richard D. Lewton
Clerk Adams Circuit Court

VACCINATION

This is to certify that the said Grace Massonne has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 6-11-56 19

Norval S. Rich M. D.

STATEMENT OF MEDICAL EXAMINER

I, John C. Carroll 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 Grace Massonne of said County, who is alleged to be insane and whom I have carefully and personally examined this 12 day of June 19 56; that I am of the opinion that she 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.) Uncooperative childish behavior, interest only in simple things, unaware of her condition, diabetic who is uncontrollable because of her inability to realize her difficulty.

I have also received the following information from others relative to the patient's condition:

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

John C. Carroll M.D.

Subscribed and sworn to before me this 12 day of June

19 56

SEAL

Richard D. Lewton
Clerk Adams Circuit Court

STATEMENT OF MEDICAL EXAMINER

I, G. J. Kohne 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 Grace Massonne of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 14 day of June 19 56 ; that I am of the opinion that she 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
she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and
behavior of patient.) Diabetes uncontrolled , moderate arteriosclerotic changes with early
senility. Is not cooperative in the management of her case.

I have also received the following information from others relative to the patient's condition:

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

G. J. Kohne M.D.

Subscribed and sworn to before me this 14 day of June

1956

SEAL

Richard D. Lewton,
Clerk Adams Circuit Court
~~Notary Public~~

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Grace Massonne

to the Richmond State Hospital:

Comes now William Felton who filed application for the commitment of Grace Massonne
to the Richmond State Hospital, alleging therein that said Grace Massonne is a
resident of Adams County and has her 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 Grace Massonne is insane and is
in need of hospital care, and do hereby order her committed to the Richmond 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 Richmond State Hospital for the admission of the said
Grace Massonne 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, Richard D. Lewton 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 Grace Massonne 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 commit-
ment in said matter.

In witness whereof, I hereunto set my hand and fix the seal of said court, this 22 day of June 1956

[SEAL]

Richard D. Lewton 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 her admission as a patient in said hospital and afterwards, to wit: On the 27, 28, or 29th day of June 19 56, an answer was received as follows:

Richmond STATE HOSPITAL June 25 1956

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 Grace Wassonne 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

J. Klepfer M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Grace Wassonne to the Richmond State Hospital, as a patient was referred to the Judge of Adams County, Indiana, and being fully advised he made an order directing that she 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 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 County, this 26 day of June 19 56. Richard M. Tolson, Clerk Indiana.

SUPERINTENDENT'S RECEIPT

RECEIVED, this 28th day of June A. D. 1956 the patient named in the above order of court. Richard STATE HOSPITAL J. Klepfer M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND 26th of June and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 28 day of June 19 56, and served by conveying the within named Marie Affoldy Sheriff of Adams County

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