

APPLICATION FOR INSANITY INQUEST

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

#20486
County, Indiana:

Your informant respectfully represents that one **ERMAL H. C. JOHNSON** 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 **Ermal H. C. Johnson** is **Adams** in Indiana; that said **Ermal H. C. Johnson** came to Indiana from **Ohio** and became a resident of **Adams** County (Date) **unknown**. 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 **wife** (Relative or Friend) of said **Ermal H. C. Johnson**; that I am a legal resident of **Adams** County, and that my address is **1109 Elm Street, Decatur, Indiana**

In case of emergency, notify **Bonnie L. Johnson** (Name and Address of relative or friend) Telephone **3-3842** Telegraph station **Decatur, Indiana**

PERSONAL HISTORY

Of **Ermal H. C. Johnson**
 Born (Month) **May** (Day) **31** (Year) **1910** Place **Van Wert County, Ohio**
 Color **White** Sex **Male** Married **Yes** 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 **Ohio** 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** **yes** Common school **Common school**
 High school **(3)** College **Religion** **Occupation** **Janitor, Reform Church** Where last employed and how long? **Reform Church** **3 years**
 Estate: Value **Nature**
 Guardian: Name **Address**

HISTORY OF INSANITY

How long have you known this person? **15 years** Have you known this person intimately? **13 years**
 When was the first sign of insanity observed by you?
 What was the first sign of insanity observed by you? **Depressed Nervous**
 Was the present attack gradual or sudden in its onset? **gradual**
 State what leads you to believe this person is insane **Violent Temper, Imagines he sees things fly around in Room Restless at night, Hears voices and talks to himself.**
 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? **no** If so, give particulars
 Has this person suffered any serious illness? **yes** State when and of what nature **Tuberculosis (about 1938)**
 Has this person suffered any great mental shock or strain? **Death of parents**
 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? no** Destructive? **no** Excited? **yes**
 Depressed? **yes** Homicidal? **Suicidal? no** Is there any physical defect or deformity? **no**
 Has person ever suffered from syphilis? **no** Has there been a Wasserman test? **no** Positive? **no**
 Negative? Does person indulge or has person indulged in any venereal excess?
 Is person epileptic? **no** Was person feeble-minded in childhood? **no**

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	Lawrence Johnson		Heart trouble	65
Mother (Maiden Name)	Jhymima Workinger		Cancer	65
Father's father	Joel Johnson			unknown
Father's mother	unknown			
Mother's father	unknown			
Mother's mother				
Brother				
Sister	Marcella Burke	410 N. 3rd St. Decatur, Indiana		

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

Insanity	none	Epilepsy	none
Spasms	none	Fainting spells	none
Nervous prostration	none	Hysteria	none
Feeble-mindedness	none	Tuberculosis	Uncle, William Johnson #. #, Decatur, Indiana.
Syphilis	None		

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? none

The statement of 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 her knowledge and belief.

/s/ Bonnie L. Johnson

Subscribed and sworn to before me this 6th day of February 19 57 Richard D. Lewton

SEAL

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Arthur H Girod M.D. 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 2nd day of February 19 57 I did carefully and personally examine Mr. Ermal Johnson and believe he 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: Periods of depression. Feels that voices as speaking to him but he can't get between expressions. Some times there are cables attached to his head which gives messages. There is electricity in the air which makes him go weak.

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

/s/ Arthur H Girod M.D. M.D.

Subscribed and sworn to before me this 7th day of February 19 57

Richard D Lewton
Notary Public Clerk Adams
Circuit Court

(SEAL)

VACCINATION

This is to certify that the said by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 19

has been vaccinated for smallpox

M. D.

STATEMENT OF MEDICAL EXAMINER

I, Norval S Rich M.D., of Decatur, 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 Ermal H. C. Johnson of said County, who is alleged to be insane and whom I have carefully and personally examined this 9th day of February 19 57 : 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.) Mr. Johnson has auditory and visual hallucinations There is some grandeur in his thinking and he does some rambling. His orientation as to time is good. He has no insight to his illness. He definitely is Schizophrenic and needs psychiatric care.

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

I certify that, in my opinion, said Ermal H.C. Johnson is not the probable potential parent of mental incompetent or socially inadequate offspring likewise afflicted.

Subscribed and sworn to before me this 9th day of February 19 57 /s/ Norval S Rich M. D.

(SEAL)

Richard D. Lewton Clerk Barbara Lewton, Deputy

STATEMENT OF MEDICAL EXAMINER

I, John C. Carroll 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 Ermal H.C. Johnson of said County, who is alleged to be insane, and whom I have carefully and personally examined this 9th day of February 19 57 ; 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.) Visual & auditory hallucinations, rambling conversation, poor response to questions. Patient is withdrawn and apparently is a

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

schizophrenic. He is apparently harmless and not a social menace but he does need psychiatric treatment. He is not paranoid.

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

Subscribed and sworn to before me this 9th day of February 19 57 /s/ John C Carroll M. D.

(SEAL)

Richard D. Lewton Clerk Adams Circuit Court

JUDGE'S ORDER OF COMMITMENT

STATE OF INDIANA, Adams COUNTY, SS:

In the matter of the application for the commitment of Ermal H. C. Johnson

to the Richmond State Hospital: No. 20486 (here insert court number), in the Adams Circuit Court.

Be it remembered that on the 11th day of February, 1957, the following proceedings were made, had and entered in the above entitled cause before the Judge of said Court:

Comes now Bonnie L. Johnson, the applicant for commitment herein. It is now made to appear to the satisfaction of the Judge by the notice heretofore issued herein together with the return endorsed thereon that the respondent Ermal H. C. Johnson has been duly notified of these proceedings and when and where the same would be heard, said notice and return reading in words and figures following (H.I.).

This being the day fixed in said notice for the hearing herein this cause is now submitted to the Judge for hearing and examination in the absence of the respondent, he having failed to appear.

And said hearing being now concluded the Judge now finds that the respondent is in fact mentally ill, is a proper patient for treatment in a state hospital for the mentally ill, can be conveyed thereto without danger to life and that respondent's being at large is (is not) dangerous to the community, that respondent has a legal settlement in Washington Township, Adams County, Indiana.

And this order shall be sufficient warrant and authority for the admission, confinement and detention of respondent for care and treatment in said hospital until restoration to mental health, or removal or discharge according to law. The Clerk of this Court is directed to apply forthwith for the admission of said hospital, and to transmit with said application copies of all statements and certificates submitted herein, certified under this seal of this Court.

And the Court now appoints Bonnie L. Johnson as guardian of the said Ermal H. C. Johnson, to take charge of his property, and orders said guardian to post bond in the amount of \$600.00, to the approval of the Court; (and orders this guardianship transferred to the Guardianship Docket, Probate Court for administration). Judgment Accordingly.

/s/ Myles F. Parrish, Judge Adams Circuit Court

(SEAL) February 11, 1957

1957

Clerk

is a insane. And ated in such Indiana, hospital; and said hospital y directed to r of the said copies of all Circuit Court under officio ng statement te Hospital; of commit-

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 15th day of February 19 57, an answer was received as follows:

RICHMOND STATE HOSPITAL February 13, 1957

To the Clerk of the ADAMS COUNTY CIRCUIT Court, County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of ERMAL H.C. JOHNSON ADAMS
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

This patient may be admitted on February 15, 18, or 19 1957
Between the hours of 9:00 A.M. and 11:00 A.M. or 1:00 P.M. and 4:00 p.m. J Klepfer M. D.
Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of ERMAL H. C. JOHNSON
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
ERMAL H. C. JOHNSON 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, 15th County, this
15th day of February 19 57 St. Decatur, RICHARD D. LEWTON Clerk
P. O. Address of Patient 1109 Elm Street Indiana. by Barbara Lewton, Deputy

SUPERINTENDENT'S RECEIPT

RICHMOND STATE HOSPITAL
RECEIVED, this 15th day of February A. D. 19 57 the patient named in the above order of court
J Klepfer M. D.
ca Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND, 15th of February 19 57, and served by conveying the within named
Ermal H. C. Johnson and committing him to the Richmond State Hospital,
as shown by the Superintendent's receipt hereon endorsed this 15th day of February, 1957.

Sheriff
Mileage
&
allowance \$15.90

Merle Affolder

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 dis-
charged 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