

APPLICATION FOR INSANITY INQUEST

20436

TO THE JUDGE OF THE ^{CIRCUIT} ~~SUPERIOR~~ COURT OF Adams County, Indiana:

Your informant respectfully represents that one Agnes Veronica Hirschy 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 Agnes Veronica Hirschy is in Indiana; that said Agnes Veronica Hirschy came to Indiana 1932 from Chicago and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were Chicago, Illinois 1932

In making this petition, I do hereby certify that I am a husband of said Agnes Veronica Hirschy; that I am a legal resident of Adams County, and that my address is Berne, Ind. R. 2

In case of emergency, notify William Hirschy (Name and Address of relative or friend) Telephone Berne 28171 Telegraph station Berne, Ind.

PERSONAL HISTORY

Of Agnes Veronica Hirschy
Born (Month) May (Day) 25 (Year) 1898 Place Pragon
Color W Sex F Married Yes Single Widowed Divorced No Separated No
IF A WOMAN: Is she pregnant? No Number of children borne None Present age of youngest
Has she passed menopause? Yes
Birthplace of father Pragon, Czechoslovakia Birthplace of mother Same
If person is of foreign birth, give date of entry into the United States About 1908 Port of entry
Not known Steamship line Not known Steamship Not known
If of foreign birth, is person naturalized? No
Education: None Reads only English Reads and writes English Common school
High school unknown College Religion Catholic Occupation Housekeeper-Waitress-15 yrs.-Chicago, 1928 Where last employed and how long? 15 years, Chicago, 1928
Estate: Value Nature
Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 32 years Have you known this person intimately? Same
When was the first sign of insanity observed by you? May 13, 1954
What was the first sign of insanity observed by you? Talking very incoherently very excited
Was the present attack gradual or sudden in its onset? Gradual
State what leads you to believe this person is insane Unreasonable ideas and suspicions. Threatened bodily harm.
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? Larue D. Carter, Indianapolis May 13, 1956 If so, give particulars -
Has this person suffered serious physical injury? No
Has this person suffered any serious illness? Shingles State when and of what nature April 30, 1956
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
(Answer yes or no.) Is person paralytic? No Violent? Yes Destructive? Yes Excited? Yes
Depressed? Yes Homicidal? Yes Suicidal? No Is there any physical defect or deformity? Positive?
Has person ever suffered from syphilis? No Has there been a Wasserman test?
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	Unknown		?	?
Mother (Maiden Name)	Agnes	Prague C.R.S.V	?	?
Father's father	Unknown		?	?
Father's mother	Unknown		?	?
Mother's father				
Mother's mother	Unknown		?	?
Brother	Unknown		?	?
Sister	Unknown		?	?

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

Insanity None that we know of Epilepsy None
 Spasms None Fainting spells None
 Nervous prostration None Hysteria None
 Feeble-mindedness None Tuberculosis None
 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? No

The statement of XXXXXXXXXXXXXXXXXXXXXXXX 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 knowledge and belief.

/s/ WILLIAM HIRSCHY

Subscribed and sworn to before me this 16 day of August 19 56.

(SEAL)

/s/ ARLEE F. WATTS
 Notary Public or County Clerk

My commission expires Nov. 15, 1959

STATEMENT OF ATTENDING PHYSICIAN

I, Melvin Wiederlight M. D., of Indiana in the County of Marion

Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 27 day of August 19 56 I did carefully and personally examine Agnes Hirschy and believe h er to be suffering from mental disease, and I am of the opinion that s he is a proper person for admission to a State Hospital. I have observed the following facts regarding h er mental and physical condition: When discussing husband and his family demonstrates a great deal of emotional charge. Admits to ideas of persecution-States that husband and her sisters have drugged her in the past-also believes that husband and doctor have operated on her genital organs.

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

/s/ MELVIN WIEDERLIGHT M. D.

Subscribed and sworn to before me this 27 day of August 19 56

/s/ VIRGINIA E. HALLUMS (SEAL)
 Notary Public

My Commission expires 10-10-59

Virginia E. Hallums

VACCINATION

This is to certify that the said Agnes Hirschy has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.

Date August 27 19 56

/s/ MELVIN WIEDERLIGHT M. D.

STATEMENT OF MEDICAL EXAMINER

I, James H. Wells M. D., of Indianapolis in the County of Marion

Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to Agnes Veronica Hirschy of said County, who is alleged to be insane and whom I have carefully and personally examined this 6 day of September 1956 ; that I am of the opinion that s 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 s he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) She appears as a depressed, dejected individual who relates bizarre imaginary ideas of persecution and whose thought patterns are grossly distorted.

I have also received the following information from others relative to the patient's condition: delusional in spite of treatment. Her illness has a chronic pattern. She has remained

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

Subscribed and sworn to before me this 6 day of September 19 56 /s/ JAMES H. WELLS M. D.

My commission expires 10-10-59 (SEAL) /s/ VIRGINIA E. HALLUMS Notary Public

STATEMENT OF MEDICAL EXAMINER

I, Ian Hay Brown M.D., of Indiana in the County of Marion to Agnes Veronica Hirschy of said County, who is alleged to be insane, and whom I have carefully and personally examined this 10th day of September 19 56 ; that I am of the opinion that s 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 s he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Patient has strong ideas of being persecuted by her husband and his relatives. She is very agitated and somewhat depressed when discussing her paranoid ideas.

I have also received the following information from others relative to the patient's condition: She has received treatment and her ideas remain fixed despite this although she is somewhat less tense now. I certify that, in my opinion, said Agnes Veronica Hirschy is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Subscribed and sworn to before me this 10 day of September 19 56. /s/ IAN HAY BROWN M. D.

My Commission Expires 10-10-59 /s/ VIRGINIA E. HALLUMS Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Agnes Veronica Hirschy to the Richmond State Hospital: No. 20436 Comes now William Hirschy who filed application for the commitment of Agnes Veronica Hirschy to the Richmond State Hospital, alleging therein that said Agnes Veronica Hirschy is a resident of Adams 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 Agnes Veronica Hirschy is insane and is in need of hospital care, and do hereby order h er committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for h er admission, confinement and detention for care and treatment in said hospital until s 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 Agnes Veronica Hirschy 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 Circuit Court

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 Agnes Veronica Hirschy 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 20th day of September 19 56 [SEAL] /s/ 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 25th day of September 19 56, an answer was received as follows:

RICHMOND

STATE HOSPITAL September 24, 1956

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 Agnes Veronica Herschy Adams County 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 26, 27, 28 of September 1956

Between the hours of 9:00 A.M. and 11:00 A.M. or 1:00 P.M. or 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 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 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 Court, County, this day of 19 St. Indiana. Clerk P.O. Address of Patient

SUPERINTENDENT'S RECEIPT

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 as shown by the Superintendent's receipt hereon endorsed this day of 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,

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 Township, in said County.

19, and duly served same by removing said patient to

This 19 Sheriff County

See Order Book 91-222