

This cause was commenced with the intention of having Miss Landis admitted to the INDIANA VILLIAGE FOR EPILEPTICS AT NEW CASTLE, INDIANA, but the application was transferred to the RICHMOND STATE HOSPITAL by the New Castle Hospital.

**APPLICATION FOR INSANITY INQUEST**

TO THE JUDGE OF THE **CIRCUIT SUPERIOR** COURT OF

County, Indiana:

Your informant respectfully represents that one 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

is in Indiana; that said \_\_\_\_\_ came to Indiana \_\_\_\_\_ (Date) \_\_\_\_\_ County from \_\_\_\_\_ and became a resident of \_\_\_\_\_ (Date) \_\_\_\_\_ 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 \_\_\_\_\_ (Relative or Friend) of said \_\_\_\_\_; that I am a legal resident of \_\_\_\_\_ County,

and that my address is \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Telephone \_\_\_\_\_

(Name and Address of relative or friend) \_\_\_\_\_  
Telegraph station \_\_\_\_\_

**PERSONAL HISTORY**

Of \_\_\_\_\_  
 Born (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Place \_\_\_\_\_  
 Color \_\_\_\_\_ Sex \_\_\_\_\_ Married \_\_\_\_\_ 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 \_\_\_\_\_ Birthplace of mother \_\_\_\_\_  
 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 \_\_\_\_\_ Common school \_\_\_\_\_  
 High school \_\_\_\_\_ College \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Where last employed and how long? \_\_\_\_\_  
 Estate: Value \_\_\_\_\_ Nature \_\_\_\_\_  
 Guardian: Name \_\_\_\_\_ Address \_\_\_\_\_

**HISTORY OF INSANITY**

How long have you known this person? \_\_\_\_\_ Have you known this person intimately? \_\_\_\_\_  
 When was the first sign of insanity observed by you? \_\_\_\_\_  
 What was the first sign of insanity observed by you? \_\_\_\_\_  
 Was the present attack gradual or sudden in its onset? \_\_\_\_\_  
 State what leads you to believe this person is insane \_\_\_\_\_  
 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? \_\_\_\_\_ Where, when and how long? \_\_\_\_\_  
 Has this person suffered serious physical injury? \_\_\_\_\_ If so, give particulars \_\_\_\_\_  
 Has this person suffered any serious illness? \_\_\_\_\_ State when and of what nature \_\_\_\_\_  
 Has this person suffered any great mental shock or strain? \_\_\_\_\_ Explain fully \_\_\_\_\_  
 Has this person required feeding, seclusion or restraint? \_\_\_\_\_ Explain fully \_\_\_\_\_  
 Has this person been addicted to any drugs? \_\_\_\_\_ Explain fully \_\_\_\_\_  
 (Answer yes or no.) Is person paralytic? \_\_\_\_\_ Violent? \_\_\_\_\_ Destructive? \_\_\_\_\_ Excited? \_\_\_\_\_  
 Depressed? \_\_\_\_\_ Homicidal? \_\_\_\_\_ Suicidal? \_\_\_\_\_ Is there any physical defect or deformity? \_\_\_\_\_  
 Has person ever suffered from syphilis? \_\_\_\_\_ Has there been a Wasserman test? \_\_\_\_\_ Positive? \_\_\_\_\_  
 Negative? \_\_\_\_\_ Does person indulge or has person indulged in any venereal excess? \_\_\_\_\_  
 Is person epileptic? \_\_\_\_\_ Was person feeble-minded in childhood? \_\_\_\_\_

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				
Mother (Maiden Name)				
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother				
Sister				

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?

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics?

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 h \_\_\_\_\_ knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, \_\_\_\_\_ M. D., of \_\_\_\_\_ in the County of \_\_\_\_\_ Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ I did carefully and personally examine \_\_\_\_\_ and believe h \_\_\_\_\_ 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 \_\_\_\_\_ mental and physical condition:

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

M. D.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Notary Public

VACCINATION

This is to certify that the said \_\_\_\_\_ has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.  
Date \_\_\_\_\_ 19\_\_\_\_

M. D.

STATEMENT OF MEDICAL EXAMINER

I, \_\_\_\_\_ M. D., of \_\_\_\_\_ in the County of \_\_\_\_\_ Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to \_\_\_\_\_ of said County, who is alleged to be insane and whom I have carefully and personally examined this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_; 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.)

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ M. D.  
\_\_\_\_\_  
Notary Public

STATEMENT OF MEDICAL EXAMINER

I, \_\_\_\_\_ M. D., of \_\_\_\_\_ in the County of \_\_\_\_\_  
Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage,  
to \_\_\_\_\_ of said County, who is alleged to be insane, and whom I have carefully and personally  
examined this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_; 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.)

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ M. D.  
\_\_\_\_\_  
Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of \_\_\_\_\_  
to the \_\_\_\_\_ State Hospital:  
Comes now \_\_\_\_\_ who filed application for the commitment of \_\_\_\_\_  
to the \_\_\_\_\_ State Hospital, alleging therein that said \_\_\_\_\_ is a  
resident of \_\_\_\_\_ 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 \_\_\_\_\_ Judge of the \_\_\_\_\_ Circuit Superior Court of the County of \_\_\_\_\_ Indiana,  
do hereby find and determine that the said \_\_\_\_\_ is \_\_\_\_\_ insane and is \_\_\_\_\_  
in need of hospital care, and do hereby order h \_\_\_\_\_ committed to the \_\_\_\_\_ State Hospital; and  
this shall be sufficient warrant and authority for h \_\_\_\_\_ 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 \_\_\_\_\_ State Hospital for the admission of the said  
\_\_\_\_\_ 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.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Circuit Superior Court

STATE OF INDIANA

\_\_\_\_\_ } SS:  
COUNTY } I, \_\_\_\_\_ 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 \_\_\_\_\_ to the \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

[SEAL]

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 State Hospital together with application for h admission as a patient in said hospital and afterwards, to wit: On the day of 19 , an answer was received as follows:

STATE HOSPITAL 19

To the Clerk of the Court, County, Indiana:

The receipt of a transcript of the proceedings 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. According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the application is

M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of Ruth May Landis 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 Ruth May Landis 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 4th day of February 19 57 Richard D. Lewton Clerk P. O. Address of Patient R. R. #1 \*S\* Monroe, Indiana.

SUPERINTENDENT'S RECEIPT

RECEIVED, this 5 day of February A. D. 19 57 the patient named in the above order of court RICHMOND STATE HOSPITAL J KLEPFER M. D. CA Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND 4th of February 1957 and served by conveying the within named Ruth May Landis and committing her to the Richmond State Hospital, as shown by the Superintendent's receipt hereon endorsed this 5th day of February 1957.

Merle Affolder

Mileage - 14.80 Allowance - 1.50 \$16.30

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 Clerk

A. D. 19

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